

NH Board of Medicine : Physicians

License Number 13890
License Date 4/2/2008
Name **AAKRE, KIMBERLY J MD**
Address MT ASCUTNEY HOSPITAL - PEDIATRICS DEPT, 289 COUNTY RD WINDSOR, VT, 05089
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF WISCONSIN USA 1984
Internship and Year ALBANY MEDICAL CENTER-LATHAM, NY 1987
Residency and Year ALBANY MEDICAL CENTER-LATHAM, NY 1990
License Expiration Date **6/30/2016**
Remarks

License Number 13025
License Date 4/5/2006
Name **AARON, DENISE M MD**
Address DHMC, 1 MEDICAL CTR DR LEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation UNIV OF TEXAS, HOUSTON USA 2002
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON, NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10192
License Date 1/7/1998
Name **AARON, JANNICE O MD**
Address , PO BOX 1678 NEW ALBANY, IN, 47151-1678
Specialty R
Board Certified R
School and Year of Graduation UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE, KY USA 1977
Internship and Year UNIV LOUISVILLE SCH OF MED - LOUISVILLE, KY 1978
Residency and Year YALE NEW HAVEN HOSP - CT 1982
License Expiration Date **6/30/2000**
Remarks

License Number 13525
License Date 6/6/2007
Name **AARON, JASON E MD**
Address WRJ VA MEDICAL CENTER, 215 N MAIN ST 11QWH RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TEXAS USA 2002
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13279
License Date 10/4/2006
Name **AARONS, RALPH D MD**
Address ONE ELLIOT WAY, MANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF COLORADO, BOULDER CO US 1983
Internship and Year UNIVERSITY OF COLORADO, DENVER CO 1984
Residency and Year UNIVERSITY OF COLORADO, DENVER CO 1986
License Expiration Date **6/30/2014**
Remarks

License Number 9790
License Date 8/7/1996
Name **AARONSON, PAUL S MD**
Address 109-23 71ST RD, FOREST HILLS, NY, 11375
Specialty U
Board Certified U
School and Year of Graduation MD STATE UNIV OF NY HEALTH SCIENCE CTR COLL OF MED USA 1990
Internship and Year ST LUKE'S-ROOSEVELT HOSPITAL - NY, NY 1993
Residency and Year LAHEY HITCHCOCK CLINIC - BURLINGTON, VT 1996
License Expiration Date **6/30/2001**
Remarks

License Number 10925
License Date 6/7/2000
Name **ABADI, CHRISTOPHER A MD**
Address LAHEY CARDIOLOGY MED CTR, 8 PROSPECT ST PO BOX 1184 NASHUA, NH, 03061
Specialty IM
Board Certified CD
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1994
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1995
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1997
License Expiration Date **6/30/2003**
Remarks

License Number 10924
License Date 5/3/2000
Name **ABBASI, SHABBIR A MD**
Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation DOW MED COLL UNIV OF KARACHI- SINDH PAKISTAN PAKISTAN 1986
Internship and Year SUNY HLTH SCI CTR - SYRACUSE, NY 1998
Residency and Year MOUNT SANAI HOSPITAL - NY, NY 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12329
License Date 6/2/2004
Name **ABBIS, DANIEL J DO**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty DR
Board Certified R
School and Year of Graduation NEW YORK COLLEGE, OLD WESTBURY NY US 1999
Internship and Year ST ELIZABETH FAMILY MED, UTICA NY 2000
Residency and Year SUNY AT BUFFALO, BUFFALO NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12330
License Date 6/2/2004
Name **ABBIS, STACEY A MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1999
Internship and Year SUNY AT BUFFALO, BUFFALO NY 2000
Residency and Year SUNY AT BUFFALO, BUFFALO NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 11437
License Date 11/7/2001
Name **ABBOTT, JAY L MD**
Address 130 NORFOLK RD, LITCHFIELD, CT, 06759
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBANY MEDICAL SCHOOL - ALBANY, NY USA 1961
Internship and Year UNIV OF HAWAII, HONOLULU, HI 1962
Residency and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1963
License Expiration Date **6/30/2013**
Remarks

License Number 10479
License Date 1/6/1999
Name **ABBOUD, JEFFREY MD**
Address 770 BROADVIEW AVE #306, OTTAWA ONTARIO CANADA, ,
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF OTTAWA SCHOOL - OTTAWA ONTARIO CANADA 1987
Internship and Year MEMORIAL UNIV OF NEWFOUNDLAND FACULTY OF MEDICINE - ST JOHN'S, CANADA 1988
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1990
License Expiration Date **6/30/2005**
Remarks

License Number 13141
License Date 6/7/2006
Name **ABDALLA, ADEL A MD**
Address UNITED RADS, LLC, 1803 PARK CENTER DR STE 101ORLANDO, FL, 32835
Specialty R
Board Certified RNR
School and Year of Graduation AIN SHAMS UNIV EGYPT 1986
Internship and Year MOREHOUSE SCHOOL OF MEDICINE-ATLANTA, GA 1995
Residency and Year ST MARYS HEALTH CTR-ST LOUIS, MO 1996
License Expiration Date **6/30/2012**
Remarks

License Number 17040
License Date 5/6/2015
Name **ABDALLA, IZZELDIN K MD**
Address COMPHEALTH, PO BOX 713100SALT LAKE CITY, UT, 84171
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF KHARTOUM-FACULTY OF MEDICINE SUDAN 2006
Internship and Year INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2011
Residency and Year INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 17041
License Date 5/6/2015
Name **ABDALLA, PETER N DO**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2012
Internship and Year MAINE-DARTMOUTH - AUGUSTA, ME 2013
Residency and Year MAINE-DARTMOUTH - AUGUSTA, ME 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13335
License Date 12/6/2006
Name **ABDEL AAL, AHMED M MD**
Address 619 19TH ST SOUTH, BIRMINGHAM, AL, 35249
Specialty R
Board Certified R
School and Year of Graduation UNIV OF CAIRO EGYPT 1997
Internship and Year UNIV OF ALABAMA MEDICAL CTR-BIRMINGHAM, AL 2005
Residency and Year UNIV OF ALABAMA HOSPITAL-BIRMINGHAM, AL 2006
License Expiration Date **6/30/2012**
Remarks

License Number 15610
License Date 4/4/2012
Name **ABDELHALIM, AHMED N MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation AIN SHAMS UNIVERSITY FACULTY OF MEDICINE EGYPT 1993
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2002
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12614
License Date 3/2/2005
Name **ABDU, ADIO I MD**
Address ERLARGER MEDICAL CENTER, 975 E 3RD ST BOX 128CHATTANOOGA, TN, 037403
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF SOUTH CAROLINA, CHARLESTON SC US 1998
Internship and Year DWIGHT D EISENHOWER MED CTR, FORT GORDON GA 1999
Residency and Year DWIGHT D EISENHOWER MED CTR, FORT GORDON GA 2001
License Expiration Date **6/30/2007**
Remarks

License Number 8520
License Date 5/8/1991
Name **ABDU, WILLIAM A MD**
Address DHMC-ORTHOPAEDICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date **6/30/2017**
Remarks

License Number 14311
License Date 2/4/2009
Name **ABEL, MARK D MD**
Address MANCHESTER ORAL SURGERY, 27 SAGAMORE STMANCHESTER, NH, 03104
Specialty OS
Board Certified OS
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2006
Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2007
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 14484
License Date 7/1/2009
Name **ABEL, SUSAN E MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063-1818
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2003
Internship and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 2004
Residency and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 12045
License Date 9/3/2003
Name **ABELS, DAVID J MD**
Address MANCHESTER VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty D
Board Certified D
School and Year of Graduation U OF MICHIGAN,ANN ARBOR ME US 1963
Internship and Year UNIVERSITY OF CINCINNATI MED CTR, CINCINNATI OH 1964
Residency and Year UCLA SCHOOL OF MEDICINE, LOS ANGELES CA 1969
License Expiration Date **6/30/2017**
Remarks

License Number 6166
License Date 3/6/1980
Name **ABELSON, MARK B MD**
Address ANDOVER EYE ASSOC, 138 HAVERHILL ST STE 104ANDOVER, MA, 01810
Specialty OPH
Board Certified OPH
School and Year of Graduation MCGILL UNIV. FACULTY OF MED.MONTREAL CANADA 1970
Internship and Year ROYAL VICTORIAL HOSPITAL - MONTREAL, CANADA 1971
Residency and Year MASS. EYE EAR INFIRMARY, BOSTON 1976
License Expiration Date **6/30/2016**
Remarks

License Number 14368
License Date 4/1/2009
Name **ABESS, ALEXANDER T MD**
Address WALDO COUNTY GENERAL HOSPITAL, 118 NORTHPORT AVE PO BOX 287BELFAST, ME, 04915
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL UNIV OF SOUTH CAROLINA USA 2001
Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 16853
License Date 12/3/2014
Name **ABI-RAAD, RITA F MD**
Address 20 YORK ST, PO BOX 208070NEW HAVEN, CT, 06511
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITE SAINT JOSEPH LEBANON 1994
Internship and Year YALE NEW HAVEN MEDICAL CENTER, NEW HAVEN, CT 2012
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2014
License Expiration Date **6/30/2016**
Remarks

License Number 15366
License Date 9/7/2011
Name **ABKOWITZ, SUZANNE J MD**
Address PRH - HOSPITALIST PROGRAM, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 14370
License Date 4/1/2009
Name **ABOIAN, EDOUARD MD**
Address 4802 10TH AVE, BROOKLYN, NY, 11219
Specialty GS
Board Certified GS
School and Year of Graduation KUBAN STATE MEDICAL ACADEMY RUSSIA 2001
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2006
Residency and Year ST JOHNS QUEENS HOSPITAL-ELMHURST, NY 2008
License Expiration Date **6/30/2015**
Remarks

License Number 4054
License Date 4/11/1967
Name **ABOOZIA, MANNING M MD**
Address 18 DUCK POND LANE, HERON COVEMERRIMACK, NH, 03054
Specialty GS
Board Certified
School and Year of Graduation TEHRAN STATE UNIV MEDICAL SCHOOL - TEHRAN, IRAN IRAN 1957
Internship and Year LYNN HOSPITAL - LYNN, MA 1959
Residency and Year CARNEY HOSPITAL - BOATON, MA 1966
License Expiration Date **6/30/2011**
Remarks

License Number 14334
License Date 3/4/2009
Name **ABOU JAOUDE, DANY M MD**
Address CHILTON HOSPITAL, 97 WEST PARKWAYPOMPTON PLAINS, NJ, 07444
Specialty IM
Board Certified IM
School and Year of Graduation LEBANESE UNIV LEBANON 2001
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL-STATEN ISLAND, NY 2005
Residency and Year STATEN ISLAND UNIVERSITY HOSPITAL-STATEN ISLAND, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15098
License Date 1/5/2011
Name **ABOU RIZK, FADY E MD**
Address PULMONARY & CRITICAL CARE MED, 85 SPRING STLACONIA, NH, 03246
Specialty PCC
Board Certified IM
School and Year of Graduation LEBANESE UNIVERSITY BEIRUT 2002
Internship and Year ST MICHAELS MEDICAL CENTER - NEWARK, NJ 2006
Residency and Year ST MICHAELS MEDICAL CENTER - NEWARK, NJ 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11889
License Date 5/7/2003
Name **ABOU-AMRO, AREF M MD**
Address D H M C, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF DAMASCUS IN SYRIA SYRIA 1989
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1994
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1996
License Expiration Date **6/30/2005**
Remarks

License Number 10193
License Date 1/7/1998
Name **ABRAHAM, EDWARD H MD**
Address 587 HANOVER CENTER RD, HANOVER, NH, 03755
Specialty IM
Board Certified RO
School and Year of Graduation HARVARD MED SCH - BOSTON , MA USA 1978
Internship and Year CHILDREN'S HOSPITAL - MA 1980
Residency and Year MASS GENERAL HOSPITAL - MA 1993
License Expiration Date **6/30/2010**
Remarks

License Number 8545
License Date 6/5/1991
Name **ABRAHAM, SUSAN G MD**
Address 196 WASHINGTON ST, KEENE, NH, 03470
Specialty P
Board Certified P
School and Year of Graduation HARVARD MED SCH - BOSTON, MA USA 1983
Internship and Year NY HOSPITAL CORNELL MC WESTCHESTER - WHITE PLAINS, NY 1984
Residency and Year NY HOSPITAL CORNELL MC WESTCHESTER - WHITE PLAINS, NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 13843
License Date 3/5/2008
Name **ABRAHAMS, JEFFREY P MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY ST NASHUA, NH, 03060
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF TORONTO CANADA 1983
Internship and Year LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1984
Residency and Year LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 9611
License Date 1/3/1996
Name **ABRAHAMS, TOD G MD**
Address MAINE MEDICAL CENTER, 22 BRAMHALL ST PORTLAND, ME, 04102
Specialty DR
Board Certified DR
School and Year of Graduation BOWMAN GRAY SCH OF MED WAKE FOREST UNIV USA NC 1980
Internship and Year THE MEDICAL CENTER OF DELEWARE - WILMINGTON, DE 1981
Residency and Year HOSPITAL FOR SPECIAL SURGERY - NY, NY 1985
License Expiration Date **6/30/2016**
Remarks

License Number 13698
License Date 10/3/2007
Name **ABRAHAMSEN, NANCY M MD**
Address 204 37TH AVE NORTH #365, ST PETERSBURG, FL, 33704
Specialty R
Board Certified R
School and Year of Graduation THOMAS JEFFERSON UNIV USA 1980
Internship and Year ST CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 1981
Residency and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 8429
License Date 9/5/1990
Name **ABRAMOWITZ, IRA S MD**
Address MAGEE WOMEN SPEC SVS @ UPMC HORIZON, 350 SHARON-NEWCASTLE RDFARRELL, PA, 16121
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV DEL NORESTE -TAMPICO TAMAULIPAS MEXICO 1980
Internship and Year BROOKLYN-CALEDONIAN HOSP-NY 1986
Residency and Year BROOKLYN-CALEDONIAN HOSP,NY 1986
License Expiration Date **6/30/2016**
Remarks

License Number 5785
License Date 7/7/1977
Name **ABRAMS, ANDREW L MD**
Address 142 JOHNSON PT RD, PO BOX29PENOBSCOT, ME, 04476
Specialty PS
Board Certified
School and Year of Graduation STATE UNIV OF NEW YORK BUFFALO USA 1972
Internship and Year SHANDS HOSPITAL-CLINICS GAINESVILLE 1973
Residency and Year SHANDS HOSPITAL-CLINICS GAINESVILLE 1975
License Expiration Date **6/30/2017**
Remarks

License Number 14312
License Date 2/4/2009
Name **ABRAMS, LAURIE A MD**
Address IMAGING ON CALL LLC, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation EMORY UNIV USA 1988
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1989
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1994
License Expiration Date **6/30/2013**
Remarks

License Number 15075
License Date 12/1/2010
Name **ABRAMS, THOMAS A MD**
Address DANA-FARBER CANCER INSTITUTE, 450 BROOKLINE AVE STE D1220BOSTON, MA, 02215
Specialty ON
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2000
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2001
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2003
License Expiration Date **6/30/2016**
Remarks

License Number 8883
License Date 1/6/1993
Name **ABRAMSON, LESLIE S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1977
Internship and Year UNIVERSITY COLORADO HEALTH SCIENCE CENTER DENVER CO 1978
Residency and Year UNIVERSITY COLORADO HEALTH SCIENCE CENTER DENVER CO 1980
License Expiration Date **6/30/2011**

Remarks

License Number 14826
License Date 5/5/2010
Name **ABUBAKAR, REZNER H MD**
Address THE READING HOSP MED GROUP, 2561 BERNVILLE RDREADING, PA, 19605
Specialty FP
Board Certified
School and Year of Graduation FAR EASTERN UNIV-NICANOR REYES MEDICAL FOUNDATION PHILIPPINES 1994
Internship and Year READING HOSPITAL AND MEDICAL CENTER - WEST READING, PA 2008
Residency and Year READING HOSPITAL AND MEDICAL CENTER - WEST READING, PA 2009
License Expiration Date **6/30/2012**

Remarks

License Number 15520
License Date 2/1/2012
Name **ABUMERI, IMAD MD**
Address NE NEUROLOGICAL ASSOC, 354 MERRIMACK STLAWRENCE, MA, 01843
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITE MOHAMMED V MOROCCO 1988
Internship and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1998
Residency and Year DDREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 1999
License Expiration Date **6/30/2014**

Remarks

License Number 13734
License Date 11/7/2007
Name **ACASH, GHAZWAN MD**
Address 2 SHORT STREET, BURLINGTON, MA, 01803
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF DAMASCUS SYRIA 1991
Internship and Year ST JOSEPH HOSPITAL - CHICAGO, IL 1995
Residency and Year ST JOSEPH HOSPITAL - CHICAGO, IL 1997
License Expiration Date **6/30/2017**

Remarks

License Number 13143
License Date 7/5/2006
Name **ACHTYL, THOMAS R MD**
Address CHESHIRE MED CTR - DH, 580 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation SUNY @ BUFFALO SCHOOL USA 1978
Internship and Year SUNY @ BUFFALO - NY 1979
Residency and Year SUNY @ BUFFALO - NY 1981
License Expiration Date **6/30/2008**
Remarks **Deceased 10/22/12**

License Number 6686
License Date 5/5/1983
Name **ACKIL, ALBERT A MD**
Address 15 ROCHE BROTHERS WAY, EASTON, MA, 02356
Specialty N
Board Certified
School and Year of Graduation TUFTS UNIV SCHOO MED - BOSTON, MA USA 1971
Internship and Year BOSTON CITY HOSPITAL - BOSTON,MA 1972
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 13652
License Date 9/5/2007
Name **ACKLAND, MICHAEL K MD**
Address ACKLAND SPORTS MEDICINE, 125 PARKER HILL AVE STE 410BOSTON, MA, 02120
Specialty ORS
Board Certified OR
School and Year of Graduation UNIV OF OTTAWA CANADA 1980
Internship and Year ST JOSEPHS HEALTH CENTER-TORONTO, ONTARIO CANADA 1981
Residency and Year UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 1985
License Expiration Date **6/30/2015**
Remarks

License Number 13891
License Date 4/2/2008
Name **ACOSTA, KATRINA B MD**
Address VALLEY RADIOLOGISTS PA, 243 ELM STCLAREMONT, NH, 03743
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF KENTUCKY USA 1998
Internship and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 1999
Residency and Year LOYOLA UNIV MEDICAL CENTER - MAYWOOD, IL 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15817
License Date 9/5/2012
Name **ADAIR II, LUTHER B MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation MEHARRY MEDICAL COLLEGE SCHOOL OF MEDICINE USA 2006
Internship and Year CAMBRIDGE HOSPITAL -CAMBRIDGE, MA 2007
Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16530
License Date 4/2/2014
Name **ADAKA, GREGORY MD**
Address 15 BROOKLANDS CT, ROCHDALE GB, , OL11 4EJ
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF BENIN NIGERIA 1991
Internship and Year UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL - PORT HARCOURT, NIGERIA 1993
Residency and Year PAMO CLINIC - PORT HARCOURT, NIGERIA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14116
License Date 8/6/2008
Name **ADAM, SONYA MD**
Address MANOR FAMILY MEDICINE, 111 6TH STWHITEHALL, PA, 18502
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PESHAWAR PAKISTAN 1999
Internship and Year UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2006
Residency and Year UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2007
License Expiration Date **6/30/2014**
Remarks

License Number 11438
License Date 11/7/2001
Name **ADAMS, DIANE K DO**
Address CONCENTRA, 875 SOUTH COLORADO BLVDDENVER, CO, 80246
Specialty IM
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO-BIDDEFORD, ME USA 1993
Internship and Year ROGER WILLIAMS HOSPITAL - BROWN UNIV - PROVIDENCE, RI 1995
Residency and Year ROGER WILLIAMS HOSPITAL - BROWN UNIV - PROVIDENCE, RI 1997
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 15276
License Date 7/6/2011
Name **ADAMS, DONNA D MD**
Address CONCORD HOSP CARDIAC ASSOC, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty CD
Board Certified CD
School and Year of Graduation ROSS UNIVERSITY USA 2002
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2003
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2005
License Expiration Date **6/30/2015**
Remarks

License Number 12830
License Date 8/3/2005
Name **ADAMS, ELIZABETH G MD**
Address 35 SWANSON CT, APT #16DBOXBORO, MA, 01719
Specialty GS
Board Certified GS
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1973
Internship and Year CHILDREN'S NATIONAL MED CTR, WASHINGTON DC 1974
Residency and Year WASHINGTON HOSPITAL CTR, WASHINGTON DC 1975
License Expiration Date **6/30/2009**
Remarks

License Number 10478
License Date 1/6/1999
Name **ADAMS, FRANCIS M MD**
Address CLEAR CHOICE MD, 410 MIRACLE MILELEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation ALLEGHENY UNIV HLTH SCI - PHILIA, PA USA 1987
Internship and Year SACRED HEART HOSPITAL- ALLENTOWN, PA 1988
Residency and Year SACRED HEART HOSPITAL - ALLENTOWN, PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 7979
License Date 10/5/1988
Name **ADAMS, GEORGE L MD**
Address 7845 COLONY RD, SUITE 4143CHARLOTTE, NC, 28226
Specialty P
Board Certified
School and Year of Graduation TULANE UNIV SCHOOL OF MEDICINE USA 1967
Internship and Year UNIVERSITY OF CALIFORNIA HOSPITAL - LOS ANGELES 1968
Residency and Year UCLA MEDICAL CENTER - LOS ANGELES CA 1971
License Expiration Date **6/30/2012**
Remarks

License Number 11297
License Date 7/11/2001
Name **ADAMS, GLENN B DO**
Address WEEKS MEDICAL CENTER, 47 CHURCH STGROVETON, NH, 03582
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO USA 1998
Internship and Year EASTERN MAINE MEDICAL CENTER BANGOR ME 1999
Residency and Year EASTERN MAINE MEDICAL CENTER BANGOR ME 2001
License Expiration Date **6/30/2017**
Remarks

License Number 7107
License Date 6/6/1985
Name **ADAMS, JAMES J MD**
Address 6 HILLS AVE, CONCORD, NH, 03301-
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MICHIGAN-ANN ARBOR, MI USA 1976
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1977
Residency and Year UNIVERSITY OF CALIFORNIA-SAN DIEGO AFFIL HOSPITALS-SAN DIEGO, CA 1979
License Expiration Date **7/7/2009**
Remarks **DECEASED 7/7/09**

License Number 15521
License Date 2/1/2012
Name **ADAMS, KENNETH G MD**
Address PENTUCKET MED ASSOC, 1 PARK WAYHAVERHILL, MA, 01830
Specialty CD
Board Certified CD
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1979
Internship and Year WASHINGTON UNIVERSITY B-JH/SLCH - ST LOUIS, MO 1980
Residency and Year WASHINGTON UNIVERSITY B-JH/SLCH - ST LOUIS, MO 1982
License Expiration Date **6/30/2016**
Remarks

License Number 11231
License Date 5/2/2001
Name **ADAMS, KEVIN K MD**
Address 2092 KUHLO AVE #702, HONOLULU, HI, 96815
Specialty IM
Board Certified
School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1997
Internship and Year UNIV OF HAWAII - HONOLULU, HI 1998
Residency and Year UNIV OF HAWAII - HONOLULU, HI 2000
License Expiration Date **6/30/2007**
Remarks

License Number 11948
License Date 6/4/2003
Name **ADAMS, LISA V MD**
Address DHMC/INF DIS & INTER HLTH, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-LEBANON NH USA 1990
Internship and Year CAMBRIDGE HOSP - CAMBRIDGE MA 1991
Residency and Year CAMBRIDGE HOSP - CAMBRIDGE MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16500
License Date 3/5/2014
Name **ADAMS, MATHIS T MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER USA 1999
Internship and Year METHODIST HOSPITALS OF DALLAS - DALLAS, TX 2000
Residency and Year METHODIST HOSPITALS OF DALLAS - DALLAS, TX 2004
License Expiration Date **6/30/2016**
Remarks

License Number 15119
License Date 2/2/2011
Name **ADAMS, NEAL A MD**
Address 2101 MEDICAL PARK DR, SUITE 303SILVER SPRING, MD, 20902
Specialty OPH
Board Certified OPH
School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 1998
Internship and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1999
Residency and Year JOHN HOPKINS UNIVERSITY - BALTIMORE, MD 2002
License Expiration Date **6/30/2017**
Remarks

License Number 4786
License Date 6/14/1971
Name **ADAMS, PATRICIA E MD**
Address , , ,
Specialty PD
Board Certified PD
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1994**
Remarks

License Number 11159
License Date 2/7/2001
Name **ADAMS, ROBERT R MD**
Address 2302 W KIOWA ST, COLORADO SPRINGS, CO, 80904
Specialty P
Board Certified P
School and Year of Graduation UNIFORMED SER UNIV OF HLTH SCI-BETHESDA,MD USA 1982
Internship and Year WILFORD HALL MEDICAL CENTER- LACKLAND AFB, TX 1983
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1986
License Expiration Date **6/30/2015**
Remarks

License Number 6812
License Date 11/10/1983
Name **ADAMSON, GODFREY DOUGLAS JR MD**
Address , , ,
Specialty FP
Board Certified FP
School and Year of Graduation VANDERBILT UNIVERSITY - TN USA 1957
Internship and Year
Residency and Year
License Expiration Date **2/29/1992**
Remarks **DECEASED**

License Number 16695
License Date 8/6/2014
Name **ADAMSON, MEGAN M MD**
Address 5902 WATEREE DR, DURHAM, NC, 27713
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2009
Residency and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2011
License Expiration Date **6/30/2016**
Remarks

License Number 7143
License Date 7/10/1985
Name **ADDANTE, LINDA A MD**
Address KIMBALL UNION ACADEMY, 7 CAMPUS CENTER RD - HEALTH CENTERMERIDEN, NH, 03770-5402
Specialty P
Board Certified P
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE-PHILADELPHIA, PA USA 1981
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-HANOVER, NH 1982
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-HANOVER, NH 1985
License Expiration Date **6/30/2017**
Remarks

License Number 6297
License Date 10/2/1980
Name **ADDANTE, ROCCO R MD**
Address DHMC-ORAL SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OS
Board Certified OS
School and Year of Graduation HARVARD MED SCH-BOSTON USA 1979
Internship and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1980
Residency and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 17042
License Date 5/6/2015
Name **ADDIS, KIMBERLY A MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation PENNSYLVANIA STATE UNIV COLLEGE OF MED USA 1999
Internship and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2000
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13062
License Date 5/3/2006
Name **ADEGBOLA, ABIDEMI A MD**
Address 448 HALSTEAD AVE APT 2C, MAMARONECK, NY, 10543
Specialty P
Board Certified P
School and Year of Graduation UNIV OF LAGOS NIGERIA 1998
Internship and Year WASHINGTON UNIV, ST LOUIS MO 2004
Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 2006
License Expiration Date **6/30/2014**
Remarks

License Number 12727
License Date 6/1/2005
Name **ADELMAN, KARIN A MD**
Address KINGSTON COMM HLTH CTR, 263 WELLES AVEKINGSTON ON CANADA, , K7K 2V4
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1982
Internship and Year SOUTH NASSAU COMMUNITIES HOSP, OCEANSIDE NY 1983
Residency and Year SOUTH NASSAU COMMUNITIES HOSP, OCEANSIDE NY 1985
License Expiration Date **6/30/2017**
Remarks

License Number 16097
License Date 5/1/2013
Name **ADENIRAN, ADEWALE O MD**
Address 3001 COMMUNICATIONS PKWY, APT 2415PLANO, TX, 75093
Specialty ORS
Board Certified
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 7938
License Date 8/10/1988
Name **ADES, ALAIN MD**
Address PO BOX 2092, NEW CASTLE, NH, 03854
Specialty GE
Board Certified GE
School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON,MA USA 1982
Internship and Year CEDARS SINAI MED CTR-LOS ANGELES,CA 1983
Residency and Year CEDARS-SINAI MED CTR-LOS ANGELES,CA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 12155
License Date 12/3/2003
Name **ADKISSON, GREGORY H MD**
Address N AMERICAN PARTNERS-ANESTHESIA, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ARIZONA, TUCSON AZ US 1978
Internship and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1979
Residency and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1992
License Expiration Date **6/30/2015**
Remarks **lapsed for non-renewal 6/30/07...**
Reinstated on 11/5/08

License Number 13006
License Date 3/1/2006
Name **ADRALES, GINA L MD**
Address DHMC - GENERAL SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA US 1996
Internship and Year UNIVERSITY OF FLORIDA, JACKSONVILLE FL 1997
Residency and Year CAROLINAS MEDICAL CTR, CHARLOTTE NC 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14401
License Date 5/6/2009
Name **ADUAKO, CECILIA D MD**
Address PHYSICIAN STAFFING INC, 30680 BAINBRIDGE RDSOLON, OH, 44139
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF GHANA GHANA 2003
Internship and Year MERIDIA HURON HOSPITAL-EAST CLEVELAND, OH 2005
Residency and Year MERIDIA HURON HOSPITAL-EAST CLEVELAND, OH 2007
License Expiration Date **6/30/2011**
Remarks

License Number 17146
License Date 7/1/2015
Name **AFZA, RUHY MD**
Address 41411 GLADE RD, CANTON, MI, 48187
Specialty IM
Board Certified IM
School and Year of Graduation I M SECHENOV MOSCOW MEDICAL ACADEMY RUSSIA 2001
Internship and Year SINAI-GRACE HOSPITAL - DETROIT, MI 2010
Residency and Year SINAI-GRACE HOSPITAL - DETROIT, MI 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16961
License Date 3/4/2015
Name **AFZAL, MUHAMMAD Z MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation KING EDWARD MEDICAL UNIVERSITY PAKISTAN 2008
Internship and Year GRAND RAPIDS MEDICAL-MICHIGAN STATE UNIVERSITY - GRAND RAPIDS, MI 2012
Residency and Year GRAND RAPIDS MEDICAL-MICHIGAN STATE UNIVERSITY - GRAND RAPIDS, MI 2014
License Expiration Date **6/30/2017**
Remarks

License Number 8506
License Date 4/3/1991
Name **AGALLIANOS, DENNIS D MD**
Address 101 WEST WINDSOR RD, URBANAN, IL, 61802
Specialty P
Board Certified P
School and Year of Graduation INSTITUTE DE MED SI FARM CLUJ-JAPOCA ROMANIA ROMANIA 1948
Internship and Year FRENCH-POLYCL MED CENTER - NY, NY 1958
Residency and Year SPRING CROVE HOSPITAL - CANTONSVILLE, MD 1962
License Expiration Date **6/30/2011**
Remarks

License Number 9057
License Date 10/6/1993
Name **AGARWAL, SANGITA J MD**
Address WENTWORTH-DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation QUEEN'S UNIVERSITY OF BELFAST FACULTY OF MEDICINE IRELAND 1987
Internship and Year MID-ULSTER HOSPITAL - MAGHERAFELT IRELAND 1988
Residency and Year HANDFORTH HEALTH CENTER - CHESHIRE ENGLAND 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12591
License Date 2/2/2005
Name **AGARWAL, SANJAY K MD**
Address LAKES REGION GENERAL HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation BANGALORE UNIVERSITY, BANGALORE KARNATAKA INDIA INDIA 1996
Internship and Year MICHAEL REESE HOSP, CHICAGO IL 2000
Residency and Year MICHAEL REESE HOSP, CHICAGO IL 2002
License Expiration Date **6/30/2009**
Remarks

License Number 9718
License Date 6/5/1996
Name **AGBAYANI-ASAR, OLGA J MD**
Address 14 TIMBER RIDGE DR, COMMACK, NY, 11725
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES PHILIPPINES 1956
Internship and Year PHILIPPINE GENERAL HOSPITAL 1956
Residency and Year PILGRIM PSYCHIATRIC CTR 1962
License Expiration Date **6/30/2001**
Remarks

License Number 15688
License Date 6/6/2012
Name **AGHA, SYED A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation AGA KHAN MEDICAL COLLEGE PAKISTAN 1996
Internship and Year ST FRANCIS MEDICAL CENTER - PEORIA, IL 1998
Residency and Year ST FRANCIS MEDICAL CENTER - PEORIA, IL 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14242
License Date 12/3/2008
Name **AGISIM, FREDERICK A MD**
Address CTR FOR LIFE MGMT, 10 TSIENNETO RDDERRY, NH, 03038
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV USA 1978
Internship and Year MASSACHUSETTS MENTAL HEALTH CENTER - JAMAICA PLAIN, MA 1980
Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - JAMAICA PLAIN, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 15646
License Date 5/2/2012
Name **AGRAWAL, KIREET MD**
Address LRG HEALTHCARE, 80 HIGHLAND AVELACONIA, NH, 03246
Specialty IM
Board Certified
School and Year of Graduation MAULANA AZAD MEDICAL COLLEGE INDIA 2006
Internship and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 2009
Residency and Year JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 2012
License Expiration Date **6/30/2014**
Remarks

License Number 10926
License Date 6/7/2000
Name **AGUHOB, SAMUEL B MD**
Address DOCTOR'S COMMUNITY HOSPITAL, 8118 GOOD LUCK RDLANHAM, MD, 20706
Specialty AN
Board Certified
School and Year of Graduation UNIV OF SANTO TOMAS ESPANA STREET - MANILA PHILIPPINES 1965
Internship and Year DEPAUL HOSPITAL - NORFOLK, VA 1967
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1971
License Expiration Date **6/30/2004**
Remarks

License Number 13368
License Date 1/3/2007
Name **AGUILA, ELVIRA G MD**
Address 501 BROAD ST, PORTSMOUTH, NH, 03801
Specialty PUD
Board Certified PUD
School and Year of Graduation BOSTON UNIV USA 1998
Internship and Year BOSTON UNIV - BOSTON, MA 1999
Residency and Year BOSTON UNIV - BOSTON, MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 10638
License Date 8/4/1999
Name **AGUILAR LAMMERS, DULCE M MD**
Address 114 E MAIN ST, PO BOX 183NEW PALESTINE, IN, 46163
Specialty OBG
Board Certified
School and Year of Graduation UNIV OF MEXICO - MEXICO CITY, MEXICO MEXICO 1969
Internship and Year ST LOUIS UNIV - ST LOUIS, MO 1973
Residency and Year CASE WESTERN RESERVE UNIV-SAINT LUKE MEDICAL CENTER - CLEVELAND, OH 1976
License Expiration Date **6/30/2000**
Remarks

License Number 14155
License Date 9/3/2008
Name **AGUILAR, ARTURO J MD**
Address BOSTON MEDICAL CENTER, 1 BOSTON MED CTR PLC DOW 5 SBOSTON, MA, 02118
Specialty FP
Board Certified FP
School and Year of Graduation MEHARRY MEDICAL COLLEGE USA 2006
Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2007
Residency and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2008
License Expiration Date **6/30/2012**
Remarks

License Number 16398
License Date 12/4/2013
Name **AGUILAR, MARIA I MD**
Address MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation UNIVERSIDAD CES PROGRAMA DE MEDICINA COLOMBIA 1998
Internship and Year UNIVERSITY OF TX HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2002
Residency and Year UNIVERSITY OF TX HEALTH SCIENCES CENTR - SAN ANTONIO, TX 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16620
License Date 6/4/2014
Name **AGUIRRE, VINCENT MD**
Address ELLIOT HOSPITAL AT RIVERS EDGE- GASTROENTEROLOGY, 185 QUEEN CITY AVE - 4TH FLMANCHES
Specialty GE
Board Certified GE
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2002
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2003
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 16937
License Date 2/4/2015
Name **AHMAD, HINA S MD**
Address 433 BELLEVUE AVE, TRENTON, NJ, 08618
Specialty OBG
Board Certified OBG
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL-NEW BRUNSWICK, NJ 2004
Residency and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL-NEW BRUNSWICK, NJ 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16938
License Date 2/4/2015
Name **AHMAD, JIBRAN MD**
Address 14 JANE LACEY DR APT C, ENDICOTT, NY, 13760
Specialty DR
Board Certified DR
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2009
Residency and Year SAINT BARNABAS MEDICAL CENTER-LIVINGSTON, NJ 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16962
License Date 3/4/2015
Name **AHMAD, KAMRAN T MD**
Address 5159 SUNDIAL COURT, MISSISSAUGA ONTARIOCANADA, , L5R 2T1
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF SINT EUSTATIUS SCHOOL OF MEDICINE NETHERLANDS ANTILLES 2009
Internship and Year SELMA FAMILY MEDICINE RESIDENCY PROGRAM - SELMA, AL 2012
Residency and Year SELMA FAMILY MEDICINE RESIDENCY PROGRAM - SELMA, AL 2014
License Expiration Date **6/30/2017**
Remarks

License Number 13571
License Date 7/11/2007
Name **AHMAD, NAUMAN MD**
Address SACRED HEART CHILDREN'S HOSP, 101 WEST 8TH AVE 2ND FLRSPOKANE, WA, 99204
Specialty P
Board Certified P
School and Year of Graduation MICHIGAN STATE UNIV USA 2003
Internship and Year UNIV OF CINCINNATI-CINCINNATI, OH 2004
Residency and Year ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2007
License Expiration Date **6/30/2015**
Remarks

License Number 17251
License Date 9/2/2015
Name **AHMAD, SHAWN M MD**
Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation NY UNIV SCHOOL OF MED- NEW YORK, NY USA 2007
Internship and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK NJ 2011
Residency and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK NJ 2013
License Expiration Date **6/30/2017**
Remarks

License Number 12563
License Date 1/5/2005
Name **AHMADO, IMAD MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ALEPPO, ALEPPO SYRIA SYRIA 1998
Internship and Year COOK COUNTY HOSPITAL, CHICAGO IL 2002
Residency and Year COOK COUNTY HOSPITAL, CHICAGO IL 2004
License Expiration Date **6/30/2017**
Remarks

License Number 17198
License Date 8/5/2015
Name **AHMED, AMINA A MD**
Address 24 HIDDEN BROOK DR, BROOKFIELD, CT, 06804
Specialty OBG
Board Certified OBG
School and Year of Graduation GRANT MEDICAL COLLEGE, UNIV OF MUMBAI INDIA 1984
Internship and Year CHILDRENS HOSPITAL OF MICHIGAN - DETROIT, MI 1988
Residency and Year SINAI-GRACE HOSPITAL - DETROIT, MI 1991
License Expiration Date **6/30/2017**
Remarks

License Number 13788
License Date 12/26/2007
Name **AHMED, ASMA MD**
Address 2300 SOUTHWOOD DR, NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KARACHI PAKISTAN 2000
Internship and Year STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 2004
Residency and Year STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 9536
License Date 9/6/1995
Name **AHMED, MOHAMED A MD**
Address EMCARE ACUTE CARE SURGERY, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF BAGDAD COLL OF MEDICINE IRAQ 1984
Internship and Year UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE WA 1995
Residency and Year UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE WA 1995
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/07 - reinstated 3/4/15**

License Number 12288
License Date 5/5/2004
Name **AHMED, SHIHAB U MD**
Address NEW ENGLAND NEUROLOGICAL, 70 BUTLER STSALEM, NH, 03079
Specialty AN
Board Certified AN
School and Year of Graduation MYMENSINGH MEDICAL COLLEGE BANGLADESH 1987
Internship and Year METROWEST MEDICAL CENTER-FRAMINGTON UNION HOSPITAL, FRAMINGHAM MA 1994
Residency and Year BRIGHAM AND WOMEN'S HOSPITAL, BOSTON, MA 1997
License Expiration Date **6/30/2014**
Remarks

License Number 16889
License Date 1/21/2015
Name **AHMED, YASMIN Z MD**
Address 21630 N 19 19TH AVE STE B8, PHOENIX, AZ, 85027
Specialty FP
Board Certified FP
School and Year of Graduation DOW MEDICAL COLLEGE UNIV OF KARACHI PAKISTAN 1996
Internship and Year MCLAREN REGIONAL MEDICAL CENTER - FLINT, MI 2005
Residency and Year MCLAREN REGIONAL MEDICAL CENTER - FLINT, MI 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11844
License Date 3/5/2003
Name **AHN, SUZANNE S MD**
Address URBAN HEALTH PLAN, 1065 SOUTHERN BLVD BRONX, NY, 10459
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ILLINOIS - CHICAGO, IL USA 1998
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1999
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 2001
License Expiration Date **6/30/2005**
Remarks

License Number 10983
License Date 7/5/2000
Name **AHN, URI M MD**
Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DR BEDFORD, NH, 03110
Specialty ORS
Board Certified ORS
School and Year of Graduation JOHN HOPKINS UNIV SCH OF MED - BALTIMORE, MD USA 1994
Internship and Year JOHNS HOPKINS UNIV - BALTIMORE, MD 1995
Residency and Year JOHN HOPKINS UNIV - BALTIMORE, MD 1999
License Expiration Date **6/30/2016**
Remarks

License Number 13572
License Date 7/11/2007
Name **AHUJA, ANGELA MD**
Address ALLERGY & ASTHMA SPECIALISTS, 9 VILLAGE SQUARE CHELMSFORD, MA, 01824
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MISSISSIPPI USA 2001
Internship and Year UNIV OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2002
Residency and Year UNIV OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15611
License Date 4/4/2012
Name **AIELLO, PAUL A MD**
Address 25 BALMAHA CLOSE, FAIRFIELD, CT, 06825
Specialty DR
Board Certified DR
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year NORWALK HOSPITAL - NORWALK, CT 1985
Residency and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1989
License Expiration Date **6/30/2016**
Remarks

License Number 12688
License Date 5/4/2005
Name **AITKEN, CANDICE L MD**
Address DHMC- RADIATION ONCOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty RO
Board Certified RO
School and Year of Graduation UNIVERSITY OF NEW YORK, NEW YORK NY US 2000
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2001
Residency and Year JOINT CENTER FOR RADIATION THERAPY, BOSTON MA 2004
License Expiration Date **6/30/2011**
Remarks

License Number 8810
License Date 9/2/1992
Name **AIYEGBUSI, MODUPE A MD**
Address FAMILY PRACTICE CENTER, 1320 WISCONSIN AVERACINE, WI, 53403
Specialty OBG
Board Certified
School and Year of Graduation AIN SHAMS UNIVERSITY FACULTY OF MEDICINE EGYPT 1981
Internship and Year LAGOS UNIVERSITY TEACHING HOSPITAL CAIRO - EGYPT 1982
Residency and Year NIGERIAN NAVAL HOSPITAL SHATTELITE TOWN - LAGOS 1984
License Expiration Date **6/30/1999**
Remarks

License Number 16696
License Date 8/6/2014
Name **AJAMIE, JOHN M MD**
Address 532 COPENHAGEN RD, WATERFORD, VT, 05819
Specialty FP
Board Certified FP
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year ST JOSEPHS REGIONAL MEDICAL CENTER - MISHAWAKA, IN 1981
Residency and Year ST JOSEPHS REGIONAL MEDICAL CENTER - MISHAWAKA, IN 1983
License Expiration Date **6/30/2016**
Remarks

License Number 10110
License Date 9/10/1997
Name **AJEENA, ABDUL-WAHID K MD**
Address PENTUKET ORTHOPAEDICS - MERRIMACK MED CTR, 62 BROWN ST, STE #505HAVERHILL, MA, 0183
Specialty OTR
Board Certified
School and Year of Graduation UNIV OF BAGHDAD COLL OF MED BAGHDAD IRAQ USA 1971
Internship and Year MEDICAL CITY UNIV HOSPITAL - GAGHDAD, IRAQ 1972
Residency and Year CHILDREN HOSPITAL - BOSTON, MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 10984
License Date 7/5/2000
Name **AKERKAR, GEETANJALI A MD**
Address 33 BARTLETT ST STE 505, LOWELL, MA, 01852
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MED COLL - NEW YORK, NY USA 1993
Internship and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1994
Residency and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1995
License Expiration Date **6/30/2004**
Remarks

License Number 15400
License Date 10/5/2011
Name **AKERMAN, SARAH C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 6359
License Date 4/2/1981
Name **AKEY JR, DONALD T MD**
Address CONCORD PULMONARY MEDICINE, 248 PLEASANT ST G100CONCORD, NH, 03301-2952
Specialty PUD
Board Certified CCM
School and Year of Graduation GEORGETOWN UNIV SCH OF MED, WASHINGTON, DC USA 1976
Internship and Year NWUMS AFFIL HOSP, CHICAGO, IL 1977
Residency and Year EVANSTON HOSP 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14052
License Date 7/9/2008
Name **AKHTAR, HAROON MD**
Address , PO BOX 694 WOLFEBORO, NH, 03894
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF THE PUNJAB PAKISTAN 1998
Internship and Year ST VINCENT MERCY MEDICAL CENTER-TOLEDO, OH 2006
Residency and Year ST VINCENT MERCY MEDICAL CENTER-TOLEDO, OH 2008
License Expiration Date **6/30/2010**
Remarks

License Number 16743
License Date 9/3/2014
Name **AKHTER, AAFAQUE MD**
Address 87 E MAIN ST, NORTON, MA, 02766
Specialty P
Board Certified P
School and Year of Graduation PATNA MEDICAL COLLEGE INDIA 1994
Internship and Year BROCKTON-WEST ROXBURY VETERANS AFFAIRS MED CTR - BROCKTON, MA 2001
Residency and Year BROCKTON-WEST ROXBURY VETERANS AFFAIRS MED CTR - BROCKTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 9577
License Date 11/1/1995
Name **AKILESH, KUMAR MD**
Address EASTERN MAINE MEDICAL CENTER, GRANT 8BANGOR, ME, 04402
Specialty NPM
Board Certified PD
School and Year of Graduation LOKMANYA TILAK MUN MED COLL, UNIV OF BOMBAY INDIA 1973
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1997
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1997
License Expiration Date **6/30/2000**
Remarks

License Number 13939
License Date 5/7/2008
Name **AKINMADE, OMOTAYO O MD**
Address PIEDMONT PHYSICIANS OF STOCKBRIDGE, 150 EAGLES SPRING CT - STE ASTOCKBRIDGE, GA, 3028
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF LAGOS NIGERIA 2001
Internship and Year SUNY HEALTH SCIENCE CENTER-BROOKLN, NY 2006
Residency and Year SUNY HEALTH SCIENCE CENTER-BROOKLYN, 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9578
License Date 11/1/1995
Name **AL- HOJERRY, KEENAN M MD**
Address 278 LAFAYETTE RD, BLDG E-STE 5SPORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF JORDON,FAC OF MED, AMMAN, JORDON JORDON 1988
Internship and Year MEMORIAL HOSPITAL OF RI 1993
Residency and Year MEMORIAL HOSPITAL OF RI 1995
License Expiration Date **6/30/2017**
Remarks

License Number 14006
License Date 6/4/2008
Name **AL MASSLOOM, HASAN S MD**
Address SAUDI ARAMCO DHAHRAN HEALTH CT, MEDICAL EDUCATION RM 0-123DHAHRAN, AE, 31311
Specialty GS
Board Certified GS
School and Year of Graduation KING SAUD UNIV - RIYADH SAUDI ARABIA 1991
Internship and Year UNIV OF ARKANSAS FOR MEDICAL SCIENCE - LITTLE ROCK, AR 2005
Residency and Year STRONG MEMORIAL HOSPITAL OF THE UNIV OF ROCHESTER-ROCHESTER, NY 2006
License Expiration Date **6/30/2010**
Remarks

License Number 14117
License Date 8/6/2008
Name **AL SHARIF, MUHAMMAD M DO**
Address MERCY MED CTR NORTH IA, 1000 4TH ST SWMASON CITY, IA, 5041
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ALEXANDRIA EGYPT 1988
Internship and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 2002
Residency and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 2004
License Expiration Date **6/30/2014**
Remarks

License Number 13940
License Date 5/7/2008
Name **AL-ABDULRAZZAQ, HAMAD MD**
Address 21 MASON ST #2, BROOKLINE, MA, 02446
Specialty D
Board Certified D
School and Year of Graduation KUWAIT UNIV KUWAIT 2000
Internship and Year MIAMI CHILDRENS HOSPITAL-MIAMI, FL 2003
Residency and Year UNIV OF MIAMI MILLER SCHOOL OF MEDIICNE - MIAMI, FL 2006
License Expiration Date **6/30/2010**
Remarks **lapsed 6/30/40-reinstated 7/1/15**

License Number 16058
License Date 4/3/2013
Name **AL-ALWAN, ALI A MD**
Address WENTWORTH DOUGLASS HOSP - SEACOAST PULMONORY MED, 789 CENTRAL AVEDOVER, NH, 038
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF JORDAN JORDAN 2005
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2008
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15367
License Date 9/7/2011
Name **AL-ANSARI, ESSAM M MD**
Address GOOD SAMARITAN SLEEP CENTER, 6350 GLENWAY AVECINCINNATI, OH, 45211
Specialty CCM
Board Certified SM
School and Year of Graduation KINGABDULAZIZ UNIVERSITY SAUDI ARABIA 1996
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
License Expiration Date **6/30/2013**
Remarks

License Number 7069
License Date 5/2/1985
Name **ALBALA, DAVID M MD**
Address LOYOLA U MEDICAL CENTER, 2160 S 1ST AVEMAYWOOD, IL, 60153-5594
Specialty U
Board Certified U
School and Year of Graduation MICHIGAN STATE UNIVERSITY-LANSING, MI USA 1983
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1984
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1985
License Expiration Date **6/30/2002**
Remarks

License Number 14747
License Date 3/3/2010
Name **ALBERT, ANTHONY MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**
Remarks

License Number 13389
License Date 2/7/2007
Name **ALBERT, DANIEL A MD**
Address DHMC/RHEUMATOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified RHU
School and Year of Graduation NEW YORK UNIV SCHOOL OF MEDICINE USA 1974
Internship and Year UNIV OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 1975
Residency and Year UNIV OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 1977
License Expiration Date **6/30/2017**
Remarks

License Number 5646
License Date 11/15/1976
Name **ALBERTINI, RALPH S MD**
Address 289 MAIN ST, PO BOX 504NORWICH, VT, 05055-0504
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIV OF VERMONT CLLEDG OF MED BURLINGTON, VT USA 1973
Internship and Year DARTMOUTH-HITCHCOCK MED CENTER - HANOVER, NH 1976
Residency and Year DARTMOUTH-HITCHCOCK MED CENTER - HANOVER, NH 1978
License Expiration Date **6/30/2016**
Remarks

License Number 6323
License Date 12/1/1980
Name **ALBERTSON, DONAVON R MD**
Address PORTSMOUTH REGIONAL HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801-
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIV SCH OF MED,BOSTON USA 1974
Internship and Year VET ADMIN HOSP,BOSTON 1975
Residency and Year VET ADMIN HOSP, BOSTON 1977
License Expiration Date **6/30/2016**
Remarks

License Number 6023
License Date 4/5/1979
Name **ALBRIGHT, J THOMAS MD**
Address J THOMAS ALBRIGHT MD, 16 HOSPITAL DR STE AYORK, ME, 03909
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIV OF NY UPSTATE COLLEGE MEDICINE-SYRACUSE USA 1972
Internship and Year SUNY UPSTATE MEDICAL CENTER - SYRACUSE, NY 1973
Residency and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA PA 1979
License Expiration Date **6/30/2011**
Remarks

License Number 11890
License Date 5/7/2003
Name **ALBUSHIES, DANIELLE T MD**
Address BEDFORD COMMONS OB/GYN, 201 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL- LEBANON, NH USA 1999
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2000
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 11891
License Date 5/7/2003
Name **ALBUSHIES, THOMAS M MD**
Address CONCORD PEDIATRICS, 248 PLEASANT ST STE 1700CONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year CHILDREN'S HOSPITAL AT STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2000
Residency and Year CHILDREN'S HOSPITAL AT STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 15818
License Date 9/5/2012
Name **ALCAUSKAS, MEGAN C MD**
Address RTNA, PC, 336 22ND AVE NORTHNASHVILLE, TN, 37203
Specialty N
Board Certified N
School and Year of Graduation COLUMBIA UNIVERSITY USA 2005
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 2006
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 11767
License Date 11/6/2002
Name **ALDOSARI, MOHAMMED S MD**
Address 1 ERWIN RD, DUMC 3936DURHAM, NC, 27710
Specialty PD
Board Certified
School and Year of Graduation KING SAUD UNIV IN SAUDI, ARABIA ARABIA 1993
Internship and Year UNIV OF MINNESOTA, MINNEAPOLIS, MN 1997
Residency and Year UNIV OF MINNESOTA, MINNEAPOLIS, MN 1998
License Expiration Date **6/30/2003**
Remarks

License Number 9295
License Date 10/5/1994
Name **ALDRIDGE, SAMUEL C MD**
Address LAKES REGION GENERAL HOSPITAL, 85 SPRING STLACONIA, NH, 03246-
Specialty VS
Board Certified VS
School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 1986
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON MA 1991
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA PA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 15207
License Date 5/4/2011
Name **ALEEM, SOHAIB MD**
Address ALLERGY/IMMUNOLOGY; DEPT OF INT MED/ UNIV OF IOWA, 200 HAWKINS DRIOWA CITY, IA, 5224
Specialty GPM
Board Certified GPM
School and Year of Graduation AGA KHAN MEDICAL COLLEGE, AGA KHAN UNIVERSITY PAKISTAN 2003
Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2008
Residency and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 17097
License Date 6/3/2015
Name **ALENCAR, HERLEN J MD**
Address 449 COMMONWEALTH AVE, NEWTON, MA, 02459
Specialty DR
Board Certified DR
School and Year of Graduation UNIV FEDERAL DE PERNAMBUCO BRAZIL 1998
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2006
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 11102
License Date 11/1/2000
Name **ALESSI, CHRISTOHPER M MD**
Address SAINT ALPHONSUS REG MED CTR, 6140 W CURTISIAN STE 102BOISE, ID, 83704
Specialty VS
Board Certified VS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14054
License Date 7/9/2008
Name **ALESSI, PAUL J DO**
Address PHILADELPHIA VA, 3900 WOODLAND AVEPHILADELPHIA, PA, 19104
Specialty IM
Board Certified IM
School and Year of Graduation DES MOINES UNIV USA 1977
Internship and Year GRANDVIEW HOSPITAL OUCOM-DAYTON, OH 1978
Residency and Year GRANDVIEW HOSPITAL OUCOM-DAYTON, OH 1981
License Expiration Date **6/30/2016**
Remarks

License Number 12520
License Date 11/3/2004
Name **ALEXANDER III, EBEN MD**
Address CENTRAL VIRGINIA NEUROSURGERY, 2138 LANGHORNE RDLYNCHBURG, VA, 24501-1424
Specialty NS
Board Certified NS
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1980
Internship and Year DUKE UNIVERSITY, DURHAM NC 1981
Residency and Year DUKE UNIVERSITY, DURHAM NC 1987
License Expiration Date **6/30/2006**
Remarks

License Number 13445
License Date 4/4/2007
Name **ALEXANDER, JOHN L MD**
Address MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST.NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIV OF NEW YORK USA 2000
Internship and Year ALBANY MEDICAL CENTER-LATHAM, NY 2001
Residency and Year ALBANY MEDICAL CENTER-LATHAM, NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 12019
License Date 8/6/2003
Name **ALEXANDER, JOHN L MD**
Address HOLY FAMILY HOSPITAL, 70 EAST STREETMETHUEN, MA, 01844
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MASS MED SCHOOL, WORCESTER MA US 1997
Internship and Year UNIVERSITY OF MASSACHUSETTS MED SCHOOL, WORCESTER MA 1998
Residency and Year UNIVERSITY OF MASSACHUSETTS MED SCHOOL, WORCESTER MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 10194
License Date 1/7/1998
Name **ALEXANDER, MICHAEL P MD**
Address BETH ISRAEL HOSPITAL, 330 BROOKLINE AVEBOSTON, MA, 02215
Specialty N
Board Certified P
School and Year of Graduation STANFORD UNIV SCH OF MED -STANFORD, CT USA 1972
Internship and Year FLETCHER ALLEN HLTH CARE - VT 1973
Residency and Year BOSTON UNIV MEDICAL CENTER - MA 1977
License Expiration Date **6/30/1999**
Remarks

License Number 5689
License Date 4/7/1977
Name **ALEXANDER, SIDNEY MD**
Address LAHEY-HITCHCOCK CLINIC, 41 MALL RDBURLINGTON, MA, 01805-
Specialty CD
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON, MA USA 1958
Internship and Year PETER B BRIGHAM HOSPITAL BOSTON, MA 1958
Residency and Year PETER B BRIGHAM HOSPITAL BOSTON, MA 1963
License Expiration Date **6/30/2000**
Remarks

License Number 10355
License Date 8/5/1998
Name **ALEXANDER, STUART A MD**
Address 22 BARBER FARM RD, JERICHO, VT, 05465
Specialty GP
Board Certified
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1967
Internship and Year GUTHRIE HEALTHCARE SYSTEM ROBERT PACKER HOSPITAL - SAYRE, PA 1968
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1969
License Expiration Date **6/30/2008**
Remarks

License Number 6803
License Date 10/6/1983
Name **ALEXANDER, SUSAN L MD**
Address ARISTAR INC, 302 N CLEVELAND MASSILLON RDAKRON, OH, 44333-
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF WESTERN ONTARIO-LONDON ONTARIO CANADA 1978
Internship and Year TORONTO EAST GENERAL HOSPITAL 1979
Residency and Year UNIV OF WESTERN ONTARIO-LONDON,ONTARIO 1981
License Expiration Date **6/30/1999**
Remarks

License Number 11892
License Date 5/7/2003
Name **ALEXANDERIAN, DAVID DO**
Address SOUTHEASTERN GYNECOLOGY, 980 JOHNSON FERRY RDATLANTA, GA, 30342
Specialty OBG
Board Certified OBG
School and Year of Graduation DES MONIES UNIV OSTEOPATHIC MED CTR- DES MOINES, I USA 1992
Internship and Year DOCTORS HOSPITAL - COLUMBUS, OH 1993
Residency and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1994
License Expiration Date **6/30/2005**
Remarks

License Number 16657
License Date 7/2/2014
Name **ALEXANDRU, DIANA M DO**
Address 185 QUEEN ST, MANCHESTER, NH, 03101
Specialty CCM
Board Certified CCM
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 2008
Residency and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13790
License Date 1/11/2008
Name **ALFANO, JOSE A MD**
Address NIETZSCHE STR 22, MANNHEIM GERMANY, , 68165
Specialty P
Board Certified P
School and Year of Graduation UNIV DE BUENOS AIRES IN ARGENTINA ARGENTINA 1961
Internship and Year CARITAS CARNEY HOSPITAL-BOSTON, MA 1963
Residency and Year HARVARD MEDICAL SCHOOL, BOSTON, MA 1964
License Expiration Date **6/30/2016**
Remarks

License Number 13419
License Date 3/7/2007
Name **ALGAMIL, HOSSAM A MD**
Address PORTSMOUTH REG HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03840
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CAIRO EGYPT 1995
Internship and Year SCRANTON-TEMPLE RESIDENCY PROGRAM - SCRANTON, PA 2004
Residency and Year SCRANTON-TEMPLE RESIDENCY PROGRAM - SCRANTON, PA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13892
License Date 4/2/2008
Name **AL-HAJJAJ, ALI N MD**
Address PO BOX 13112, TARUT SAUDI ARABIA, , 31911
Specialty IM
Board Certified IM
School and Year of Graduation KING FAISAL UNIV ARABIA 1989
Internship and Year UNIV OF MIAMI SOM/JACKSON MEMORIAL HOSP-MIAMI, FL 1991
Residency and Year UNIV OF MIAMI SOM/JACKSON MEMORIAL HOSP-MIAMI, FL 1993
License Expiration Date **6/30/2010**
Remarks

License Number 15170
License Date 4/6/2011
Name **ALHALABI, HASSAN MD**
Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 2004
Internship and Year CANTON MEDICAL EDUCATION FOUNDATION - CANTON, OH 2009
Residency and Year CANTON MEDICAL EDUCATION FOUNDATION - CANTON, OH 2011
License Expiration Date **6/30/2015**
Remarks

License Number 15012
License Date 10/6/2010
Name **ALHAYANI, IRFAN MD**
Address 100 MCGREGOR ST, MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ALEPPO SYRIA 1997
Internship and Year ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 2004
Residency and Year ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14403
License Date 5/6/2009
Name **ALHAYYA, TAMEEM MD**
Address VRAD, 11995 SINGLETREE LN., SUITE 500 EDEN PRAIRIE, MN, 55344
Specialty IM
Board Certified NEP
School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 2002
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2004
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2006
License Expiration Date **6/30/2015**
Remarks

License Number 16297
License Date 9/4/2013
Name **ALI, AHMED M MD**
Address 240 MAIN ST, WOLFEBORO, NH, 03894
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF KHARTOUM SUDAN 2007
Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2010
Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2012
License Expiration Date **6/30/2015**
Remarks

License Number 11749
License Date 10/2/2002
Name **ALI, FARHA DO**
Address COOS COUNTRY FAMILY HEALTH CTR, 133 PLEASANT ST BERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation DES MOINES UNIVERSITY, DES MOINES IA USA 1999
Internship and Year BAYLOR COLLEGE OF MEDICINE, HOUSTON TX 2000
Residency and Year BAYLOR COLLEGE OF MEDICINE, HOUSTON, TX 2002
License Expiration Date **6/30/2008**
Remarks

License Number 15368
License Date 9/7/2011
Name **ALI, PAMELA S MD**
Address BRIARWOOD PRIMARY CARE, 445 CYPRESS ST STE 5MANCHESTER, NH, 03101
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1998
Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1999
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 12564
License Date 1/5/2005
Name **ALI, SYED S MD**
Address RELIANT MED GROUP, 135 MILLBURY STAUBURN, MA, 01501
Specialty FP
Board Certified FP
School and Year of Graduation ALIGARH MUSLIM UNIVERSITY, ALIGARH, INDIA INDIA 1989
Internship and Year OHIO STATE UNIVERSITY, COLUMBUS OH 2002
Residency and Year GRANT MEDICAL CTR, COLUMBUS OH 2004
License Expiration Date **6/30/2015**
Remarks

License Number 14053
License Date 7/9/2008
Name **ALIAS, AMY MD**
Address DHMC, ONE MEDICAL CENTERLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation MANIPAL UNIV INDIA 2003
Internship and Year MERCER UNIV SCHOL OF MEDICINE-MACON,GA 2005
Residency and Year ST MARYS HOSPITAL-WATERBURY, CT 2008
License Expiration Date **6/30/2012**
Remarks

License Number 13234
License Date 9/6/2006
Name **ALIX, PATRICK S MD**
Address HEALTHCARE PARTNERS MED GROUP, 1377 S GRAND AVEGLEN DORA, CA, 91740
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 1994
Internship and Year MERCY HOSPITAL & MEDICAL CTR - CHICAGO IL 1998
Residency and Year MERCY HOSPITAL & MEDICAL CTR - CHICAGO IL 2000
License Expiration Date **6/30/2014**
Remarks

License Number 4010
License Date 3/14/1967
Name **ALIZADEH-ESPHAHANI, ABDUL-HAMID MD**
Address 166A LEE AVE, BROOKLYN, NY, 11211
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF HAMBURG - IN GERMANY USA 1957
Internship and Year ST. ELIZABETH HOSPITAL - NEW JERSEY 1958
Residency and Year ST. ELIZABETH HOSPITAL - NEW JERSEY 1959
License Expiration Date **3/4/1987**
Remarks **LICENSED REVOKED 3/4/87**

License Number 15277
License Date 7/6/2011
Name **ALJAJEH, MOUHAB MD**
Address OHIO VALLEY EYE INSTITUTE, 1001 WALNUT STEVANSVILLE, IN, 47713
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 1996
Internship and Year PARKLAND HEALTH & HOSPITAL SYSTEM/UNIVERSITY OF TX SW MED - DALLAS, TX 2009
Residency and Year PARKLAND HEALTH & HOSPITAL SYSTEM/UNIVERSITY OF TX SW MED - DALLAS, TX 2011
License Expiration Date **6/30/2017**
Remarks

License Number 10600
License Date 7/7/1999
Name **AL-KHAFAJI, ALI H MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation MUSTANSIRIYAH MEDICAL COLLEGE IRAQ 1993
Internship and Year MERCY HOSPITAL OF PITTSBURGH - PA 1997
Residency and Year MERCY HOSPITAL OF PITTSBURGH - PA 1999
License Expiration Date **6/30/2001**
Remarks

License Number 12447
License Date 9/1/2004
Name **ALKHOURI, HANI MD**
Address 5822 INDEPENDENCE DR, JAMESVILLE, NY, 13078
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF TISHREEN, SYRIA SYRIA 1990
Internship and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1995
Residency and Year GUTHRIE-ROBERT PACKER HOSP, SAYRE PA 1998
License Expiration Date **6/30/2008**
Remarks

License Number 14952
License Date 8/4/2010
Name **ALLAN, ANNE E MD**
Address STRATA DX, ONE CRANBERRY HILLEXINGTON, MA, 02421
Specialty D
Board Certified D
School and Year of Graduation COLUMBIA UNIVERSITY USA 1980
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1982
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 15559
License Date 3/7/2012
Name **ALLAN, JAMES S MD**
Address MASS GEN HOSP, 55 FRUIT ST BLAKE 1570BOSTON, MA, 02114
Specialty TS
Board Certified TS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1990
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 12161
License Date 12/3/2003
Name **ALLARD, MARGARET D MD**
Address WHITTIER STREET HEALTH CENTER, 1290 TREMONT STROXBURY, NH, 02120
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF COLORADO, DENVER CO US 1999
Internship and Year MONTEFIORE MEDICAL CTR, BRONX NY 2000
Residency and Year MONTEFIORE MEDICAL CTR, BRONX NY 2003
License Expiration Date **6/30/2013**
Remarks

License Number 16890
License Date 1/21/2015
Name **ALLAWI, ALI T MD**
Address 1028 GELSTON CIR, MC LEAN, VA, 22102
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF BAGHDAD IRAQ 1980
Internship and Year SAINT JOSEPH MERCY OAKLAND - PONTIAC, MI 1999
Residency and Year UNIVERSITY HOSPITAL-SUNY @ STONY BROOK - STONY BROOK, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 14671
License Date 12/2/2009
Name **ALLBRITTON, JILL I MD**
Address MIRACA LIFE SCIENCES, 810 LANDMARK DR STE 217-219GLEN BURNIE, MD, 21032
Specialty DMP
Board Certified D
School and Year of Graduation JOHN HOPKINS UNIVERSITY USA 1992
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1997
License Expiration Date **6/30/2017**
Remarks

License Number 6627
License Date 11/4/1982
Name **ALLDEN, KATHLEEN MD**
Address HCRS, PO BOX 709HARTFORD, VT, 05047
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CINCINNATI COLL MED - CINCINNATI OH USA 1980
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1981
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13478
License Date 5/9/2007
Name **ALLEN LILLY, STEPHANIE M MD**
Address 7 PAGE HILL RD, BERLIN, NH, 03570
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE USA 2002
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 2003
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 15171
License Date 4/6/2011
Name **ALLEN, CHRISTOPHER E MD**
Address 1990 DOVER RD, EPSOM, NH, 03234
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 9210
License Date 7/6/1994
Name **ALLEN, CHRISTOPHER S MD**
Address DHMC - INTERNAL MEDICINE, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1979
Internship and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1980
Residency and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1982
License Expiration Date **6/30/2016**
Remarks

License Number 5460
License Date 12/12/1975
Name **ALLEN, COLIN D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty N
Board Certified
School and Year of Graduation UNIV OF LONDON LONDON 1961
Internship and Year BATH HOSPITAL - BATH, LONDON 1962
Residency and Year CARDIFF HOSPITAL - CARDIFF, LONDON 1964
License Expiration Date **6/30/2011**
Remarks

License Number 15738
License Date 7/11/2012
Name **ALLEN, DEBORAH M MD**
Address SAN DIEGO SPORTS MED, 6719 ALVARADO RD STE 200SAN DIEGO, CA, 92120
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF SIDNEY AUSTRALIA 2003
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2004
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2014**
Remarks

License Number 12637
License Date 4/6/2005
Name **ALLEN, DOUGLAS J DO**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation DES MOINES UNIVERSITY, DES MOINES IA US 2001
Internship and Year UNIVERSITY OF TEXAS, DALLAS TX 2002
Residency and Year UNIVERSITY OF TEXAS, DALLAS TX 2005
License Expiration Date **6/30/2017**
Remarks

License Number 2922
License Date 9/10/1952
Name **ALLEN, FRANK R MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks **DECEASED 7/17/98**

License Number 17147
License Date 7/1/2015
Name **ALLEN, GEORGE K MD**
Address 35 ROSEWAY ST #2, JAMAICA PLAIN, MA, 02130
Specialty AN
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2011
Internship and Year LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 2012
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11479
License Date 1/2/2002
Name **ALLEN, GREGG P MD**
Address MEDSOLUTIONS INC, 730 COOL SPRINGS BLVD STE 800FRANKLIN, TN, 37067
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1978
Internship and Year WYOMING VALLEY FAMILY PRACTICE - KINGSTON, PA 1979
Residency and Year WYOMING VALLEY FAMILY PRACTICE - KINGSTON, PA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 10852
License Date 4/5/2000
Name **ALLEN, SAMUEL D MD**
Address TALLMAN EYE ASSOCIATES, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843-1740
Specialty OPH
Board Certified OPH
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1996
Internship and Year FAIRFAX HOSP - FALLS CHURCH VA 1997
Residency and Year LOYOLA UNIVERSITY - MAYWOOD IL 2000
License Expiration Date **6/30/2016**
Remarks

License Number 16059
License Date 4/3/2013
Name **ALLEN, STANLEY C MD**
Address NRHN REHAB PHYSICIAN SRVS, 105 CORPORATE DR PORTSMOUTH, NH, 03801
Specialty PM
Board Certified
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 2009
Residency and Year MARIANJOY REHABILITATION HOSPITAL - WHEATON, IL 2012
License Expiration Date **6/30/2017**
Remarks

License Number 16854
License Date 12/3/2014
Name **ALLEN, TAMMY M MD**
Address 1400 VETERAN'S MEM HWY, STE 134-182 MABLETON, GA, 30126
Specialty FP
Board Certified FP
School and Year of Graduation WAKE FOREST SCHOOL OF MEDICINE USA 2002
Internship and Year ST JOSEPHS HOSPITAL & MEDICAL CENTER - PHOENIX, AZ 2003
Residency and Year ST JOSEPHS HOSPITAL & MEDICAL CENTER - PHOENIX, AZ 2005
License Expiration Date **6/30/2016**
Remarks

License Number 9762
License Date 7/3/1996
Name **ALLISTER, ROBERT J MD**
Address COMMUNITY PARTNERS, 50 CHESTNUT ST DOVER, NH, 03820
Specialty P
Board Certified P
School and Year of Graduation UNIV OF WISCONSIN MEDICAL SCHOOL - MADISON, WI USA 1973
Internship and Year UNIV OF WISCONSIN HOSPITAL - WI 1973
Residency and Year UNIV OF WISCONSIN HOSPITAL - WI 1973
License Expiration Date **6/30/2016**
Remarks

License Number 16697
License Date 8/6/2014
Name **ALLISTER, ROBIN G MD**
Address CORE PHYSICIANS, LLC, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2011
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2012
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12125
License Date 11/5/2003
Name **ALLY, MOHAMED F MD**
Address 6 NORTH LONDON DR, NASHUA, NH, 03062
Specialty IM
Board Certified
School and Year of Graduation HOWARD UNIVERSITY, WASHINGTON DC US 1985
Internship and Year HOWARD UNIVERSITY, WASHINGTON DC 1987
Residency and Year HOWARD UNIVERSITY, WASHINGTON DC 1989
License Expiration Date **6/30/2005**
Remarks

License Number 16336
License Date 10/2/2013
Name **ALMACARI, GEORGES MD**
Address 23 OLD TOWN RD, WALPOLE, MA, 02081
Specialty ORS
Board Certified ORS
School and Year of Graduation AMERICAN UNIVERSITY OF BEIRUT LEBANON 1997
Internship and Year UNIVERSITY OF MINNESOTA - MINNEAPOLIS, MN 2004
Residency and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER-MINNEAPOLIS MN 2005
License Expiration Date **6/30/2017**
Remarks

License Number 14183
License Date 10/1/2008
Name **ALMAKKI, NAZAR E MD**
Address 6300 STEVENSON AVE #1015, ALEXANDRIA, VA, 22304
Specialty IM
Board Certified
School and Year of Graduation UNIV OF KHARTOUM SUDAN 1999
Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2002
Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2005
License Expiration Date **6/30/2010**
Remarks

License Number 14184
License Date 10/1/2008
Name **ALMAS, SARAH MD**
Address WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation SRI SIDDHARTHA MEDICAL COLLEGE INDIA 2000
Internship and Year COOPER UNIV HOSPITAL - CAMDEN, NJ 2003
Residency and Year COOPER UNIV HOSPITAL - CAMDEN, NJ 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11768
License Date 11/6/2002
Name **ALMEIDA, CHRISTOPHER J DO**
Address LRGH OCCUPATIONAL HLTH, 80 HIGHLAND AVELACONIA, NH, 03246
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND- BIDDEFORD, ME USA 1991
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 1992
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 1994
License Expiration Date **6/5/2013**
Remarks **BOARD ACCEPTED DR. ALMEIDA'S REQUEST TO INACTIVATE LICENSE 6/5/13**

License Number 10601
License Date 7/7/1999
Name **ALMEROOTH, RICHARD D MD**
Address 5258 BRUSHY MOUNTAIN RD, MORAVIAN FALLS, NC, 28654-9623
Specialty AN
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY - BAY SHORE NY USA 1981
Internship and Year JACKSON MEMORIAL MEDICAL CENTER - MIAMI FL 1984
Residency and Year JACKSON MEMORIAL MEDICAL CENTER - MIAMI FL 1984
License Expiration Date **6/30/2005**
Remarks

License Number 15172
License Date 4/6/2011
Name **ALMODOVAR SUAREZ, JORGE L MD**
Address DARTMOUTH - HITCHCOCK - MANCHESTER, 87 MCGREGOR ST STE 201MANCHESTER, NH, 03102
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE PUERTO RICO 2006
Internship and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2007
Residency and Year BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 17043
License Date 5/6/2015
Name **AL-NIMR, AMER MD**
Address 11100 EUCLID AVE, OLD RAINBOW 7TH FL ROOM 737CLEVELAND, OH, 44106
Specialty PD
Board Certified PD
School and Year of Graduation AMERICAN UNIVERSITY OF BEIRUT USA 2002
Internship and Year CASE-UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2004
Residency and Year CASE-UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 12929
License Date 11/2/2005
Name **ALONSO, DAVID G MD**
Address DAVID ALONSO MD INC, 85 DECLARATION DR STE 110CHICO, CA, 95973
Specialty IM
Board Certified IM
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2011**
Remarks

License Number 15168
License Date 3/2/2011
Name **ALPERT, MICHELLE E DO**
Address 87-89 FIFTH AVE STE 604, NEW YORK, NY, 10003
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 1986
Internship and Year KENNEDY MEMORIAL HOSPITAL @ SADDLEBROOK - SADDLE BROOK, NJ 1987
Residency and Year
License Expiration Date **6/30/2015**
Remarks

License Number 15612
License Date 4/4/2012
Name **ALQUADAN, ABDULLAH F MD**
Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation JORDAN UNIVERSITY OF SCIENCE & TECHNOLOGY JORDAN 2006
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2010
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16205
License Date 7/3/2013
Name **ALRAJHI, ABDULHAMEED A MD**
Address LACONIA CLINIC - DERMATOLOGY, PO BOX 637, 724 MAIN STLACONIA, NH, 03247
Specialty D
Board Certified
School and Year of Graduation KING ABDULAZIZ UNIVERSITY ARABIA 2001
Internship and Year HARLEM HOSPITAL CENTER-NEW YORK, NY 2009
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11343
License Date 8/1/2001
Name **ALRAKAWI, AYDAMIR MD**
Address CLEVELAND CLINIC ABU DHABI ALMARAY AH ISLAND, DIGESTIVE DISEASE INSTITUTE C6ABU DHABI,
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF DAMASCUS- DAMUSCUS, SYRIA SYRIA 1990
Internship and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 1994
Residency and Year WASHINGTON UNIV- ST LOUIS, MO 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14909
License Date 7/7/2010
Name **ALROY PREIS, SHARON MD**
Address DIV OF PUBLIC HLTH SVS, 29 HAZEN DRCONCORD, NH, 03301
Specialty IM
Board Certified MPH
School and Year of Graduation TECHNION ISRAEL INSTITUTE ISRAEL 2002
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2014**
Remarks

License Number 16988
License Date 4/1/2015
Name **ALSAMMAN, OMAR MD**
Address 276 ENGLE ST APT 10E, ENGLEWOOD, NJ, 07631
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 2007
Internship and Year ICAHN SCHOOL OF MEDICINE @ MOUNT SANAI - ENGLEWOOD, NJ 2013
Residency and Year ICAHN SCHOOL OF MEDICINE @ MOUNT SANAI - ENGLEWOOD, NJ 2015
License Expiration Date **6/30/2017**
Remarks

License Number 8731
License Date 6/3/1992
Name **ALT, WALTER J MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF TUFTS- BOSTON,MA USA 1975
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 6964
License Date 9/6/1984
Name **ALTENBERG, HENRY E MD**
Address PINEWOOD MEDICAL CTR, 255 RTE 108SOMERSWORTH, NH, 03878
Specialty P
Board Certified P
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1947
Internship and Year RHODE ISLAND HOSP - RI 1948
Residency and Year VA MED CTR - OH 1949
License Expiration Date **6/30/2003**
Remarks

License Number 12046
License Date 9/3/2003
Name **ALTER, STEVEN MD**
Address ORTHOPAEDIC SURGICAL ASSOC, 14 RESEARCH PLACENORTH CHELMSFORD, MA, 01863
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1994
Internship and Year SUNY HEALTH SCIENCE CTR AT BROOKLYN, BROOKLYN NY 1995
Residency and Year SUNY HEALTH SCIENCE CTR AT BROOKLYN, BROOKLYN NY 1998
License Expiration Date **6/30/2017**
Remarks

License Number 15076
License Date 12/1/2010
Name **ALTHOEN, MORGAN C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1998
Internship and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS, MN 1999
Residency and Year MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 2009
License Expiration Date **6/30/2012**
Remarks

License Number 10801
License Date 1/5/2000
Name **ALTHOUSE, DEE A MD**
Address 157 PORTSMOUTH AVE, STRATHAM, NH, 03801
Specialty IM
Board Certified
School and Year of Graduation OHIO STATE UNIV - COLUMBUS, OH USA 1995
Internship and Year OHIO STATE UNIV OF HOSPITAL - COLUMBUS, OH 1996
Residency and Year OHIO STATE UNIV OF HOSPITAL - COLUMBUS, OH 1999
License Expiration Date **6/30/2000**
Remarks

License Number 9409
License Date 5/3/1995
Name **ALTMAN, LEE S MD**
Address SO NH REGIONAL MEDICAL CTR, 8 PROSPECT ST PO BOX 2014 NASHUA, NH, 03061-
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1991
Internship and Year UNI V OF MASS 1995
Residency and Year UNIVERSITY OF MASSACHUSETTS 1995
License Expiration Date **6/30/2000**
Remarks

License Number 14558
License Date 8/5/2009
Name **ALTMAN, NATASHA L MD**
Address LITTLETON REGIONAL HOSP, 600 ST JOHNSBURY RD LITTLETON, NH, 03561
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF COLORADO USA 2006
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2007
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009
License Expiration Date **6/30/2011**
Remarks

License Number 14579
License Date 9/2/2009
Name **ALTMAN, RICHARD L MD**
Address 600 ST JOHNSBURY ROAD, LITTLETON, NH, 03561
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF PITTSBURGH, PA USA 2006
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2007
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009
License Expiration Date **6/30/2011**
Remarks

License Number 14697
License Date 1/6/2010
Name **ALTOMARE, ANTONIA L DO**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty ID
Board Certified ID
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 11148
License Date 1/3/2001
Name **ALVARADO, MICHAEL D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
License Expiration Date **6/30/2009**
Remarks

License Number 14827
License Date 5/5/2010
Name **ALVAREZ FIGUEROA, HERNAN E MD**
Address PO BOX 495, GRANTHAM, NH, 03753
Specialty P
Board Certified
School and Year of Graduation UNIV PERUANA CAYETANO HEREDIA PERU 2001
Internship and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2007
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2009
License Expiration Date **6/30/2012**
Remarks

License Number 12831
License Date 8/3/2005
Name **ALVAREZ, CONSUELO M MD**
Address ELLIOT SENIOR HEALTH CENTER, 138 WEBSTER STMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1980
Internship and Year THE GENESEE HOSPITAL, ROCHESTER NY 1983
Residency and Year UNIVERSITY OF ROCHESTER, ROCHESTER NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 5069
License Date 9/6/1973
Name **ALVAREZ, HELENA M MD**
Address 31 HIGHLAND AVE, CLAREMONT, NH, 03743-2625
Specialty IM
Board Certified
School and Year of Graduation NATIONAL UNIVERSITY OF CUYO-MENDOZA ARGENTINA ARGENTINA 1958
Internship and Year NATIONAL UNIVERSITY OF CUYO-ARGENTINA 1959
Residency and Year NATIONAL UNIV OF CUYO- ARGENTINA 1959
License Expiration Date **6/30/2003**
Remarks

License Number 15499
License Date 1/4/2012
Name **ALVAREZ, HILARY K MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation MAYO MEDICAL SCHOOL USA 2009
Internship and Year CONCORD HOSPITAL - CONCORD NH 2010
Residency and Year CONCORD HOSPITAL - CONCORD NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 4620
License Date 2/16/1971
Name **ALVAREZ, MARIO H MD**
Address 31 HIGHLAND AVE, CLAREMONT, NH, 03743-2625
Specialty IM
Board Certified
School and Year of Graduation BUENOS AIRES UNIV ARGENTINA 1953
Internship and Year HOSPITAL NACIONAL DE CLINIC - BUENOS AIREA, ARGENTINA 1954
Residency and Year HOSPITAL NACIONAL DE CLINIC - BUENOS AIREA, ARGENTINA 1954
License Expiration Date **6/30/2003**
Remarks **Deceased 2/4/2011**

License Number 14404
License Date 5/6/2009
Name **ALVAREZ, NEILA D MD**
Address GOOD SAMARITAN MEDICAL CENTER, 235 NORTH PEARL ST PATHOLOGY DEPTBROCKTON, MA, 02
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV NACIONAL DE ROSARIO ARGENTINA 1984
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1993
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10016
License Date 6/4/1997
Name **ALVAREZ, RONALD J MD**
Address 330 BORTHWICK AVE STE 211, PORTSMOUTH, NH, 03801
Specialty OTO
Board Certified OTO
School and Year of Graduation UMDNJ-ROBT W JOHNSON MED SCHOOL USA 1992
Internship and Year TEMPLE UNIV HOSP - PA 1997
Residency and Year TEMPLE UNIVERSITY HOSPITAL-PENNSYLVANIA 1997
License Expiration Date **6/30/2000**
Remarks

License Number 15173
License Date 4/6/2011
Name **ALVAREZ-ALTALEF, REBECA N MD**
Address ELLIOT HOSP - PED NEUROLOGY, 275 MAMMOTH RDMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSIDAD DE SAN CARLOS GUATEMALA 1993
Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2001
Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 2005
License Expiration Date **6/30/2013**
Remarks **1/10/14 - Agreement for Non-Disciplinary Remedial Action.**

License Number 10109
License Date 8/19/1997
Name **ALVORD, LORI A MD**
Address CENTRAL MICHIGAN UNIV/ COLLEGE OF MEDICINE, 208 ROWE HALLMOUNT PLEASANT, MI, 48858
Specialty GS
Board Certified GS
School and Year of Graduation STANFORD MEDICAL SCHOOL - STAMFORD, CA USA 1985
Internship and Year STANFORD UNIVERSITY HOSPITAL-STANFORD,CA 1991
Residency and Year STANFORD UNIVERSITY HOSPITAL - STANFORD, CA 1991
License Expiration Date **6/30/2013**
Remarks

License Number 9974
License Date 5/7/1997
Name **ALVORD, VIRGINIA L MD**
Address 18 OLD ETNA RD, LEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CT SCH MED-FARMINGTON,CT USA 1994
Internship and Year TACOMA GEN HOSP-WASHINGTON,DC 1997
Residency and Year TACOMA GEN HOSP-WASHINGTON,DC 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14402
License Date 5/6/2009
Name **ALWAN, SALLY A MD**
Address DARTMOUTH HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation ST CHRISTOPHER'S COLLEGE OF MEDICINE SENEGAL 2006
Internship and Year CLINTON MEMORIAL HOSPITAL FAMILY HEALTH CENTER-WILMINGTON, OH 2007
Residency and Year CLINTON MEMORIAL HOSPITAL FAMILY HEALTH CENTER-WILMINGTON, OH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12638
License Date 4/6/2005
Name **AMANN JR, HOWARD D MD**
Address 5 DEWEY AVE, HAMILTON, NY, 13346
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA US 1972
Internship and Year JACOB HOLLER MEDICAL CENTER, ROCHESTER NY 1973
Residency and Year JACOB HOLLER MEDICAL CENTER, ROCHESTER NY 1975
License Expiration Date **6/30/2007**
Remarks

License Number 13280
License Date 10/4/2006
Name **AMARASINGHE, DISAMODHA C MD**
Address 6204 NORTH MILITARY HIGHWAY, NORFOLK, VA, 23518
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF PERADENIYA, PERADENIYA SRILANKA SRI LANKA 1968
Internship and Year ST JOSEPH HOSPITAL, LORAIN OH 1970
Residency and Year WAYNE STATE UNIVERSITY, DETROIT MI 1972
License Expiration Date **6/30/2008**
Remarks **Deceased 1/12/13**

License Number 16744
License Date 9/3/2014
Name **AMAROSA, EMILY J MD**
Address HARBOUR WOMENS HEALTH, 155 GRIFFIN RD PORTSMOUTH, NH, 03801
Specialty OBG
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2010
Internship and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2011
Residency and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12365
License Date 7/7/2004
Name **AMATO, JOSH E MD**
Address SPINDEL EYE ASSOCIATES, 6 TSIENNETO RD STE 101 DERRY, NH, 03038
Specialty OPH
Board Certified
School and Year of Graduation ST LOUIS UNIVERSITY, ST LOUIS MO US 2000
Internship and Year ST JOHNS MERCY MED CTR, ST LOUIS MO 2001
Residency and Year ST LOUIS UNIVERSITY, ST LOUIS MO 2003
License Expiration Date **6/30/2006**
Remarks

License Number 8216
License Date 9/6/1989
Name **AMATO, THOMAS F MD**
Address 1210 INDIANA CT, REDLANDS, CA, 92374
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1974
Internship and Year UCLA MEDICAL CENTER - LOS ANGELES, CA 1975
Residency and Year UCLA MEDICAL CENTER - LOS ANGELES, CA 1977
License Expiration Date **6/30/2003**
Remarks

License Number 9579
License Date 11/1/1995
Name **AMBERSON, STEVEN M MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR, STE 200SO. PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF WA SCHOOL OF MEDICINE, SEATTLE, WA USA 1981
Internship and Year UNIV OF NC HOSPITAL CHAPEL HILL, NC 1982
Residency and Year MAINE MEDICAL CENTER PORTLAND, ME 1986
License Expiration Date **6/30/2017**
Remarks

License Number 10698
License Date 10/6/1999
Name **AMBIS, STANLEY W MD**
Address BYRON FAMILY CARE CENTER, 6815 BYRON HOLLEY RD BYRON, NY, 14422
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1967
Internship and Year ST MICHAELS HOSPITAL 1968
Residency and Year WAIVED
License Expiration Date **6/30/2000**
Remarks

License Number 10511
License Date 3/3/1999
Name **AMBROSE, PAUL W MD**
Address 2 BUCK RD STE 3, HANOVER, NH, 03755
Specialty FP
Board Certified
School and Year of Graduation MARSHALL UNIV SCH OF MED - HUNTINGTON, WV USA 1995
Internship and Year NEW HAMPSHIRE-DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1997
Residency and Year NEW HAMPSHIRE-DARTMOUTH FAMILY PRATICE RESIDENCY - HANOVER, NH 1999
License Expiration Date **6/30/2000**
Remarks

License Number 8546
License Date 6/5/1991
Name **AMDUR, ROBERT J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty RO
Board Certified R
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year UNIVERSITY OF FLORIDA AFFILIATED HOSP 1986
Residency and Year UNIVERSITY OF FLORIDA AFFILIATED HOSP 1989
License Expiration Date **6/30/1999**
Remarks

License Number 11232
License Date 5/2/2001
Name **AMEGLIO, PETER J MD**
Address 3 ALUMNI DRIVE STE 301, EXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1995
Internship and Year LINCOLN MEDICAL AND MENTAL HLTH CTR - BRONX, NY 1996
Residency and Year BRONX-LEBANON HOSPITAL -BRONX, NY 2000
License Expiration Date **6/30/2007**
Remarks

License Number 13479
License Date 5/9/2007
Name **AMES, BETHANY L MD**
Address DHMC/PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 14649
License Date 11/4/2009
Name **AMES, JAMES MD**
Address DHMC/ORTHOPEDIC SURGERY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 3376
License Date 9/16/1960
Name **AMES, RICHARD A MD**
Address , PO BOX 6210CAPE ELIZABETH, ME, 04107
Specialty D
Board Certified D
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1959
Internship and Year UNITED STATES NAVAL- CHELSEA MA 1960
Residency and Year UNITED STATES NAVAL - CHELSEA, MA 1960
License Expiration Date **6/30/1998**
Remarks **DECEASED 7/15/08**

License Number 7240
License Date 12/5/1985
Name **AMICK, ARTHUR F MD**
Address 84 BRANCH TURNPIKE #119, CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1956
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1957
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1958
License Expiration Date **6/30/2000**
Remarks

License Number 16098
License Date 5/1/2013
Name **AMIN, AJITA T MD**
Address 435 BEE HOLE RD, LOUDON, NH, 03307
Specialty AN
Board Certified AN
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2006
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 16399
License Date 12/4/2013
Name **AMIN, PRIYAL A DO**
Address PEDIATRICS WEST PC, 133 LITTLETON RD., STE 101WESTFORD, MA, 01886
Specialty IM
Board Certified IM
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 2009
Residency and Year NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 10639
License Date 8/4/1999
Name **AMLANI, MOHAN N MD**
Address VA MEDICAL CENTER, 79 MIDDLEVILLE RDNORTHPORT, NY, 11768
Specialty IM
Board Certified
School and Year of Graduation BJ MEDICAL COLL GUJARAT UNIV - GUJARAT, INDIA INDIA 1989
Internship and Year SUNY AT STONY BROOK - STONY BROOK, NY 1997
Residency and Year SUNY AT STONY BROOK - STONY BROOK, NY 1998
License Expiration Date **6/30/2000**
Remarks

License Number 11233
License Date 5/2/2001
Name **AMMANN, CATHLEEN M MD**
Address WENTWORTH DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation EMORY UNIV SCH OF MED - ATLANTA, GA USA 1996
Internship and Year BOSTON UNIV MED CTR - BOSTON, MA 1997
Residency and Year BOSTON UNIV MED CTR - BOSTON, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 13735
License Date 11/7/2007
Name **AMPAJWALA, MADHAVI MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation OSMANIA UNIV INDIA 2001
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2005
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2007
License Expiration Date **6/30/2009**
Remarks

License Number T0454
License Date 3/3/2010
Name **AMPONSEM, ANTHONY A MD**
Address , , ,
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF GHANA GHANA 1982
Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 1991
Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 1993
License Expiration Date **9/3/2010**
Remarks **10/8/10 - Preliminary Agreement for Practice Restrictions.**

License Number 14185
License Date 10/1/2008
Name **AMREIN, PHILIP C MD**
Address YAWKEY BLDG 7 942, MASS GEN HOSPBOSTON, MA, 02114
Specialty IM
Board Certified
School and Year of Graduation JOHN HOPKINS UNIV USA 1974
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1975
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1977
License Expiration Date **6/30/2010**
Remarks

License Number 14698
License Date 1/6/2010
Name **AMSTER, MARK S MD**
Address NEWTON WATERTOWN DERMA ASSOC, 280 WASHINGTON ST STE 212BRIGHTON, MA, 02135
Specialty D
Board Certified D
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1987
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1990
Residency and Year SUNY @ BUFFALO - BUFFALO, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16337
License Date 10/2/2013
Name **AMUNDSEN, SPENCER H MD**
Address HOSPITAL FOR SPECIAL SURGERY, 535 E 70TH STNEW YORK, NY, 10021
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 10070
License Date 8/6/1997
Name **ANASTACIO, RAMON M MD**
Address 523 GANDY ST STE D, RUSSELLVILLE, AL, 35653
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SANTO TOMAS FAC OF MED SURGERY PHILIPPINES 1991
Internship and Year ST JOHN HOSPITAL & MEDICAL CENTER - MI 1994
Residency and Year MIRIAM HOSPITAL - RI 1997
License Expiration Date **6/30/2005**
Remarks

License Number 8910
License Date 4/7/1993
Name **ANASTAS, CYNTHIA J MD**
Address APEX CARDIOLOGY PC, 2045 CECIL ASHBURN DR SE 201HUNTSVILLE, AL, 35802
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1986
Internship and Year NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO IL 1987
Residency and Year UNIVERSITY OF NORTH CAROLINA HOSPITAL - CHAPEL HILL NC 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15468
License Date 12/7/2011
Name **ANATELLI, FLORENCIA MD**
Address MID-ATLANTIC PATHOLOGY SER INC, 405 GLENN DR STE 10ASTERLING, VA, 20164
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSIDAD NACIONAL DE ROSARIO ARGENTINA 2000
Internship and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2006
Residency and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2008
License Expiration Date **6/30/2017**
Remarks

License Number 4995
License Date 6/11/1973
Name **ANDELMAN, ROBERT J MD**
Address 3 BOYAN PLACE, PORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation NY UNIV SCHOOL OF MEDICINE USA 1970
Internship and Year UNIV OF MINNESOTA - MN 1971
Residency and Year PETER BENT BRIGHAM HOSPITAL - MA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 9915
License Date 2/5/1997
Name **ANDERSEN, CHRISTINE H MD**
Address ANDOVER DERMATOLOGY, 29 STILES RD STE 303SALEM, NH, 03079
Specialty D
Board Certified D
School and Year of Graduation UNIV OF MA MED SCHOOL - WORCESTER, MA USA 1993
Internship and Year UNIV OF MA MEDICAL CENTER - MA 1994
Residency and Year NORTH CAROLINA BAPISST HOSPITAL - NC 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14118
License Date 8/6/2008
Name **ANDERSON, ANN E MD**
Address SOUTH NASSAU COMMUNITIES HOSP, ONE HEALTHY WAYOCEANSIDE, NY, 11572
Specialty PTH
Board Certified PTH
School and Year of Graduation NEW YORK COLLEGE USA 1982
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1986
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1987
License Expiration Date **6/30/2010**
Remarks

License Number 12184
License Date 1/7/2004
Name **ANDERSON, CASTIN J MD**
Address FOREST COUNTRY ANESTH, FLAGSTAFF, AZ, 86001
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF VIENNA, VIENNA AUSTRIA AUSTRIA 1995
Internship and Year EXEMPLA ST JOSEPH HOSPITAL, DENVER CO 1999
Residency and Year UNIVERSITY OF COLORADO, DENVER CO 2002
License Expiration Date **6/30/2006**
Remarks

License Number 11234
License Date 5/2/2001
Name **ANDERSON, CHRISTINA M MD**
Address WINNIPESAUKEE FAMILY PRACTICE, 240 SO MAIN PO BOX 694WOLFEBORO, NH, 03894
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1998
Internship and Year WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 1999
Residency and Year WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 2000
License Expiration Date **6/30/2009**
Remarks

License Number 15902
License Date 11/7/2012
Name **ANDERSON, CHRISTOPHER D MD**
Address MASS GEN HOSP- TELESTROKE PROGRAM, 15 PARKMAN ST WACC729JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2005
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 8437
License Date 10/10/1990
Name **ANDERSON, DUANE R MD**
Address 74 STRAND CIRCLE, CROMWELL, CT, 06416-2147
Specialty D
Board Certified D
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1956
Internship and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1957
Residency and Year UNIV OF MINNESOTA HOSPITAL - MINNEAPOLIS, MN 1960
License Expiration Date **6/30/2010**
Remarks

License Number 3628
License Date 6/27/1963
Name **ANDERSON, ERIC G MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1985**
Remarks

License Number 12955
License Date 12/7/2005
Name **ANDERSON, ERIC R MD**
Address COMPREHENSIVE OTOLARYNGOLOGY, 3 ALUMNI DR STE 302EXETER, NH, 03833
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 2000
Internship and Year FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2001
Residency and Year FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11103
License Date 11/1/2000
Name **ANDERSON, JAMES E MD**
Address ATLANTIC CARDIOLOGY ASSOC PA, 3 ALUMNI DR STE 206EXETER, NH, 03833
Specialty CD
Board Certified CD
School and Year of Graduation STATE UNIV OF NEW YORK - STONY BROOK, NY USA 1989
Internship and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1990
Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1991
License Expiration Date **6/30/2003**
Remarks

License Number 14729
License Date 2/3/2010
Name **ANDERSON, JOHN P MD**
Address 4812 OCEANRIDGE DR, HUNTINGTON BEACH, CA, 92649
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF LOUISVILLE USA 1972
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1973
Residency and Year UNIVERSITY OF CALIFORNIA IRVINE - ORANGE, CA 1977
License Expiration Date **6/30/2014**
Remarks

License Number 15427
License Date 11/2/2011
Name **ANDERSON, JOSEPH C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GE
Board Certified GE
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE OF THE CITY UNIV OF NY USA 1988
Internship and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 1989
Residency and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 12728
License Date 6/1/2005
Name **ANDERSON, KANE L MD**
Address DURANGO ORTHOPEDICS, 1 MERCADO ST STE 202DURANGO, CO, 81301
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2011**
Remarks

License Number 3503
License Date 4/11/1962
Name **ANDERSON, KITTRIDGE MD**
Address CHARLES RIVER PARK, 5 WHITTIER PLACE STE 103BOSTON, MA, 02114
Specialty N
Board Certified
School and Year of Graduation DUKE UNIVERSITY - NORTH CAROLINA USA 1950
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1951
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1952
License Expiration Date **12/7/1987**
Remarks **12/7/87 - Order to Suspend M.D. License**

License Number 12897
License Date 10/5/2005
Name **ANDERSON, KRISTIN M MD**
Address 15 ANTIM RD, HILLSBORO, NH, 03244
Specialty FP
Board Certified FP
School and Year of Graduation MARSHALL UNIVERSITY, HUNTINGTON WV US 2003
Internship and Year CONCORD HOSPITAL, CONCORD NH 2004
Residency and Year CONCORD HOSPITAL, CONCORD NH 2005
License Expiration Date **6/30/2009**
Remarks

License Number 5078
License Date 9/14/1973
Name **ANDERSON, MARY ELIZABETH K MD**
Address , , ,
Specialty AN
Board Certified AN
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **8/22/1999**
Remarks

License Number 10841
License Date 3/1/2000
Name **ANDERSON, MARY L MD**
Address SALEM RADIOLOGY, 23 STILES RDSALEM, NH, 03079
Specialty R
Board Certified R
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI,OH USA 1981
Internship and Year UNIV HOSPITAL - CINCINNATI, OH 1985
Residency and Year NEW ENGLAND MEDICAL CENTER -TUFTS UNIV - BOSTON, MA 1987
License Expiration Date **6/30/2014**
Remarks

License Number 11235
License Date 5/2/2001
Name **ANDERSON, MICHAEL J MD**
Address 1176 VEGAS VALLEY DR, LAS VEGAS, NV, 89109
Specialty RO
Board Certified RO
School and Year of Graduation STATE UNIV OF NY UPSTATE MED UNIV-SYRACUSE, NY USA 1995
Internship and Year UNIV OF NEVADA - RENO, NV 1996
Residency and Year MT SINAI SCHOOL OF MEDICINE - NY, NY 1999
License Expiration Date **6/30/2007**
Remarks

License Number 12252
License Date 4/7/2004
Name **ANDERSON, NILS MD**
Address AMERICAN NEUROLOGISTS & RADIOL, PO BOX 6249BUFFALO GROVE, IL, 60089
Specialty N
Board Certified
School and Year of Graduation RUSH UNIVERSITY, CHICAGO IL US 1987
Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1988
Residency and Year NATIONAL NAVAL MEDICAL CTR, BETHESDA MD 1994
License Expiration Date **1/23/2006**
Remarks **REQUESTED INACTIVE 1/23/06**

License Number 14910
License Date 7/7/2010
Name **ANDERSON, PAUL D MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**
Remarks

License Number 5657
License Date 1/6/1977
Name **ANDERSON, PETER B MD**
Address DHMC/GASTRO DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GE
Board Certified GE
School and Year of Graduation YALE UNIV SCHOOLOF MED NEW HAVEN USA 1973
Internship and Year DARTMOUTH MED SCHOOL AFFIL HOSPITAL 1974
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1977
License Expiration Date **6/30/2017**
Remarks

License Number 6018
License Date 3/6/1979
Name **ANDERSON, PHILIP R MD**
Address GENERAL SURGERY ASSOC, 12 HOSPITAL DR STE CYORK, ME, 03909
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VIRGINIA USA 1970
Internship and Year UNIV OF ALABAMA HOSPITAL - BIRMINGHAM, AL 1971
Residency and Year UNIV OF ALABAMA HOSPITAL - BIRMINGHAM, AL 1971
License Expiration Date **6/30/2017**
Remarks

License Number 8816
 License Date 10/7/1992
 Name **ANDERSON, ROBERT J MD**
 Address 3005 ASPEN RD, AMES, IA, 50014
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIVERSITY OF MINNESOTA USA 1983
 Internship and Year SAN DIEGO MEDICAL CENTER SAN DIEGO - CALIFORNIA 1984
 Residency and Year UNIVERSITY OF NEW JERSEY NEWARK - NEW JERSEY 1988
 License Expiration Date **6/30/2003**
 Remarks

License Number 7734
 License Date 11/4/1987
 Name **ANDERSON, SERAFIN C MD**
 Address 32 ORCHARD VIEW DR, WILTON, NH, 03086
 Specialty PD
 Board Certified PD
 School and Year of Graduation STATE UNIV OF NY AT BUFFALO SCH OF MEDICINE USA 1976
 Internship and Year UNIVERSITY HOSPITAL - SEATTLE WA 1977
 Residency and Year ST JOSEPH HOSPITAL MEDICAL CENTER - PATERSON NJ 1986
 License Expiration Date **6/30/2013**
 Remarks **8/6/03 - Consent Decree (Emergency Suspension) 11/13/03 - Settlement Agreement**
7/13/04 - Order Lifting Suspension of License-----11/16/04 RENEWED LICENSE
6/7/10 - Order Lifting Restrictions of License

License Number 4686
 License Date 6/12/1972
 Name **ANDES, EUGENE B MD**
 Address 1651 SHIRLEY AVE, PETERSBURG, VA, 23805
 Specialty EM
 Board Certified EM
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1968
 Internship and Year US PUBLIC HLTH SVS HOSP-NEW ORLEANS LA 1969
 Residency and Year US PUBLIC HLTH SVS HOSP-NEW ORLEANS LA 1971
 License Expiration Date **6/30/2003**
 Remarks

License Number 7293
 License Date 4/3/1986
 Name **ANDEWEG, STEVEN K MD**
 Address 31 CARRIAGE LANE, HANOVER, NH, 03755
 Specialty AN
 Board Certified AN
 School and Year of Graduation UNIV OF IOWA COLL MED - IOWA CITY, IA USA 1980
 Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1982
 Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1984
 License Expiration Date **6/30/2016**
 Remarks

License Number 13813
License Date 2/6/2008
Name **ANDRADA, ELIZABETH C MD**
Address EXETER HOSP-EMERGENCY DEPT, 5 ALUMNI DREXETER, NH, 03833
Specialty EM
Board Certified EM
School and Year of Graduation UNIV MASSACHUSETTS MED SCHOOL USA 2005
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 10111
License Date 9/10/1997
Name **ANDREA, NANCY T MD**
Address APPLE AVE FAMILY PRACTICE, 139 STATE RD KITTERY, ME, 03904
Specialty FP
Board Certified
School and Year of Graduation ALBANY MED COLL - ALBANY, NY USA 1992
Internship and Year NATIONAL NAVAL MEDICAL CENTER 1993
Residency and Year MAINE DARTMOUTH FAMILY - AUGUSTA, ME 1997
License Expiration Date **6/30/2000**
Remarks

License Number 11209
License Date 4/4/2001
Name **ANDRECYK, GREGORY P MD**
Address HILLTOP FAMILY PRACTICE, 85 MAIN ST SOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation DALHOUSIE UNIV-HALIFAZ NS NOVA SCOTIA CANADA 1991
Internship and Year DALHOUSIE UNIVERSITY - HALIFAX, NOVA SCOTIA CANADA 1992
Residency and Year DALHOUSIE UNIVERSITY - HALIFAX, NOVA SCOTIA CANADA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9175
License Date 6/1/1994
Name **ANDREW, DOROTHY E MD**
Address 6601 NW 42, BETHANY, OK, 73008
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE USA 1990
Internship and Year ST MARGARETS HOSPITAL - BOSTON MA 1994
Residency and Year ST MARGARETS HOSPITAL - BOSTON MA 1994
License Expiration Date **6/30/2001**
Remarks

License Number 12448
License Date 9/1/2004
Name **ANDREW, REBECCA L MD**
Address NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1985
Internship and Year CHILDRENS HOSP, CINCINNATI OH 1988
Residency and Year UNIVERSITY OF CINCINNATI, CINCINNATI OH 1991
License Expiration Date **6/30/2016**
Remarks

License Number 10150
License Date 11/5/1997
Name **ANDREW, THOMAS A MD**
Address OFFICE OF THE CHIEF MED EXAM, 246 PLEASANT ST STE 218CONCORD, NH, 03301
Specialty FOP
Board Certified PTH
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED-CINCINNATI,OH USA 1982
Internship and Year CHILDRENS HOSPITAL MED CTR-OH 1986
Residency and Year UNIV OF CINCINNATI-OH 1991
License Expiration Date **6/30/2017**
Remarks

License Number 11493
License Date 2/6/2002
Name **ANDREWS, EDSON J MD**
Address VANDERBILT UNIV MED CTR, 21ST AVE SO DEPT RADIOLOGYNASHVILLE, TN, 37232-2675
Specialty R
Board Certified R
School and Year of Graduation UNIV OF FLORIDA - GAINESVILLE, FL USA 1966
Internship and Year CAROLINAS MEDICAL CENTER - CHARLOTTE, NC 1967
Residency and Year MALLINCKRODT INSTITUTE OF RADIOLOGY - ST LOUIS, MO 1971
License Expiration Date **6/30/2003**
Remarks

License Number 15975
License Date 1/9/2013
Name **ANDREWS, GRETCHEN M MD**
Address COTTAGE HOSPITAL, 90 SWIFTWATER RDWOODSVILLE, NH, 03785
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW MEXICO USA 2007
Internship and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2008
Residency and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2010
License Expiration Date **6/30/2015**
Remarks

License Number 10383
License Date 9/2/1998
Name **ANDREWS, KEVIN P MD**
Address 260 WESTERN AVE, S PORTLAND, ME, 04106
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1982
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1983
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1984
License Expiration Date **6/30/2000**
Remarks

License Number 9118
License Date 3/2/1994
Name **ANDREWS, MARY-MARGARET MD**
Address DARTMOUTH HITCHCOCK, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty ID
Board Certified ID
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/2016**
Remarks

License Number 4787
License Date 6/14/1971
Name **ANDREWS, PATRICIA A MD**
Address 149 EAST SIDE DR. #163, CONCORD, NH, 03301
Specialty PD
Board Certified
School and Year of Graduation INDIANA UNIV SCHOOL OF MEDICINE USA 1967
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1968
Residency and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1970
License Expiration Date **6/30/2011**
Remarks

License Number 12185
License Date 1/7/2004
Name **ANDREWS, RANDALL S MD**
Address 2107 25TH SOUTH, ST CLOUD, MN, 56301
Specialty AN
Board Certified AN
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1982
Internship and Year UNIVERSITY OF COLORADO, DENVER CO 1983
Residency and Year UNIVERSITY OF COLORADO, DENVER CO 1984
License Expiration Date **6/30/2008**
Remarks

License Number 12126
License Date 11/5/2003
Name **ANDREWS, ROBERT C MD**
Address LAKES REGION RADIOLOGY, 87 SPRING ST LACONIA, NH, 03246
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1977
Internship and Year NEW ENGLAND MED CTR (TUFTS U.), BOSTON MA 1979
Residency and Year TUFTS UNIVERSITY, BOSTON MA 1981
License Expiration Date **6/30/2009**
Remarks

License Number 7401
License Date 8/14/1986
Name **ANDREWS, ROBERT P MD**
Address MARY IMOGENE BASSET HOSP, 1 ATWELL RD COOPERSTOWN, NY, 13326
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV SCH MED BOSTON MA USA 1963
Internship and Year MAINE MED CTR PORTLAND ME 1964
Residency and Year MAINE MED CTR PORTLAND ME 1967
License Expiration Date **6/30/2012**
Remarks **11/7/08 - Settlement Agreement**

License Number 10318
License Date 7/1/1998
Name **ANDRIOLA, STEVEN J MD**
Address SALEM PROFESSIONAL PARK EAST, 29 STILES RD STE 102 SALEM, NH, 03079
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF MED & DENTISTRY NJ MED SCH USA 1993
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1994
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16148
License Date 6/5/2013
Name **ANDRIOTAKIS, JAMES L DO**
Address NORTHEAST REHAB/PEASE INTNTL TRADEPORT, 105 CORPORATE DRIVE PORTSMOUTH, NH, 03801
Specialty PM
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2009
Internship and Year NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2010
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 17044
License Date 5/6/2015
Name **ANDROLIA, ADAM P DO**
Address 496 HANOVER ST, APT 3, MANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation WESTERN UNIV OF HEALTH SCIENCES-COLLEGE OF OSTEOPA USA 2011
Internship and Year PALMETTO HEALTH/UNIVERSITY OF SOUTH CAROLINA SOM, COLUMBIA, SC 2012
Residency and Year PALMETTO HEALTH/UNIVERSITY OF SOUTH CAROLINA SOM, COLUMBIA, SC 2014
License Expiration Date **6/30/2017**
Remarks

License Number 8580
License Date 7/17/1991
Name **ANDRUS, BRUCE W MD**
Address DHMC-CARDIOLOGY SECTION, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty CD
Board Certified IM
School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1988
Internship and Year MIRIAM HOSPITAL, PROVIDENCE RI 1988
Residency and Year MIRIAM HOSPITAL PROVIDENCE RI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 11160
License Date 2/7/2001
Name **ANDRUSCAVAGE, LISA A DO**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty NPM
Board Certified PD
School and Year of Graduation PHILADELPHIA COLL OF OSTEO MED -PHILA, PA USA 1991
Internship and Year LEWISTOWN HOSPITAL - LEWISTOWN, PA 1992
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1995
License Expiration Date **6/30/2005**
Remarks

License Number 12047
License Date 9/3/2003
Name **ANEJA, RAJNI MD**
Address 900 WATERVLIENT SHAKER RD, STE 300ALBANY, NY, 12205
Specialty FP
Board Certified FP
School and Year of Graduation GUJARAT UNIVERSITY, GUJARAT INDIA INDIA 1998
Internship and Year TRINITY FAMILY MED CTR, KANSAS CITY MO 2002
Residency and Year TRINITY FAMILY MED CTR, KANSAS CITY MO 2003
License Expiration Date **6/30/2011**
Remarks

License Number 16206
License Date 7/3/2013
Name **ANGELAKIS, ELIZABETH J MD**
Address SOUTHERN NH RC, 703 RIVERWAY PLACE BEDFORD, NH, 03110
Specialty DR
Board Certified DR
School and Year of Graduation NY MEDICAL COLLEGE USA 1993
Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1994
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 16621
License Date 6/4/2014
Name **ANGELES, CHRISTINA V MD**
Address DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756-0001
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY USA 2005
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 2006
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 10892
License Date 5/3/2000
Name **ANGELO, WENDY A MD**
Address 248 PLEASANT ST, CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NY HLTH SCI - BROOKLYN, NY USA 1993
Internship and Year FORBES HEALTH SYSTEM - PITTSBURGH, PA 1994
Residency and Year FORBES HEALTH SYSTEM - PITTSBURGH, PA 1996
License Expiration Date **6/30/2014**
Remarks

License Number 16812
License Date 11/6/2014
Name **ANGIER, PIERRE J DO**
Address HEALTH FIRST FAMILY CARE CENTER, 22 STAFFORD ST LACONIA, NH, 03246
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 1987
Internship and Year OUCOM - ST JOSEPH HEALTH CENTER-EASTLAND, WARREN OH 1988
Residency and Year OUCOM - CUYAHOGA FALLS GENERAL HOSPITAL- CUYAHOGA FALLS, OH 1989
License Expiration Date **6/30/2016**
Remarks

License Number 5873
License Date 4/6/1978
Name **ANGOFF, GERALD H MD**
Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty CD
Board Certified CD
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1970
Internship and Year CLEVELAND METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1971
Residency and Year PETER B BRIGHTON HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 16499
License Date 2/5/2014
Name **ANGUAY, JOHN C MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 2004
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2005
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2010
License Expiration Date **6/30/2016**
Remarks

License Number 11862
License Date 4/2/2003
Name **ANNIS, JOSEPH P MD**
Address DHMC DEPT ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, WI USA 1969
Internship and Year SWEDISH MEDICAL CENTER - SEATTLE, WA 1970
Residency and Year LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1973
License Expiration Date **6/30/2017**
Remarks

License Number 5135
License Date 1/18/1974
Name **ANSDELL, ARTHUR L MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation GENERAL MEDICAL COUNCIL OF GREAT BRITIAN BRITIAN
Internship and Year
Residency and Year
License Expiration Date **12/31/1997**
Remarks **DECEASED 1/13/2011**

License Number 6206
License Date 6/9/1980
Name **ANSDELL, PATRICIA M MD**
Address 17 THORNTON RD WEST, MERRIMACK, NH, 03054
Specialty FP
Board Certified
School and Year of Graduation FACULTY MED UNIV OF LIVERPOOL - ENGLAND ENGLAND 1964
Internship and Year BROADGREEN HOSPITAL - LIVERPOOL, ENGLAND 1965
Residency and Year CLATTERBRIDGE HOSPITAL - WIRRAL , ENGLAND 1974
License Expiration Date **6/30/2012**
Remarks

License Number 5154
License Date 4/16/1974
Name **ANTAL, RICHARD D MD**
Address , PO BOX 476PORTSMOUTH, NH, 03802-0476
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITY OF ILLINOIS-CHICAGO IL USA 1967
Internship and Year CITY OF MEMPHIS HOSP-MEMPHIS TN 1968
Residency and Year VETERAN'S ADMINISTRATION HOSP-HINES IL 1974
License Expiration Date **6/30/2008**
Remarks

License Number 15500
License Date 1/4/2012
Name **ANTELO, MIGUEL A MD**
Address NEW ENGLAND UROLOGY, 10 PROSPECT ST STE 302NASHUA, NH, 03060
Specialty U
Board Certified U
School and Year of Graduation UNIV CENTRAL DE VENEZUELA-JOSE MARIA VARGAS VENEZUELA 1993
Internship and Year LYNDON B JOHNSON GENERAL HOSPITAL - HOUSTON, TX 1997
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 11406
License Date 10/3/2001
Name **ANTHONY, LISA R MD**
Address SPEARE MEDICAL ASSOC, 19 AVERY STREETPLYMOUTH, NH, 03264
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIV - COLUMBUS, OH USA 1994
Internship and Year UNIV OF MINNESOTA/NORTH MEMORIAL HEALTH CARE - MINNEAPOLIS, MN 1995
Residency and Year ABBOTT-NORTHWESTERN HOSPITAL - MINNEAPOLIS, MN 1998
License Expiration Date **6/30/2002**
Remarks

License Number 11121
License Date 12/6/2000
Name **ANTHONY, ROBERT G MD**
Address 22051 FRASER HWY, LANGLEY BC CANADA, , V3A 4H4
Specialty EM
Board Certified EM
School and Year of Graduation QUEENS UNIV FAC HLTH SCI- KINGSTON ON CANADA 1975
Internship and Year MCMASTER UNIV - HAMILTON, ONTARIO CANADA 1976
Residency and Year QUEEN'S UNIV FAC OF HEALTH SCI - KINGSTON, ONTARIO CANADA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 12690
License Date 5/4/2005
Name **ANTINERELLA, NICOLE M DO**
Address CONCORD HOSPITAL INT MEDICINE, 248 PLEASANT ST STE 2800CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation MIDWESTERN UNIVERSITY OF ARIZONA, GLENDALE AZ US 2001
Internship and Year GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 2002
Residency and Year GOOD SAMARITAN REG MED CTR, PHOENIX AZ 2004
License Expiration Date **6/30/2017**
Remarks

License Number 7862
License Date 6/8/1988
Name **ANTISDEL, JAMES R MD**
Address 46 GOLF VIEW DR, MANCHESTER, NH, 03102
Specialty P
Board Certified P
School and Year of Graduation UNIV HEALTH SCI/CHICAGO MED SCH -CHICAGO,IL USA 1986
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 6965
License Date 9/6/1984
Name **ANTISDEL, THOMAS J MD**
Address ELLIOT OBGYN, 15 NELSON ST 2ND FLRMANCHESTER, NH, 03103
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF WISCONSIN MED SCH-MADISON,WI USA 1979
Internship and Year ST JOSEPHS HOSPITAL 1983
Residency and Year ST JOSEPHS HOSPITAL 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11584
License Date 5/1/2002
Name **ANTLEY, CATHERINE M MD**
Address VERMONT DERMATOPATHOLOGY, 30 FARRELL ST STE 202SO BURLINGTON, VT, 05403
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF NORTH CAROLINA - CHAPEL HILL, NC USA 1991
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1997
Residency and Year UNIVERSITY OF ARKANSAS FOR MEDICA SCIENCE- LITTLE ROCK, AR 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13390
License Date 2/7/2007
Name **ANTONAKAKIS, JOHN G MD**
Address , 333 BROTHWICK AVEPORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 2003
Internship and Year UNIV OF VIRGINIA MEDICAL CTR-CHARLOTTESVILLE, VA 2005
Residency and Year UNIV OF VIRGINIA MEDICAL CTR-CHARLOTTESVILLE, VA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 13653
License Date 9/5/2007
Name **ANTONIUK, ROBERT MD**
Address DHMC-EMERGENCY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIV USA 2004
Internship and Year TEMPLE UNIV - PHILADELPHIA PA 2005
Residency and Year TEMPLE UNIV - PHILADELPHIA PA 2007
License Expiration Date **6/30/2009**
Remarks

License Number 4687
License Date 6/12/1972
Name **ANWARUDDIN, MOHAMMAD MD**
Address 311 ELLM ST, GOFFSTOWN, NH, 03045
Specialty
Board Certified
School and Year of Graduation OSMANIA UNIVERSITY - HYDERABAD, INDIA INDIA 1962
Internship and Year
Residency and Year
License Expiration Date **5/11/1988**
Remarks **LICENSE SURRENDERED AS OF 5/11/88**

License Number 11552
License Date 4/3/2002
Name **ANZALONE, ANGELO A MD**
Address 1219 HUNTSVILLE RD, SHAVERTOWN, PA, 18708
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF ROME LA SAPIENZA, ROME ITALY ITALY 1973
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1975
Residency and Year MEDICAL COLLEGE OF PENNSYLVANIA- PHILADELPHIA, PA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 13026
License Date 4/5/2006
Name **AOUN, NAIM Y MD**
Address PULMONARY ASSOC, 166 KINSLEY ST STE 101NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation ST JOSEPH UNIV, BEIRUT LEBANON LEBANON 1998
Internship and Year ST VINCENT HOSPITAL, WORCESTER MA 2000
Residency and Year ST ELIZABETHS MEDICAL CTR OF BOSTON, BOSTON MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14786
License Date 4/7/2010
Name **AOYAGI, YUKI MD**
Address GEISEL SCHOOL OF MEDICINE AT DARTMOUTH, ONE ROPE FERRY RDHANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation GUNMA UNIVERSITY JAPAN 2006
Internship and Year BETH ISRAEL MEDICAL CENTER-NY, NY 2008
Residency and Year BETH ISRAEL MEDICAL CENTER-NY, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15976
License Date 1/9/2013
Name **APAZIDIS, ALEXIOS MD**
Address LONG ISLAND ORTHOPAEDIC AND SPINE, 100 HOSPITAL ROAD STE 115PATCHOGUE, NY, 11772
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2005
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2009
License Expiration Date **6/30/2015**
Remarks

License Number 15784
License Date 8/1/2012
Name **APONTE, SANDRA L MD**
Address 69 CRYSTAL AVE, STATEN ISLAND, NY, 10302
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSIDAD CENTRAL DEL CARIBE SCHOOL OF MED USA 1988
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 1989
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1993
License Expiration Date **6/30/2014**
Remarks

License Number 12156
License Date 12/3/2003
Name **APPIAH-DWAMENA, LYDIA MD**
Address O B G Y N, 874 HWY 243W STE 104KAUFMAN, TX, 75142
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF KUMASI,KUMASI GHANA GHANA 1993
Internship and Year HARLEM HOSPITAL CTR, NEW YORK NY 1999
Residency and Year CATHOLIC MEDICAL CTR OF BROOKLYN & QUEENS, JAMICA NY 2000
License Expiration Date **6/30/2007**
Remarks

License Number 9648
License Date 3/6/1996
Name **APPLEBAUM, BRETT I MD**
Address MAINE MEDICAL CTR, 22 BRAMHALL STPORTLAND, ME, 04102-
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF TX MEDICAL SCHOOL AT HOUSTON USA 1981
Internship and Year MOSES H CONE MEMORIAL HOSPITAL - GREENSBORO, NC 1982
Residency and Year UNIV MA HOSPITAL MEDICAL CENTER - WORCESTER, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14369
License Date 4/1/2009
Name **APPLEBAUM, EDWARD N DO**
Address 100 WEST EVERGREEN AVE, PHILADELPHIA, PA, 19118
Specialty P
Board Certified P
School and Year of Graduation W VIRGINIA SCHOOL OF OSTEOPATHIC MED USA 1985
Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NY, NY 1987
Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1989
License Expiration Date **6/30/2013**
Remarks

License Number 17199
License Date 8/5/2015
Name **APPLETON, CHRISTOPHER D DO**
Address 17 BELMONT AVE, BRATTLEBORO, VT, 05301
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF NE COLLEGE OF OSTEOPATHIC MED USA 1996
Internship and Year UNIVERSITY OF ARIZONA HEALTH SCIENCES CTR - TUCSON, AZ 1997
Residency and Year UNIVERSITY OF ARIZONA HEALTH SCIENCES CTR - TUCSON, AZ 2001
License Expiration Date **6/30/2017**
Remarks

License Number 4567
License Date 6/15/1970
Name **APPLETON, FREDERICK M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NEP
Board Certified NEP
School and Year of Graduation ALBANY MEDICAL COLLEGE, NY USA 1961
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1962
Residency and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1968
License Expiration Date **6/30/2008**
Remarks

License Number 7023
License Date 1/10/1985
Name **APPLETON, PAUL E MD**
Address , , ,
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF CINCINNATI - OH USA 1977
Internship and Year
Residency and Year
License Expiration Date **6/30/1994**
Remarks

License Number 15522
License Date 2/1/2012
Name **APPLETON, PAUL T MD**
Address BETH ISRAEL DEACONESS MED CTR, 330 BROOKLINE AVE BOSTON, MA, 02215
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1998
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15208
License Date 5/4/2011
Name **APRIDONIDZE, TEIMURAZ MD**
Address DHMC - DEPT OF CARDIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation TBILISI STATE MEDICAL UNIVERSITY GEORGIA 1994
Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2006
Residency and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 12956
License Date 12/7/2005
Name **AQUINO, NICHOLAS J MD**
Address 325 LAKE AVE, LANCASTER, NY, 14086
Specialty IM
Board Certified PD
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1983
Internship and Year STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1984
Residency and Year STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 14953
License Date 8/4/2010
Name **AQUINO, SUZANNE L MD**
Address IMAGING ADVANTAGE, 3805 E BELL RD STE 5500PHOENIX, AZ, 85032
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF HAWAII USA 1987
Internship and Year UNIVERSITY OF HAWAII - HONOLULU, HI 1988
Residency and Year LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 1992
License Expiration Date **6/30/2014**
Remarks

License Number 12987
License Date 2/1/2006
Name **ARABSHAHI, BABAK MD**
Address 39 CENTRAL SQUARE APT 311, KEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation IRAN UNIVERSITY, TEHERAN IRAN IRAN 1994
Internship and Year OUR LADY OF MERCY MED CTR, BRONX NY 2002
Residency and Year OUR LADY OF MERCY MED CTR, BRONX NY 2004
License Expiration Date **6/30/2012**
Remarks

License Number 13027
License Date 4/5/2006
Name **ARAIN, MUHAMMAD SAMEER Y MD**
Address 3535 SOUTH JEFFERSON AVE, STE 9- STREET LEVELST LOUIS, MO, 63118
Specialty P
Board Certified
School and Year of Graduation DOW MEDICAL COLLEGE, KARACHI PAKISTAN PAKISTAN 1994
Internship and Year ST LOUIS UNIV, ST LOUIS MO 2005
Residency and Year UNIV OF MISSOURI, COLUMBIA MO 2006
License Expiration Date **6/30/2008**
Remarks

License Number 4670
License Date 3/24/1972
Name **ARAMBULO, SERGIO M MD**
Address 65 HAWTHORNE DR., APT 217BEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF SANTO TOMAS - MANILA PHILIPPINES 1960
Internship and Year QUINCY CITY HOSPITAL - QUINCY, MA 1962
Residency and Year QUINCY CITY HOSPITAL - QUINCY, MA 1967
License Expiration Date **6/30/2010**
Remarks

License Number 8366
License Date 6/9/1990
Name **ARANGO, DAVID U MD**
Address 23781 US HWY 27, STE 122LAKE WALES, FL, 33859
Specialty ORS
Board Certified ORS
School and Year of Graduation ST LOUIS UNIV SH OF MED - ST LOUIS, MO USA 1988
Internship and Year KAISER-PERMANENTE MED CTR - OAKLAND, CA 1989
Residency and Year KAISER-PERMANENTE MED CTR - OAKLAND, CA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 11298
License Date 7/11/2001
Name **ARANSON, ROBERT MD**
Address ROBERT ARANSON MD, 20 LOOKOUT DRIVEFREEPORT, ME, 04032
Specialty CCM
Board Certified CCM
School and Year of Graduation TUFTS UNIVERSITY USA 1980
Internship and Year MAINE MEDICAL CENTER PORTLAND ME 1981
Residency and Year TEMPLE UNIVERSITY HOSPITAL PHILADELPHIA PA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11648
 License Date 7/3/2002
 Name **ARAUJO, JOHN C MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
 Specialty IM
 Board Certified
 School and Year of Graduation LOYOLA UNIV OF CHICAGO - MAYWOOD, IL USA 2000
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
 License Expiration Date **6/30/2003**
 Remarks

License Number 10017
 License Date 6/4/1997
 Name **ARBOGAST, JOHN W MD**
 Address DHMC ANESTHESIOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
 Specialty AN
 Board Certified AN
 School and Year of Graduation TEMPLE UNIVERSITY-PENNSYLVANIA USA 1990
 Internship and Year ALBERT EINSTEIN MEDICAL CENTER-PA 1991
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1997
 License Expiration Date **6/30/2017**
 Remarks

License Number 5735
 License Date 6/13/1977
 Name **ARBUCKLE, ROBERT H MD**
 Address ORTHOPEDIC PROFESSIONAL ASSOC, 14 MAPLE ST STE 100GILFORD, NH, 03246
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation TEMPLE UNIVERSITY-PHILADELPHIA PA USA 1968
 Internship and Year UNIVERSITY HOSPITAL OF SAN DIEGO-SAN DIEGO CA 1969
 Residency and Year PETER B BRIGHAM HOSPITAL-BOSTON MA 1976
 License Expiration Date **4/3/2000**
 Remarks **3/12/99 - SETTLEMENT AGREEMENT 8/5/99 - EMERGENCY SUSPENSION 9/4/99
 CONSENT DECREE 4/3/00 REQUESTED INACTIVE(RETIRED)
 DECEASED 04/06/08**

License Number 5356
 License Date 6/30/1975
 Name **ARCHAMBAULT, DEWEY G MD**
 Address , , ,
 Specialty IM
 Board Certified IM
 School and Year of Graduation
 Internship and Year
 Residency and Year
 License Expiration Date **3/25/1988**
 Remarks **3/25/88 - Order to Revoke M.D. License**

License Number 12186
License Date 1/7/2004
Name **ARCHARD, JOHN J MD**
Address SPEARE MEDICAL ASSOC, PLYMOUTH, NH, 03264
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF COLORADO, DENVER CO US 2000
Internship and Year EXEMPLA ST JOSEPH HOSPITAL, DENVER CO 2001
Residency and Year EXEMPLA ST JOSEPH HOSPITAL, DENVER CO 2003
License Expiration Date **6/30/2006**
Remarks

License Number 2564
License Date 3/13/1947
Name **ARCHIBALD, JOHN F MD**
Address 20 AVERY ST, PLYMOUTH, NH, 03264-1102
Specialty FP
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 1943
Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1944
Residency and Year BURBANK HOSPITAL - FITCHBURG MA 1947
License Expiration Date **6/30/2001**
Remarks **DECEASED 9/20/03**

License Number 14911
License Date 7/7/2010
Name **ARCIDI JR, JOSEPH M MD**
Address MCLAREN FLINT MI HEART VALVE INST, 401 S BALLENGER HWY 3NFLINT, MI, 48532
Specialty CTS
Board Certified TS
School and Year of Graduation JOHN HOPKINS UNIVERSITY USA 1982
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2014**
Remarks

License Number 14672
License Date 12/2/2009
Name **ARENA, CRISTAN M MD**
Address USF EYE INSTITUTE, 12901 BRUCE B DOWNS BLVD MDC21TAMPA, FL, 33612-4742
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF MARYLAND USA 2005
Internship and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 2006
Residency and Year TEMPLE UNIVERSITY SCHOOL OF MEDICINE - PHILADELPHIA, PA 2009
License Expiration Date **6/30/2011**
Remarks

License Number 11585
License Date 5/1/2002
Name **AREND, DAVID M MD**
Address AMOSKEAG ANESTHESIA, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty CCA
Board Certified AN
School and Year of Graduation UNIV OF MASS MEDICAL SCH - WORCESTER, MA USA 1998
Internship and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1999
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 17252
License Date 9/2/2015
Name **ARENSMAN, MEREDITH A MD**
Address 7 TIMBERWOOD DR, UNIT 228, LEBANON, NH, 03766-4473
Specialty ORS
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH USA 2011
Internship and Year DARTMOUTH-HITHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11769
License Date 11/6/2002
Name **ARESON, PETER D MD**
Address TAIRAWHITI HEALTH DISTRICT, 421 ORMOND RD PRIVATE BAG 7001GISBORNE NEW ZEALAND, ,
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV - BOSTON, MA USA 1982
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1983
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987
License Expiration Date **6/30/2012**
Remarks

License Number 3097
License Date 9/14/1955
Name **ARGUE, JOHN S MD**
Address 55 FAIRVIEW RD, PITTSFIELD, NH, 03263-
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1954
Internship and Year ST MARY'S HOSPITAL- ROCHESTER, NY 1955
Residency and Year ST MARY'S HOSPITAL - ROCHESTER, NY 1955
License Expiration Date **6/30/1999**
Remarks **DECEASED 2/4/2007**

License Number 12331
License Date 6/2/2004
Name **ARJOMAND-FARD, HEIDAR MD**
Address 12 HOSPITAL DR STE 9, YORK, ME, 03909
Specialty CD
Board Certified IM
School and Year of Graduation PECS UNIVERSITY, PECS HUNGARY HUNGARY 1994
Internship and Year FLUSHING HOSP MED CTR, FLUSHING NY 1997
Residency and Year EASTON HOSP, EASTON PA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 7108
License Date 6/6/1985
Name **ARMBRUSTER, FREDERICK C MD**
Address 99 US RTE 1 BYPASS STE B, KITTERY, ME, 03904
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF MICHIGAN MED SCHOOL-ANN ARBOR,MI USA 1979
Internship and Year FRAMINGTON UNION HOSP-FRAMINGTON,MA 1980
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 14007
License Date 6/4/2008
Name **ARMELLINO, MIMI N DO**
Address SERENITY PSYCHIATRY LLC OF COASTAL COUNSELING ASSO, 24 FRONT ST SUITE 200EXETER, NH, 03
Specialty P
Board Certified P
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14186
License Date 10/1/2008
Name **ARMELLINO, NICHOLAS C DO**
Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909
Specialty EM
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
License Expiration Date **6/30/2016**
Remarks

License Number 13941
License Date 5/7/2008
Name **ARNETTE, RHONDA K MD**
Address SHERIDAN HLTHCARE OF N TEXAS, 1500 S MAIN ST FORT WORTH, TX, 76104
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF NORTH CAROLINA USA 1996
Internship and Year UNIV OF VIRGINIA MEDICAL CENTER - CHARLOTTESVILLE, VA 1998
Residency and Year UNIV OF CALIFORNIA MEDICAL CENTER - SAN FRANCISCO, CA 2000
License Expiration Date **6/30/2012**
Remarks

License Number 11949
License Date 6/4/2003
Name **ARNOLD, COLENE M MD**
Address GARRISON WOMEN'S HEALTH CTR, 770 CENTRAL AVEDOVER, NH, 03820
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF OKLAHOMA - OKLAHOMA CITY, OK USA 1999
Internship and Year UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR - OKLAHOMA CITY, OK 2003
Residency and Year UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR - OKLAHOMA CITY, OK 2003
License Expiration Date **6/30/2017**
Remarks

License Number 3887
License Date 2/1/1966
Name **ARNOLD, JEANNE F MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 15209
License Date 5/4/2011
Name **ARNOLD, JEREMY S MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGEGOR STREET MANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2008
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 15648
License Date 5/2/2012
Name **ARNOLD, ROBERT T MD**
Address DIAGNOSTIC RADIOLOGY COSULT, PO BOX 87648CANTON, MI, 48187
Specialty DR
Board Certified DR
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 2007
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 2011
License Expiration Date **6/30/2014**
Remarks

License Number 13191
License Date 8/2/2006
Name **ARNOW, JONATHAN R MD**
Address MARLBOROUGH HOSPITAL, 157 UNION STMARLBOROUGH, MA, 01752
Specialty R
Board Certified R
School and Year of Graduation UNIV OF CT USA 1987
Internship and Year UNIV OF CT-FARMINGTON, CT 1988
Residency and Year NE MED CTR-TUFTS UNIV - BOSTON, MA 1992
License Expiration Date **6/30/2014**
Remarks

License Number 9442
License Date 6/7/1995
Name **ARONIS, MICHAEL MD**
Address 30 HARRISON ST, #455JOHNSON CITY, NY, 13790
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY USA 1990
Internship and Year STAMPFORD HOSPITAL-STAMPFORD,CT 1995
Residency and Year STAMFORD HOSPITAL, STAMFORD CT 1995
License Expiration Date **6/30/2017**
Remarks

License Number 6687
License Date 6/1/1983
Name **ARONSON, MARK J DO**
Address 85 SPRING ST, LACONIA, NH, 03246-3156
Specialty FP
Board Certified FP
School and Year of Graduation PHILA COLL OSTEO MED PHILA,PA USA 1980
Internship and Year JOHN FENNEDY MEMORIAL - STRATFORD, NJ 1981
Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 12416
License Date 8/4/2004
Name **ARORA, PRIYANKA MD**
Address WE CARE PEDIATRICS, 25 PELHAM RD STE 103SALEM, NH, 03079
Specialty PD
Board Certified PD
School and Year of Graduation KING EDWARD VII MEMORIAL HOSP, BOMBAY INDIA INDIA 1996
Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2001
Residency and Year ALBERT EINSTEIN MED CTR, PHILADELPHIA PA 2004
License Expiration Date **6/30/2014**
Remarks

License Number 12772
License Date 7/6/2005
Name **AROS, BRIAN C MD**
Address MANSFIELD ORTHOPAEDICS, 555 WASHINGTON HIGHWAYMORRISVILLE, VT, 05661
Specialty ORS
Board Certified ORS
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH USA 2001
Internship and Year DHMC, LEBANON, NH 2002
Residency and Year DHMC, LEBANON, NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12981
License Date 1/4/2006
Name **ARRAZOLA, LUIS M MD**
Address SWEDISH HOSPITAL, 1101 MADISON STE 200SEATTLE, WA, 21208
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF DE NAVARRA, PAMPLONA SPAIN SPAIN 1991
Internship and Year UNIV OF KENTUCKY, LEXINGTON KY 1994
Residency and Year UNIV OF KENTUCKY, LEXINGTON KY 1998
License Expiration Date **6/30/2008**
Remarks

License Number 8430
License Date 9/5/1990
Name **ARRICK, BRADLEY A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MED CTR DR DEPT HEM & ONCLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1984
Internship and Year UC SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1985
Residency and Year UC-SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15428
License Date 11/2/2011
Name **ARRINGDALE, MARIE A MD**
Address FRISBEE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VERMONT USA 2005
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2006
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13369
License Date 1/3/2007
Name **ARRINGTON, PAUL J MD**
Address 2674 KIU AVU PL, KALAHEO, HI, 96741
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF HAWAII USA 1975
Internship and Year UNIV OF HAWAII - HONOLULU, HI 1976
Residency and Year UNIV OF HAWAII - HONOLULU, HI 1981
License Expiration Date **6/30/2011**
Remarks

License Number 15903
License Date 11/7/2012
Name **ARRIOLA, GUSTAVO J MD**
Address NH NEUROSPINE, 4 HAWTHORNE DR BEDFORD, NH, 03110
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSIDAD DE SALAMANCA SPAIN 1972
Internship and Year CREIGHTON UNIVERSITY MEDICAL CENTER - OMAHA, NE 1978
Residency and Year UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL 1984
License Expiration Date **6/30/2014**
Remarks

License Number 13028
License Date 4/5/2006
Name **ARROYO, PEDRO JUAN MD**
Address PO BOX 740130, ORANGE CITY, FL, 32774
Specialty GS
Board Certified GS
School and Year of Graduation GEORGETOWN UNIV, WASHINGTON DC USA 1985
Internship and Year MT SINAI MED CTR OF GREATER MIAMI, MIAMI BEACH FL 1988
Residency and Year MT SINAI MED CTR OF GREATER MIAMI, MIAMI BEACH FL 1993
License Expiration Date **6/30/2010**
Remarks

License Number 8250
License Date 12/6/1989
Name **ARSENAULT, DIANE L MD**
Address MID-STATE HEALTH CENTER, 101 BOULDER POINT DR STE 1PLYMOUTH, NH, 03264
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1980
Internship and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1981
Residency and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1983
License Expiration Date **6/30/2017**
Remarks

License Number 13144
License Date 7/5/2006
Name **ARSHAD, SYED T MD**
Address DHMC, ONE MEDICAL DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation BAQAI MEDICAL UNIV PAKISTAN 2000
Internship and Year PINNACLE HEALTH HOSPITAL - PENNSYLVANIA 2003
Residency and Year PINNACLE HEALTH HOSPITAL-PENNSYLVANIA 2005
License Expiration Date **6/30/2010**
Remarks

License Number 12773
License Date 7/6/2005
Name **ARTERS, III, HARRY M DO**
Address THE MEMORIAL HOSP, 3073 WHITE MOUNTAIN HWYNORTH CONWAY, NH, 03860
Specialty EM
Board Certified EM
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEO, KIRKSVILLE MO USA 1995
Internship and Year ST BARNABAS HOSP, BRONX NY 1996
Residency and Year ST BARNABAS HOSP, BRONX NY 1999
License Expiration Date **6/30/2009**
Remarks

License Number 12565
License Date 1/5/2005
Name **ARTINIAN, MIHRAN A MD**
Address NEW ENGLAND BAPTIST RADIOLOGY, 125 PARKER HILL AVE CONVERSE 2BOSTON, MA, 02120
Specialty R
Board Certified R
School and Year of Graduation AMERICAN UNIVERSITY OF BEIRUT, BEIRUT LEBANON LEBANON 1985
Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 1989
Residency and Year BOSTON MEDICAL CTR, BOSTON MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 13814
License Date 2/6/2008
Name **ARVIDSON, ANNE MARIE E MD**
Address , PO BOX 1602LANGLY, WA, 98260
Specialty P
Board Certified P
School and Year of Graduation BOSTON UNIV USA 1980
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1981
Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - JAMAICA PLAIN, MA 1984
License Expiration Date **6/30/2010**
Remarks

License Number 11614
License Date 6/5/2002
Name **ARVIDSON, ERIC B MD**
Address ESSEX ORTHOPAEDICS, 16 PELHAM RD STE1SALEM, NH, 03079
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1984
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 16149
License Date 6/5/2013
Name **ARVOLD, LISA A MD**
Address 30 COLONY RD, LEXINGON, MA, 02420
Specialty EM
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year BRIGHAM & WOMEN'S HOSP - BOSTON, MA 2010
Residency and Year BRIGHAM & WOMEN'S HOSP - BOSTON, MA 2013
License Expiration Date **6/30/2015**
Remarks

License Number 9831
License Date 9/4/1996
Name **ARYA, DEEPA P MD**
Address PO BOX 3734, SILVER SPRING, MD, 20918
Specialty FP
Board Certified FP
School and Year of Graduation LLRM MEDICAL COLLEGE MEERUT UNIV INDIA 1986
Internship and Year UNIV OF MINNESOTA MEDICINE SCHOOL - MINNESOTA 1987
Residency and Year UNIV OF MINNESOTA MEDICINE SCHOOL - MINNESOTA 1994
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/04 - reinstated 9/4/13**

License Number 15859
License Date 10/3/2012
Name **ARYA, PUNEETA MD**
Address 2 HAWTHORNE PL UNIT 2N, BOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 2002
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2005
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2007
License Expiration Date **6/30/2016**
Remarks

License Number 4300
License Date 10/22/1968
Name **ASARO, JOSEPH R MD**
Address SCHENECTADY RADIOLOGISTS PC, SCHENECTADY, NY, 12309-1079
Specialty R
Board Certified R
School and Year of Graduation UNIV OF PALERMO ITALY 1965
Internship and Year NASSAU HOSPITAL - MINEOLA, NY 1967
Residency and Year NASSAU HOSPITAL - MINIOLA, NY 1970
License Expiration Date **6/30/1998**
Remarks

License Number 11893
License Date 5/7/2003
Name **ASCH, ALEXANDER H DO**
Address FAMILY CARE OF SOMERSWORTH, 353 HIGH STSOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation OHIO UNIV COLL OF OSTEOPATHIC MED - ATHENS, OH USA 1997
Internship and Year GRANDVIEW HOSPITAL - DAYTON, OH 1998
Residency and Year GOOD SAMARITAN HOSPITAL AND HEALTH CENTER - DAYTON, OH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 12542
License Date 12/1/2004
Name **ASHARE, ALAN B MD**
Address 736 CAMBRIDGE ST, BOSTON, MA, 02135-2997
Specialty NM
Board Certified NM
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1965
Internship and Year ALAMEDA COUNTY MED CTR, OAKLAND CA 1966
Residency and Year MASSACHUSETTS GENERAL HOSP, BOSTON MA 1970
License Expiration Date **6/30/2012**
Remarks

License Number 14405
License Date 5/6/2009
Name **ASHARE, ALIX MD**
Address DHMC/INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation VANDERBILT UNIVERSITY USA 1999
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 2000
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 10251
License Date 4/1/1998
Name **ASHBAUGH, STEPHANIE J MD**
Address HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA STATE UNIV USA 1994
Internship and Year PROVIDENCE HOSPITAL-MI 1995
Residency and Year PROVIDENCE HOSPITAL-MI 1997
License Expiration Date **6/30/2010**
Remarks

License Number 9861
License Date 11/6/1996
Name **ASHER, BENJAMIN F MD**
Address 127 E 61ST ST, NEW YORK, NY, 10065
Specialty OTO
Board Certified OTO
School and Year of Graduation HAHNEMANN UNIV SCHOOL OF MEDICINE - PHILA, PA USA 1982
Internship and Year EPISCOPAL HOSPITAL - PENNSYLVANIA 1983
Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1988
License Expiration Date **6/30/2012**
Remarks

License Number 16989
License Date 4/1/2015
Name **ASHKIANI, MOHAMMAD MD**
Address 111 BREWSTER ST, PAWTUCKET, RI, 02860
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY USA 2012
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2013
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11104
License Date 11/1/2000
Name **ASHLING, KERRI A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1993
Internship and Year OREGON HEALTH SCI UNIV - PORTLAND, OR 1994
Residency and Year OREGON HEALTH SCI UNIV - PORTLAND, OR 1996
License Expiration Date **6/30/2003**
Remarks

License Number 7456
License Date 11/12/1986
Name **ASHMUN, LEE R MD**
Address 2 THE COURTYARD, HIGHLAND AVEHANOVER, NH, 03755-1551
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CINCINNATI - CINCINNATI, OH USA 1947
Internship and Year ST ELIZABETH MEDICAL CENTER - DAYTON, OH 1948
Residency and Year CHILD PSYCHIATRY HOSPITAL CENTER - DAYTON, OH 1951
License Expiration Date **6/30/2002**
Remarks **Deceased 9/17/10**

License Number 8461
License Date 12/5/1990
Name **ASHOK, SHANTHAMAL A MD**
Address GRANITE STATE ANESTHESIA, 168 KINSLEY ST STE 4NASHUA, NH, 03060-3676
Specialty AN
Board Certified PD
School and Year of Graduation J L N MED COLL KARNATAKA UNIV BELGAUM INDIA 1980
Internship and Year LINCOLN MEDICAL MENTAL HEALTH CENTER - BRONX, NY 1986
Residency and Year LINCOLN MEDICAL MENTAL HEALTH CENTER - BRONX, NY 1987
License Expiration Date **6/30/2004**
Remarks

License Number 14699
License Date 1/6/2010
Name **ASHOOR, ISA F MD**
Address BOSTON CHILDREN'S HOSP-NEPHROLOGY, 300 LONGWOOD AVEBOSTON, MA, 02115
Specialty PD
Board Certified PD
School and Year of Graduation ARABIAN GULF UNIVERSITY BAHRAIN 2005
Internship and Year SHANDS HOSPITAL @ THE UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2008
Residency and Year SHANDS HOSPITAL @ THE UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2009
License Expiration Date **6/30/2014**
Remarks

License Number 9916
License Date 2/5/1997
Name **ASHRAF, MAHBOOB MD**
Address 18460 LOTUS COURT, TRIANGLE, VA, 22172
Specialty IM
Board Certified
School and Year of Graduation DOW MED COLL UNIV OF KARACHI - PAKISTAN PAKISTAN 1984
Internship and Year KINGBROOK JEWISH MED CTR-NY 1997
Residency and Year KINGBROOK JEWISH MEDICAL CENTER - NY 1997
License Expiration Date **6/30/1999**
Remarks

License Number 14313
License Date 2/4/2009
Name **ASHRAF, SADAF MD**
Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KARACHI PAKISTAN 2004
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2007
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15174
License Date 4/6/2011
Name **ASHRAF, SADIA MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2000
Internship and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2005
Residency and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 5419
License Date 9/4/1975
Name **ASKEN, SAUL MD**
Address 489 POST RD E, WESTPORT, CT, 06880-4435
Specialty D
Board Certified D
School and Year of Graduation UNIV OF GENEVA MEDICAL SCHOOL SWITZERLAND 1958
Internship and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1959
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1969
License Expiration Date **6/30/1998**
Remarks

License Number 8658
 License Date 12/4/1991
 Name **ASKINAZI, CLIFFORD MD**
 Address 290 TURNPIKE RD #415, STE 6WESTBOROUGH, MA, 01581
 Specialty P
 Board Certified P
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE UNITED STATES 1975
 Internship and Year UNIVERSITY HOSPITAL BOSTON - MASSACHUSETTS 1976
 Residency and Year UNIVERSITY HOSPITAL BOSTON - MASSACHUSETTS 1978
 License Expiration Date **6/30/2009**
 Remarks

License Number 12729
 License Date 6/1/2005
 Name **ASKLAND, KATHLEEN D MD**
 Address DHMC-PSYCHIATRY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty P
 Board Certified
 School and Year of Graduation MEDICAL COLLEGE OF PA, PHILADELPHIA PA US 1996
 Internship and Year BRIGHAM AND WOMENS HOSP, CHESTNUT HILL MA 1997
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
 License Expiration Date **6/30/2007**
 Remarks

License Number 15860
 License Date 10/3/2012
 Name **ASLAM, MUHAMMAD MD**
 Address UC IRVINE MEDICAL CENTER, 101 THE CITY DR SO., BLDG 56, STE 600ORANGE, CA, 92868
 Specialty NPM
 Board Certified NPM
 School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2001
 Internship and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER- BRONX, NY 2005
 Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER- BRONX, NY 2006
 License Expiration Date **6/30/2014**
 Remarks

License Number 6688
 License Date 5/5/1983
 Name **ASPLUND, CHARLES M MD**
 Address 910 E LINCOLN AVE, IONIA, MI, 48846
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIV OF MICHIGAN MED SCH ANN ARBOR, MI USA 1960
 Internship and Year BLODGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1961
 Residency and Year BLOGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1965
 License Expiration Date **6/30/2002**
 Remarks **1/7/2000 - ORDER**

License Number 16939
 License Date 2/4/2015
 Name **ASSANAH, EARLE O MD**
 Address 250 PLEASANT ST, CONCORD, NH, 03301
 Specialty DR
 Board Certified
 School and Year of Graduation UNIV OF MED & DEN NJ R W JOHNSON MED SCHOOL USA 1998
 Internship and Year UNIVERSITY OF VIRGINIA HOSPITALS - CHARLOTTESVILLE, VA 1999
 Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2001
 License Expiration Date **6/30/2017**
 Remarks

License Number 5447
 License Date 11/20/1975
 Name **ASTARJIAN, HENRY D MD**
 Address 86 BLODD RD, HOLLIS, NH, 03049
 Specialty N
 Board Certified
 School and Year of Graduation UNIV OF BAGHDAD BAGHDAD 1958
 Internship and Year ENGLEWOOD HOSPITAL - ENGLEWOOD, NJ 1967
 Residency and Year ST VINCENTS HOSPITAL - NEW YORK, NY 1971
 License Expiration Date **5/28/2015**
 Remarks **4/8/98 -Settlement agreement**
10/13/98 -Order on motion for extension License suspended until prob program completed.
Effective 1/1/99.
Reinstated 2/17/99 Requested inactive 5/28/15.

License Number 7514
 License Date 3/4/1987
 Name **ASTOLFI, THOMAS M MD**
 Address SJ FAMILY MEDICAL CTR, 460 AMHERST ST NASHUA, NH, 03063
 Specialty FP
 Board Certified FP
 School and Year of Graduation BOSTON UNIVERSITY USA 1981
 Internship and Year HAMOT MEDICAL CENTER-ERIE PA 1982
 Residency and Year HAMOT MEDICAL CENTER- ERIE PA 1984
 License Expiration Date **6/30/2017**
 Remarks

License Number 7437
 License Date 10/2/1986
 Name **ASTORIAN, DONALD G MD**
 Address GENESIS MEDICAL CENTER, 2951 MAPLE AVE ZANESVILLE, OH, 43701
 Specialty AN
 Board Certified AN
 School and Year of Graduation BOSTON UNIV SCH MED - BOSTON, MA USA 1983
 Internship and Year VA MEDICAL CENTER - BOSTON, MA 1984
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1986
 License Expiration Date **6/30/2016**
 Remarks

License Number 4994
License Date 6/11/1973
Name **ATA, ALI H MD**
Address 8 PURITAN DR, BEDFORD, NH, 03110
Specialty GS
Board Certified GS
School and Year of Graduation ALEXANDRIA UNIVERSITY-EGYPT EGYPT 1960
Internship and Year ALEXANDRIA UNIVERSITY HOSP-EGYPT 1961
Residency and Year ALEXANDRIA UNIVERSITY HOSP-EGYPT 1964
License Expiration Date **6/30/2001**
Remarks **1/7/02 - Settlement Agreement**

License Number 6700
License Date 6/2/1983
Name **ATHANS, JOHN P MD**
Address UNIVERSITY PATHOLOGISTS, 300 CENTERVILLE ROAD SUITE 215 SOUTHWARWICK, RI, 02886
Specialty PTH
Board Certified PTH
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1977
Internship and Year ST VINCENT HOSP-WORCESTER,MA 1978
Residency and Year ST VINCENT HOSP-WORCESTER,MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 16467
License Date 2/5/2014
Name **ATHAR, MASOOMA MD**
Address ELLIOT HEALTH SYSTEM, ONE ELLIOTT WAYMANCHESTER, NH, 03103
Specialty GER
Board Certified
School and Year of Graduation DOW MEDICAL COLLEGE PAKISTAN 2005
Internship and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 2010
Residency and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 2013
License Expiration Date **6/30/2016**
Remarks

License Number 13942
License Date 5/7/2008
Name **ATIGRE, PHILIP MD**
Address 5776 TUTTLES GROVE BLVD, DUBLIN, OH, 43016
Specialty IM
Board Certified IM
School and Year of Graduation INSTITUTO SUPERIOR DE CIENCIAS DE LA HAVANA CUBA 1996
Internship and Year NEW YORK DOWNTOWN HOSPITAL - NEW YORK, NY 2003
Residency and Year NEW YORK DOWNTOWN HOSPITAL - NEW YORK, NY 2005
License Expiration Date **6/30/2010**
Remarks

License Number 8911
License Date 4/7/1993
Name **ATKINS, VALERIE A MD**
Address SOUTHERN NH MED CTR, PO BOX 2014NASHUA, NH, 03060
Specialty NPM
Board Certified NPM
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCH OF MED USA 1987
Internship and Year FG MC GAW HOSPITAL LOYOLA UNIVERSITY - MAYWOOD IL 1990
Residency and Year FG MC GAW HOSPITAL LOYOLA UNIVERSITY - MAYWOOD IL 1990
License Expiration Date **6/30/2013**
Remarks

License Number 11649
License Date 7/3/2002
Name **ATKINSON, LISA E MD**
Address DARTMOUTH-HITCHCOCK-CONC, 253 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1998
Internship and Year UNIV OF MISSOURI-KANSAS CITY SCH - KANSAS CITY, MO 1999
Residency and Year UNIV OF MISSOURI-KANSAS CITY SCH - KANSAS CITY, MO 2002
License Expiration Date **6/30/2016**
Remarks

License Number 10775
License Date 12/1/1999
Name **ATLAS, THOMAS L MD**
Address 212 S PALM AVE STE 100, ALHAMBRA, CA, 91801-3185
Specialty R
Board Certified R
School and Year of Graduation UNIV OF SO CALIFORNIA - LOS ANGELES,C A USA 1991
Internship and Year UNIV OF SO CALIFORNIA - LOS ANGELES, CA 1992
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1996
License Expiration Date **6/30/2000**
Remarks

License Number 15369
License Date 9/7/2011
Name **ATTAMAN, JILL A MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty REN
Board Certified
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2003
Internship and Year OHIO STATE UNIVERSITY HOSPITAL - COLUMBUS, OH 2004
Residency and Year OHIO STATE UNIVERSITY HOSPITAL - COLUMBUS, OH 2007
License Expiration Date **6/30/2015**
Remarks

License Number 4824
License Date 8/27/1971
Name **ATTENBOROUGH, RICHARD G MD**
Address 18 CRESTVIEW DR, EXETER, NH, 03833
Specialty GP
Board Certified
School and Year of Graduation KINGS COLLEGE HOSPITAL LONDON 1953
Internship and Year ST GILES HOSPITAL - CAMBERWELL 1954
Residency and Year ROYAL AIR FORCE MEDICAL BRANCH - CANADA 1956
License Expiration Date **6/30/2007**
Remarks

License Number 9410
License Date 5/3/1995
Name **AUBRY, JOAN MD**
Address LACONIA CLINIC, 724 NORTH MAIN ST LACONIA, NH, 03246-
Specialty OBG
Board Certified
School and Year of Graduation MCGILL UNIVERSITY CANADA 1988
Internship and Year MCGILL UNIVERSITY 1994
Residency and Year MCGILL UNIVERSITY 1994
License Expiration Date **6/30/2001**
Remarks

License Number 8304
License Date 5/9/1990
Name **AUBUCHON, JAMES P MD**
Address DHMC-PATHOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1979
Internship and Year UNIV WISCONSIN HOSPITAL - MADISON, WI 1979
Residency and Year UNIV WISCONSIN HOSPITAL -MADISON, WI 1982
License Expiration Date **6/30/2010**
Remarks

License Number 16745
License Date 9/3/2014
Name **AUCAR, JOHN A MD**
Address 13737 NOEL RD STE 1600, DALLAS, TX, 75240
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1986
Internship and Year PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 1987
Residency and Year PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 10174
License Date 12/3/1997
Name **AUGUST, BETSY S MD**
Address FEMINIST HLTH CTR PORTSMOUTH, 559 PORTSMOUTH AVE PO BOX 456GREENLAND, NH, 03840
Specialty OBG
Board Certified OBG
School and Year of Graduation BROWN UNIV PROGRAM IN MED-PROV,RI USA 1984
Internship and Year BAYSTATE MED CTR-MA 1985
Residency and Year BAYSTATE MED CTR-MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 17200
License Date 8/5/2015
Name **AUGUST, DEBORAH A MD**
Address 524 STATE RD, PITTSFIELD, MA, 01201
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1988
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1989
Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16438
License Date 1/8/2014
Name **AUJLA, PARDEEP MD**
Address SJ FAMILY MEDICAL CTR, 460 AMHERST STNASHUA, NH, 03063
Specialty FP
Board Certified
School and Year of Graduation MATA GUJRI MEMORIAL MEDICAL COLLEGE INDIA 2005
Internship and Year SELMA FAMILY MEDICINE RESIDENCY PROGRAM-SELMA, AL 2012
Residency and Year SELMA FAMILY MEDICINE RESIDENCY PROGRAM-SELMA, AL 2014
License Expiration Date **6/30/2016**
Remarks

License Number 15333
License Date 8/3/2011
Name **AULT, JENNIFER L DO**
Address 2850 TELEGRAPH AVE, SUITE 110BERKELEY, CA, 84705
Specialty N
Board Certified N
School and Year of Graduation TOURO UNIVERSITY COLLEGE OF OSTEOPATHIC MED USA 2007
Internship and Year ALAMEDA COUNTY MEDICAL CENTER-HIGHLAND HOSPITAL - OAKLAND, CA 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 14446
License Date 6/3/2009
Name **AUNG, THET H MD**
Address 326645 HWY 281 NORTH, SUITE 100BULVERDE, TX, 78163
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSIDAD IBEROAMERICANA DOMINICAN REPUBLIC 2005
Internship and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 2007
Residency and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12615
License Date 3/2/2005
Name **AUSTER, ROSALIE J MD**
Address 2334 MASSACHUSETTS AVE NW, WASHINGTON, DC, 20008
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1965
Internship and Year DC GENERAL HOSPITAL PROGRAM, WASHINGTON DC 1966
Residency and Year GEORGETOWN UNIVERSITY, WASHINGTON DC 1969
License Expiration Date **6/30/2013**
Remarks

License Number 12639
License Date 4/6/2005
Name **AUSTIN, JONATHAN G MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC US 1994
Internship and Year BOWMAN GRAY SCHOOL OF MEDICINE, WINSTON-SALEM NC 1995
Residency and Year BOWMAN GRAY SCHOOL OF MEDICINE, WINSTON-SALEM NC 1997
License Expiration Date **6/30/2007**
Remarks

License Number 9763
License Date 7/3/1996
Name **AUSTIN, PAUL S MD**
Address LAKE HEALTH CARE CTR INC, 910 MT HOMER RDEUSTIS, FL, 32726
Specialty FP
Board Certified FP
School and Year of Graduation MEMORIAL UNIV OF NEWFOUNDLAND FAC OF MED ST JOHNS CANADA 1994
Internship and Year ST JOHNS MEMORIAL UNIV OF NEWFOUNDLAND - CANADA 1995
Residency and Year ST JOHNS MEMORIAL UNIV OF NEWFOUNDLAND - CANADA 1996
License Expiration Date **6/30/2016**
Remarks **lapsed for non-renewal 6/30/03...**
Reinstated 10/3/07

License Number 10920
License Date 5/3/2000
Name **AUSTIN-STROHBEHN, JUDITH MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE-VT USA 1989
Internship and Year CALIFORNIA PACIFIC MEDICAL CENTER-SAN FRANCISCO,CA 1990
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL-BOSTON,MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 2423
License Date 3/14/1946
Name **AUTEN, HANFORD L MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **9/30/1987**
Remarks **DECEASED 7/17/94**

License Number 13733
License Date 10/3/2007
Name **AUTY, PATRICIA A MD**
Address SEACOAST GENERAL SURGERY, 750 CENTRAL AVE STE NDOVER, NH, 03820
Specialty GS
Board Certified GS
School and Year of Graduation CREIGHTON UNIV USA 2002
Internship and Year UNIV OF KANSAS - WICHITA, KS 2003
Residency and Year UNIV OF KANSAS - WICHITA, KS 2007
License Expiration Date **6/30/2017**
Remarks

License Number 6631
License Date 12/6/1982
Name **AVERILL, ROBERT W MD**
Address 474 MAIN ST, GREENFIELD, MA, 01301-3315
Specialty D
Board Certified
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1976
Internship and Year ST FRANCIS HOSP-HARTFORD,CT 1977
Residency and Year ST FRANCIS HOSPITAL - HARTFORD, CT 1977
License Expiration Date **5/12/2015**
Remarks **Requested inactive 5-12-2015.**

License Number 6913
License Date 7/5/1984
Name **AVERSA, ANTHONY J MD**
Address DERMATOLOGY ASSOCIATES, 111 LOUDON RD CONCORD, NH, 03301-5605
Specialty D
Board Certified D
School and Year of Graduation HANNEMANN MED COLL OF PHIL-PHIL, PA USA 1979
Internship and Year MONMOUTH MED CTR-LONG BEACH, NJ 1980
Residency and Year MONMOUTH MED CTR-LONG BEACH, NJ 1982
License Expiration Date **6/30/2016**
Remarks

License Number 12048
License Date 9/3/2003
Name **AVERY, JOHN C DO**
Address WEEKS NORTH STRATFORD, 43 MAIN ST NORTH STRATFORD, NH, 03590
Specialty FP
Board Certified FP
School and Year of Graduation U OF KANSAS CITY, KANSAS CITY MO US 1999
Internship and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY, AUGUSTA ME 2000
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY, AUGUSTA ME 2002
License Expiration Date **6/30/2017**
Remarks

License Number 17253
License Date 9/2/2015
Name **AVILA, AMANDA J MD**
Address 15050 ELDERBERRY LN, FORT MYERS, FL, 33907
Specialty N
Board Certified N
School and Year of Graduation UNIV OF VT COLLEGE OF MED- BURLINGTON, VT USA 2006
Internship and Year RHODE ISLAND HOSPITAL BROWN UNIV - PROVIDENCE RI 2007
Residency and Year BROWN UNIVERSITY- PROVIDENCE, RI 2010
License Expiration Date **6/30/2017**
Remarks

License Number 6188
License Date 5/8/1980
Name **AVILA, DAVID A DO**
Address PEDIATRIC PROFESSIONAL ASSOC, 413 BROADWAY RT 28 METHUEN, MA, 01844-2022
Specialty PD
Board Certified PD
School and Year of Graduation COLLEGE OF OSTEOPATHIC MEDICINE - DESMOINES, IA USA 1976
Internship and Year GRANDVIEW HOSPITAL - DAYTON, OH 1977
Residency and Year MARTIN PLACE HOSPITAL - MADISON HEIGHTS, MI 1979
License Expiration Date **6/30/2016**
Remarks

License Number 16622
License Date 6/4/2014
Name **AVRAMOV, VLADIMIR S MD**
Address 914 79TH ST FL 1, BROOKLYN, NY, 11228
Specialty IM
Board Certified
School and Year of Graduation MEDICAL UNIV, SOFIA FACULTY OF MED BULGARIA 1987
Internship and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2012
Residency and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12449
License Date 9/1/2004
Name **AVRITSCHER, RONY MD**
Address VIRTUAL RADIOLOGIC CONSULTANTS, 5995 OPUS PKWY STE 200MINNETONKA, MN, 55343
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF DE SAO PAULO, BRAZIL BRAZIL 1995
Internship and Year UNIVERSITY OF TEXAS, HOUSTON TX 1999
Residency and Year UNIVERSITY OF TEXAS, HOUSTON TX 2003
License Expiration Date **6/30/2008**
Remarks

License Number 16623
License Date 6/4/2014
Name **AWAN, OMER A MD**
Address 7 TIMBERWOOD DR, APT 114, LEBANON, NH, 03766
Specialty DR
Board Certified DR
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE USA 2008
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2009
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2013
License Expiration Date **6/30/2016**
Remarks

License Number 6388
License Date 5/26/1981
Name **AWRICH, ALAN E MD**
Address 724 NORTH MAIN ST, PO BOX 637LACONIA, NH, 03246
Specialty GS
Board Certified GS
School and Year of Graduation EMORY UNIV SCHOOL MEDICINE - ATLANTA, GA USA 1975
Internship and Year UNIV OREGON HLTH SCIENCE CENTER HOSPITAL - PORTLAND, OR 1976
Residency and Year UNIV OREGON HLTH SCIENCE CENTER HOSPITAL - PORTLAND, OR 1982
License Expiration Date **6/30/2017**
Remarks **2/1/97 SETTLEMENT AGREEMENT 4/5/00 STIPULATION**

License Number 12774
License Date 7/6/2005
Name **AXELROD, DAVID A MD**
Address DHMC/TRANSPLANT SURG, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC USA 1996
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS, ANN ARBOR MI 1997
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS, ANN ARBOR MI 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15613
License Date 4/4/2012
Name **AYERS, CARRIE D DO**
Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST SUITE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation KANSAS CITY UNIVERSITY OF MEDICINE USA 2004
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2005
Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 9580
License Date 11/1/1995
Name **AYERS, MICHAEL L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCH OF MED, WASHINGTON DC USA 1993
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER 1994
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER 1996
License Expiration Date **6/30/2001**
Remarks

License Number 7402
License Date 8/14/1986
Name **AYRES, DONALD W MD**
Address 106 HANOVER ST, LEBANON, NH, 03766-
Specialty N
Board Certified N
School and Year of Graduation UNIV FL MED COLL GAINSVILLE FL USA 1983
Internship and Year DARTMOUTH HITCHCOCK MED HANOVER NH 1984
Residency and Year DARTMOUTH HITCHCOCK MED HANOVER NH 1987
License Expiration Date **6/30/2016**
Remarks

License Number 6480
License Date 1/7/1982
Name **AYRES, JOHN B MD**
Address HEYWOOD MEDICAL GROUP, 250 GREEN STREET STE 102GARDNER, MA, 01440
Specialty ORS
Board Certified ORS
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1975
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1976
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 1980
License Expiration Date **6/30/2006**
Remarks

License Number 11650
License Date 7/3/2002
Name **AYUB, ASMA M MD**
Address 431 CHARLESTOWN MEADOWS DR, WESTBOROUGH, MA, 01581
Specialty FP
Board Certified FP
School and Year of Graduation AGA KHAN MED COLL - KARACHI SIND, PAKISTAN PAKISTAN 1997
Internship and Year ST JOSEPH HOSPITAL - CHICAGO, IL 2000
Residency and Year ST JOSEPH HOSPITAL - CHICAGO, IL 2001
License Expiration Date **6/30/2006**
Remarks

License Number 8239
License Date 11/1/1989
Name **AZADIAN, HARRY Y MD**
Address 82 SYLVAN LN, WESTON, MA, 02493-1028
Specialty OM
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1960
Internship and Year MOFITT UNIVERSITY OF CALIFORNIA HOSPITALS SAN FRANCISCO - CALIFORNIA 1961
Residency and Year OHIO STATE UNIVERSITY HOSPITAL 1962
License Expiration Date **6/30/2013**
Remarks

License Number 13043
License Date 4/5/2006
Name **AZAR, ABIR J MD**
Address NASHUA PEDIATRICS /MILFORD, 444 NASHUA STMILFORD, NH, 03055
Specialty PD
Board Certified PD
School and Year of Graduation AMERICAN UNIV IN BEIRUT-BEIRUT LEBANON LEBANON 1997
Internship and Year SUNY HEALTH SCIENCE CTR @ SYRACUSE, SYRACUSE NY 2004
Residency and Year SUNY HEALTH SCIENCE CTR @ SYRACUSE, SYRACUSE, NY 2005
License Expiration Date **6/30/2012**
Remarks

License Number 14859
License Date 6/2/2010
Name **AZAR, BABAK P MD**
Address KAISER PERMENANTE, 9449 E IMPERIAL HWY., STE 206DOWNEY, CA, 90242
Specialty P
Board Certified P
School and Year of Graduation BANDAR ABBAS-HORMOZGAN UNIV OF MED SCIENCES IRAN 1997
Internship and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2007
Residency and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2009
License Expiration Date **6/30/2014**
Remarks

License Number 16746
License Date 9/3/2014
Name **AZAR, MAY MD**
Address 5 BRENT RD, LEXINGTON, MA, 02420
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF ALEPPO SYRIAN 1981
Internship and Year BRIGHAM & WOMEN'S HOSPITAL/HARVARD MEDICAL SCHOOL - BOSTON, MA 1984
Residency and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1985
License Expiration Date **6/30/2016**
Remarks

License Number 11236
License Date 5/2/2001
Name **AZAR, TARANEH MD**
Address COMPREHENSIVE OTOLARYNGOLOGY, 3 ALUMNI DR STE 302EXETER, NH, 03833
Specialty OTO
Board Certified OTO
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH-CLEVELAND, OH USA 1995
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1996
Residency and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16891
License Date 1/21/2015
Name **AZIM, SALMAN M MD**
Address 1616 NOTTINGHILL LN, HAMILTON, NJ, 08619
Specialty IM
Board Certified
School and Year of Graduation UNIV OF DEBRECEN, MEDICAL & HEALTH SCIENCES CENTRE HUNGARY 2004
Internship and Year CAPITAL HEALTH REGIONAL MEDICAL CENTER-TRENTON, NJ 2013
Residency and Year CAPITAL HEALTH REGIONAL MEDICAL CENTER-TRENTON, NJ 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13526
License Date 6/6/2007
Name **AZIZIAN, MARIA MD**
Address MINDFUL MEDICAL CARE PC, 100 TEATICKET HIGHWAY BLD 3TEATICKET, MA, 02536
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VT USA 2000
Internship and Year SUNY UPSTATE MEDICAL UNIV-SYRACUSE, NY 2001
Residency and Year SUNY UPSTATE MEDICAL UNIV-SYRACUSE, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 13613
License Date 8/1/2007
Name **AZKUL, BASSEM MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF DAMASCUS SYRIA 2000
Internship and Year UNIV OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 2005
Residency and Year UNIV OF PITTSBURGH SHADYSIDE- PITTSBURGH, PA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15501
License Date 1/4/2012
Name **BABA, TIMOTHY W MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TX USA 1988
Internship and Year CHILDRENS HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 1989
Residency and Year CHILDRENS HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date **6/30/2016**
Remarks

License Number D0002
License Date
Name **BABER, JAMES R MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date
Remarks **HAVE NO LICENSE INFORMATION ON THIS DOCTOR**

License Number 10195
License Date 1/7/1998
Name **BABIRAK, STEPHAN P MD**
Address MAINE CTR FOR ENDOCRINOLOGY, 100 US RTE ONE UNIT 116SCARBOROUGH, ME, 04074-9308
Specialty END
Board Certified IM
School and Year of Graduation CHICAGO MEDICAL SCHOOL - N CHICAGO, IL USA 1983
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1986
Residency and Year UNIV OF WASHINGTON - DC 1989
License Expiration Date **6/30/2002**
Remarks

License Number 16501
License Date 3/5/2014
Name **BACA, KIRSTEN E MD**
Address 197 ORCHARD ST, BELMONT, MA, 02478-2348
Specialty AN
Board Certified
School and Year of Graduation JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year MERCY MEDICAL CENTER - BALTIMORE MD 2009
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 14119
License Date 8/6/2008
Name **BACCUS III, JOHN B MD**
Address 2015 GUM BRANCH RD #507, JACKSONVILLE, NC, 28450
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF TEXAS USA 1993
Internship and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1994
Residency and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1995
License Expiration Date **6/30/2014**
Remarks

License Number 14335
License Date 3/4/2009
Name **BACCUS, FRANCES R MD**
Address 24620 COUNTY RD 26, ELKHART, IN, 46517
Specialty AN
Board Certified `.
School and Year of Graduation UNIV OF TEXAS USA 1995
Internship and Year ST PAUL UNIVERSITY HOSPITAL-DALLAS, TX 1996
Residency and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER @ DALLAS - DALLAS, TX 1999
License Expiration Date **6/30/2015**
Remarks

License Number 4679
License Date 5/5/1972
Name **BACH, ROBERT D MD**
Address 61 WEST MAIN ST, DOVER FOXCROFT, ME, 04426-
Specialty GS
Board Certified GS
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1965
Internship and Year UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1966
Residency and Year UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1970
License Expiration Date **6/30/2000**
Remarks

License Number 14485
License Date 7/1/2009
Name **BACHELDER, SHEILLA M MD**
Address PHYS PRACT @ APD MEM HOSP, 125 MASCOMA ST #5LEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT USA 2006
Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2007
Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11982
License Date 7/2/2003
Name **BACHMAN, KATHERINE M MD**
Address UPPER VALLEY WOMENS CTR, 3130 N COUNTY RD 25A - SUITE 103TROY, OH, 45373
Specialty OBG
Board Certified OBG
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1997
Internship and Year HOWARD HUGHES MEDICAL INSTITUTE - BETHESDA, MD 1995
Residency and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 2001
License Expiration Date **6/30/2015**
Remarks

License Number 7743
License Date 12/2/1987
Name **BACHNER, IRVING N MD**
Address 62 BROWN ST, STE 205HAVERHILL, MA, 01830
Specialty OPH
Board Certified OPH
School and Year of Graduation ALBANY MED COLL OF UNION UNIV ALBANY NY USA 1963
Internship and Year MAIMONIDES MED CTR BROOKLYN NY 1964
Residency and Year MAY GRAD SCH OF MED ROCHESTER MN 1969
License Expiration Date **6/30/2009**
Remarks

License Number 10262
License Date 5/6/1998
Name **BACHRACH, BERT E MD**
Address UNIVERSITY OF MO-CHILD HEALTH, 400 N KEENE ST STE 118COLUMBIA, MO, 65201
Specialty END
Board Certified PD
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MED USA 1991
Internship and Year FLETHCER ALLEN HEALTH CARE-VT 1992
Residency and Year ST LOUIS UNIV-MO 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10893
License Date 5/3/2000
Name **BACKUS, ROBERT W MD**
Address , BOX 254TOWNSHEND, VT, 05353
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT- BURLINGTON, VT USA 1976
Internship and Year MILTON FAMILY PRACTICE - MILTON, VT 1978
Residency and Year MILTON FAMILY PRACTICE - MILTON, VT 1980
License Expiration Date **6/30/2001**
Remarks

License Number 6914
License Date 7/5/1984
Name **BACON, DOUGLAS A MD**
Address 71545 SAN GORGONIO RD, RANCHO MIRAGE, CA, 92270-
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF VT COLL MED-BURLINGTON,VT USA 1974
Internship and Year ST MARY MED CTR-LONG BEACH,CA 1975
Residency and Year LA CO HARBOR/UCLA MED CTR-TORRANCE,CA 1977
License Expiration Date **6/30/2000**
Remarks

License Number 9896
License Date 1/8/1997
Name **BACON, GLENN S DO**
Address MARSH BROOK PROFESSIONAL CTR, 7 MARSH BROOK RD STE 10SOMERSWORTH, NH, 03878
Specialty AN
Board Certified AN
School and Year of Graduation PHILA COLL OF OSTEO MED, PA USA 1981
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1982
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12566
License Date 1/5/2005
Name **BADAU, IOAN C MD**
Address D H M C, 253 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY DE MEDICINA SI FARMACIE VICTOR BABES, ROMANIA 1995
Internship and Year OUR LADY OF MERCY MED CTR, BRONX NY 1998
Residency and Year OUR LADY OF MERCY MED CTR, BRONX NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16253
License Date 8/7/2013
Name **BADER, LEWIS M MD**
Address LEWIS M BADER MD, 710 COLONIAL DRIVEHILTON HEAD, SC, 29926
Specialty DR
Board Certified DR
School and Year of Graduation STATE UNIVERSITY OF NY USA 1967
Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 1968
Residency and Year NY & PRESBYTERIAN HOSPITAL - NY, NY 1969
License Expiration Date **6/30/2017**
Remarks

License Number 11237
License Date 5/2/2001
Name **BADGER, M. ANGUS MD**
Address MEMORIAL HOSPITAL, 3073 WHITE MT HIGHWAYNORTH CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1996
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1998
License Expiration Date **6/30/2017**
Remarks

License Number 15278
License Date 7/6/2011
Name **BADIEE, BEHYAR D DO**
Address STEWARD MEDICAL GRP, 22 KEEWAYDIN DRSALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation MIDWESTERN UNIVERSITY USA 1995
Internship and Year COVENTRY FAMILY PRACTICE ASSOC - PHILLIPSBURG, NJ 1996
Residency and Year COVENTRY FAMILY PRACTICE ASSOC - PHILLIPSBURG, NJ 1998
License Expiration Date **6/30/2017**
Remarks

License Number 16254
License Date 8/7/2013
Name **BADMAEV, MICHAEL P MD**
Address MAINE GENERAL MEDICAL CTR, 35 MEDICAL CENTER PARKWAY AUGUSTA, ME, 04330
Specialty FP
Board Certified
School and Year of Graduation ST MATTHEW'S UNIVERSITY CAYMAN ISLANDS 2009
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2011
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 8928
License Date 5/5/1993
Name **BADMAN, DENNIS S MD**
Address 131 MEADOW ST, WAKEFIELD, NH, 03872-4329
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1985
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1986
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1988
License Expiration Date **6/30/2017**
Remarks **5/8/02 Settlement Agreement**

License Number 16698
License Date 8/6/2014
Name **BAE, DAVID D MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation VA COMMONWEALTH UNIVERSITY SCHOOL OF MED USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 16892
License Date 1/21/2015
Name **BAERGA-DUPEROY, RACHEL MD**
Address , 16135 NW 64TH AVE - APT 224 MIAMI LAKES, FL, 33014
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSIDAD AUTONOMA DE GUADALAJARA MEXICO 2006
Internship and Year RICHMOND UNIVERSITY MEDICAL CENTER-NY MEDICAL COLLEGE - STATEN ISLAND, NY 2010
Residency and Year RICHMOND UNIVERSITY MEDICAL CENTER-NY MEDICAL COLLEGE - STATEN ISLAND, NY 2012
License Expiration Date **6/30/2017**
Remarks

License Number 8855
 License Date 11/25/1992
 Name **BAERTHLEIN, WILLIAM C MD**
 Address WOMEN'S HEALTH @ FOXCARE, STE 303 ONE FOXCARE DRONEONTA, NY, 13820
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 1981
 Internship and Year STRONG MEMORIAL HOSPITAL UNIVERSITY OF ROCHESTER ROCHESTER - NEW YORK 1982
 Residency and Year STRONG MEMORIAL HOSPITAL UNIVERSITY OF ROCHESTER ROCHESTER - NEW YORK 1985
 License Expiration Date **6/30/2006**
 Remarks

License Number 16990
 License Date 4/1/2015
 Name **BAERTSCHIGER, RETO M MD**
 Address DHMC - PEDIATRIC SURGERY, 1 MEDICAL CTR DRLEBANON, NH, 03756
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIVERSITE DE LAUSANNE SWITZERLAND 2001
 Internship and Year INDIANA UNIVERSITY SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2011
 Residency and Year INDIANA UNIVERSITY SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2013
 License Expiration Date **6/30/2017**
 Remarks

License Number 4560
 License Date 5/25/1970
 Name **BAGAN, MERWYN MD**
 Address 173 SCHOOL ST, CONCORD, NH, 03301-2568
 Specialty NS
 Board Certified NS
 School and Year of Graduation BOSTON UNIV USA 1962
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1963
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1970
 License Expiration Date **6/30/2016**
 Remarks

License Number 9897
 License Date 1/8/1997
 Name **BAGCHI, ALA KANANDA MD**
 Address 10209 EISENHOWER LN, GREAT FALLS, VA, 22066-1705
 Specialty PD
 Board Certified PD
 School and Year of Graduation ARMED FORCES MED COLL UNIV OF PUNE INDIA 1978
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR 1989
 Residency and Year INIV OF MARYLAND MEDICAL SYSTEMS 1994
 License Expiration Date **6/30/1998**
 Remarks

License Number 9176
License Date 6/1/1994
Name **BAGDON, LETA MD**
Address 59 MOUNTIAN MEADOWS RD, LYMAN, NH, 03585
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1955
Internship and Year BRONX MUNICIPAL HOSPITAL - BRONX NY 1956
Residency and Year BRONX MUNICIPAL HOSPITAL - BRONX NY 1957
License Expiration Date **6/30/2004**
Remarks **DECEASED 2/9/2012**

License Number 14156
License Date 9/3/2008
Name **BAGGEROER, CHERYL E MD**
Address COASTAL COUNSELING ASSOC, 2000 EMBARCADERO STE 400OAKLAND, CA, 94606
Specialty P
Board Certified P
School and Year of Graduation EMORY UNIV USA 2001
Internship and Year UNIV OF WASHINGTON - SEATTLE, WA 2002
Residency and Year UNIV OF WASHINGTON - SEATTLE, WA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6602
License Date 8/12/1982
Name **BAGLEY, NANCY A MD**
Address DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PM
Board Certified PM
School and Year of Graduation MAYO MEDICAL SCH - ROCHESTER, MN USA 1979
Internship and Year UNIV OF WASHINGTON - SEATTLE, WA 1980
Residency and Year UNIV OF WASHINGTON - SEATTLE, WA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 11299
License Date 7/11/2001
Name **BAGWELL, SANDRA P MD**
Address MAINE MEDICAL CTR-PEDIATRICS, 22 BRAMHALL ST P1A ROOM 1233PORTLAND, ME, 04102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MIAMI USA 1982
Internship and Year MAINE MEDICAL CENTER PORTLAND ME 1983
Residency and Year MAINE MEDICAL CENTER PORTLAND ME 1985
License Expiration Date **6/30/2017**
Remarks

License Number 10739
 License Date 11/3/1999
 Name **BAHDER, GREGORY J MD**
 Address 41 GLENDALE PL #9, GILFORD, NH, 03249
 Specialty P
 Board Certified
 School and Year of Graduation MEDICAL ACADEMY OF WARSAW POLAND 1990
 Internship and Year ST ELIZABETH'S HOSP - WASHINGTON DC 1997
 Residency and Year ST ELIZABETH'S HOSP - WASHINGTON DC 1997
 License Expiration Date **6/30/2017**
 Remarks **3/16/09 - Preliminary Agreement for Practice Restrictions. 9/5/14 - Settlement Agreement License lapsed 3/21/09-reinstated 11/6/14**

License Number 10773
 License Date 11/3/1999
 Name **BAHDER, MARGARET A MD**
 Address BAHDER BEHAVIORAL SVC LLC, 41 GLENDALE PLACE #9GILFORD, NH, 03299
 Specialty P
 Board Certified P
 School and Year of Graduation MEDICAL ACADEMY OF WARSHW-POLAND POLAND 1991
 Internship and Year ST ELIZABETHS HOSPITAL-WASHINGTON,DC 1995
 Residency and Year ST ELIZABETHS HOSPITAL- WASHINGTON,DC 1999
 License Expiration Date **6/30/2017**
 Remarks

License Number 10804
 License Date 1/5/2000
 Name **BAHORIK, CLAUDIA J DO**
 Address 148 REIDER RD, ROBESONIA, PA, 19551
 Specialty FP
 Board Certified FP
 School and Year of Graduation PHILADELPHIA COLL OF OSTEO MED- PHILIA, PA USA 1990
 Internship and Year ST JOSEPH'S MEDICAL CENTER - READING, PA 1991
 Residency and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 1992
 License Expiration Date **6/30/2006**
 Remarks

License Number 7602
 License Date 6/3/1987
 Name **BAIER JR, JOHN C MD**
 Address 10 HOLLOW RD, BOW, NH, 03304
 Specialty GE
 Board Certified GE
 School and Year of Graduation MCGILL UNIVERSITY - MONTREAL, CANADA CANADA 1976
 Internship and Year E VIRGINIA GRAD SCHOOL OF MEDICINE - NORFOLK, VA 1977
 Residency and Year E VIRGINIA GRAD SCHOOL OF MEDICINE - NORFOLK, VA 1979
 License Expiration Date **6/30/2015**
 Remarks **RETIRED**

License Number 14447
License Date 6/3/2009
Name **BAIG, MIRZA S MD**
Address COMP HEALTH, 6440 S MILLROCK DR STE 175SALT LAKE CITY, UT, 84121
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF KARACHI PAKISTAN 1969
Internship and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 1976
Residency and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 1979
License Expiration Date **6/30/2011**
Remarks

License Number 4851
License Date 10/27/1971
Name **BAILEY SR, ROBERT J MD**
Address 1505 KNUDSEN AVE, FARMINGTON, NM, 87401-
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSIDAD NACIONAL AUTONOMA DE MEXICO MEXICO 1959
Internship and Year MOUNT SINAI HOSPITAL-CHICAGO IL 1960
Residency and Year GRADUATE HOSPITAL-PHILADELPHIA PA 1964
License Expiration Date **6/30/2000**
Remarks

License Number 7340
License Date 6/12/1986
Name **BAILEY, E DUFF MD**
Address SOUTH BAY MENTAL HEALTH CTR, 37 BELMONT STBROCKTON, MA, 02301-5299
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1983
Internship and Year UNIVERSITY OF MICHIGAN HOSPITAL-ANN ARBOR MI 1984
Residency and Year UNIVERSITY OF MICHIGAN HOSPITAL- ANN ARBOR MI 1986
License Expiration Date **6/30/2010**
Remarks

License Number 14912
License Date 7/7/2010
Name **BAILEY, GERALD P MD**
Address AMERIPATH NORTHEAST, ONE GREENWICH PLSHELTON, CT, 06484
Specialty PTH
Board Certified PTH
School and Year of Graduation BOSTON UNIVERSITY USA 2001
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2003
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10497
License Date 2/3/1999
Name **BAILEY, JOAN M MD**
Address BATON ROUGE VET ADM, 7968 ESSEN PARK AVEBATON ROUGE, LA, 70809
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NY HLTH SCI CTR-BROOKLYN,NY USA 1993
Internship and Year ST ELIZABETH'S MEDICAL CENTER OF BOSTON, MA 1994
Residency and Year ST ELIZABETH'S MEDICAL CENTER OF BOSTON, MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 11682
License Date 8/7/2002
Name **BAIM, DONALD S MD**
Address BRIGHAM & WOMEN'S HOSP, BOSTON, MA, 02115
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1975
Internship and Year STANFORD UNIV MED CTR - STANFORD, CA 1976
Residency and Year STANFORD UNIV MED CTR - STANFORD, CA 1977
License Expiration Date **6/30/2004**
Remarks

License Number 13857
License Date 3/5/2008
Name **BAINS, MANPREET K MD**
Address 6440 SOUTH MILLROCK DR STE 175, SALT LAKE CITY, UT, 84121
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF SILESIA POLAND 2004
Internship and Year NEW YORK METHODIST HOSPITAL 2005
Residency and Year NEW YORK METHODIST HOSPITAL 2007
License Expiration Date **6/30/2012**
Remarks

License Number 3332
License Date 11/25/1959
Name **BAIRSTOW, BRUCE A MD**
Address 26 FRANKLIN ST, CONCORD, NH, 03301-4555
Specialty D
Board Certified D
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL- ILLINOIS USA 1951
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL- HANOVER, NH 1951
Residency and Year NORTHWESTERN UNIVERSITY MEDICAL CENTER 1956
License Expiration Date **6/30/2000**
Remarks

License Number 11683
License Date 8/7/2002
Name **BAJWA, KHALID M MD**
Address UMDNJ, 30 BERGEN ST ADMC 15NEWARK, NJ, 07107
Specialty P
Board Certified
School and Year of Graduation LIAQUAT UNIV OF MED - JAMSHORO, PAKISTAN PAKISTAN 1989
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1990
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2001
License Expiration Date **6/30/2003**
Remarks

License Number 7803
License Date 4/6/1988
Name **BAKER JR, SHERMAN MD**
Address DARTMOUTH-HITCHCOCK, 21 E HOLLIS ST PO BOX 2064NASHUA, NH, 03061-2064
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS MEDICAL SCHOOL WORCESTER, MA USA 1982
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL RICHMOND, VA 1983
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL RICHMOND, VA 1988
License Expiration Date **6/30/2002**
Remarks

License Number 11950
License Date 6/4/2003
Name **BAKER, ALISON M DO**
Address PRUDENTIAL, 2 PORTLAND SQ, STE 403PORTLAND, ME, 04101
Specialty PM
Board Certified PM
School and Year of Graduation DES MOINES UNIVERSITY OSTEOPATHIC - DES MOINES IA USA 1999
Internship and Year UNIVERSITY OF MASSACHUSETTS MEMORIAL - WORCESTER MA 2000
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16658
License Date 7/2/2014
Name **BAKER, CHRISTOPHER B MD**
Address SPECTRUM MED GROUP, 324 GANNETT DRS PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2001
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2002
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9267
License Date 9/7/1994
Name **BAKER, EMILY R MD**
Address DHMC-OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty MFM
Board Certified MFM
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year UNIVERSITY OF CHICAGO HOSPITAL - CHICAGO IL 1987
Residency and Year UNIVERSITY OF CHICAGO HOSPITAL - CHICAGO IL 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10112
License Date 9/10/1997
Name **BAKER, MICHAEL N MD**
Address ATLANTIC PLASTIC SURGERY, 100 GRIFFIN RD STE BPORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1986
Internship and Year NEWTON WELLESLEY HOSPITAL - MA 1989
Residency and Year BETH ISRAEL HOSPITAL - MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 10072
License Date 8/6/1997
Name **BAKER, RICHARD A MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty R
Board Certified R
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED , OH USA 1965
Internship and Year HARBORVIEW MEDICAL CENTER - WA 1966
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - MA 1973
License Expiration Date **6/30/2000**
Remarks

License Number 7826
License Date 5/4/1988
Name **BAKER, ROLAND E MD**
Address CENTER FOR WOMENS HEALTH, 21 WHITEHALL RDROCHESTER, NH, 03867-1935
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1984
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1985
Residency and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1988
License Expiration Date **6/30/2006**
Remarks

License Number 8691
 License Date 4/1/1992
 Name **BAKER, STANLEY L MD**
 Address NVRH, HOSPITAL HILL DRST JOHNSBURY, VT, 05819-
 Specialty EM
 Board Certified FP
 School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 1988
 Internship and Year UNIVERSITY OF MINNESOTA MINNEAPOLIS - MINNESOTA 1989
 Residency and Year RIVERSIDE MEDICAL CENTER MINNEAPOLIS - MINNESOTA 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 9975
 License Date 5/7/1997
 Name **BAKER, STEPHEN M MD**
 Address 113 SAWYER CIR, MEMPHIS, TN, 38103
 Specialty OPH
 Board Certified
 School and Year of Graduation UNIV OF MANITOBA FAC OF MED-WINNIPEG CANADA 1986
 Internship and Year UNIV OF TN COLL OF MED- TN 1996
 Residency and Year UNIV OF TN COLL OF MED-TN 1997
 License Expiration Date **6/30/1998**
 Remarks

License Number 2798
 License Date 3/8/1950
 Name **BAKER, WILLIAM J MD**
 Address , , ,
 Specialty
 Board Certified
 School and Year of Graduation
 Internship and Year
 Residency and Year
 License Expiration Date **6/30/1993**
 Remarks

License Number 12049
 License Date 9/3/2003
 Name **BAKLANOV, DMITRI V MD**
 Address UNIVERSITY OF MO-COLUMBIA, ONE HOSPITAL DRCOLUMBIA, MO, 65201
 Specialty IM
 Board Certified IM
 School and Year of Graduation ST PETERSBURG STATE UNIVERSITY, SAINT PETERSBURG RU RUSSIA 1993
 Internship and Year HOSPITAL OF ST RAPHAEL, NEW HAVEN CT, NEW HAVEN CT 2000
 Residency and Year HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 2002
 License Expiration Date **6/30/2007**
 Remarks

License Number 16624
License Date 6/4/2014
Name **BALABAN, JULIE E MD**
Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty CHP
Board Certified CHP
School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 1983
Internship and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 1984
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NEW YORK, NY 1986
License Expiration Date **6/30/2016**
Remarks

License Number 10042
License Date 7/2/1997
Name **BALABAN, KRZYSZTOF W MD**
Address DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation SUNY-HLTH SCI CTR AT SYRACUSE, NY USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1998
License Expiration Date **6/30/1998**
Remarks

License Number 12592
License Date 2/2/2005
Name **BALAN, STEFAN MD**
Address WOODHULL HOSPITAL, 760 BROADWAYBROOKLYN, NY, 11206
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CAROL DAVILA, BUCHAREST ROMANIA ROMANIA 1993
Internship and Year NY VETERANS AFFAIRS MED CTR, NEW YORK NY 1997
Residency and Year N Y VETERANS AFFAIRS MED CTR, NEW YORK NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10356
License Date 8/5/1998
Name **BALDWIN, JOHN C MD**
Address 3601 4TH ST STOP 6258, LUBBOCK, TX, 79430-6258
Specialty IM
Board Certified IM
School and Year of Graduation STANFORD UNIV SCH OF MED - STANFORD, CA USA 1975
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1976
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 16893
License Date 1/21/2015
Name **BALDWIN, KISMET M MD**
Address 1223 FEDERAL AVE APT 103, LOS ANGELES, CA, 90025
Specialty PD
Board Certified
School and Year of Graduation OHIO STATE UNIV COLLEGE OF MED & PUBLIC HEALTH USA 2007
Internship and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 2008
Residency and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 2010
License Expiration Date **6/30/2017**
Remarks

License Number 6628
License Date 11/4/1982
Name **BALESTRA, SUELLEN T MD**
Address 243 ELM ST, CLAREMONT, NH, 03743-2005
Specialty PTH
Board Certified PTH
School and Year of Graduation BROWN UNIV OF BIOLOGICAL MED SCI - RI USA 1976
Internship and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1977
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1981
License Expiration Date **6/30/2010**
Remarks

License Number 9862
License Date 11/6/1996
Name **BALESTRERO, LORI M MD**
Address MOUNT AUBURN HOSP-HOSPITELIST, 330 MOUNT AUBURN STCAMBRIDGE, MA, 02138
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994
Internship and Year MARY-HITCHCOCK MEDICAL CENTER - NH 1985
Residency and Year MARY-HITCHCOCK MEDICAL CENTER - NH 1997
License Expiration Date **6/30/2016**
Remarks

License Number 12930
License Date 11/2/2005
Name **BALFOUR, ERIKA M MD**
Address 145 E 32ND ST, 10TH FLOORNEW YORK, NY, 10016
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIVERSITY OF NEW YORK, STONY BROOK NY US 1998
Internship and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1999
Residency and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2001
License Expiration Date **6/30/2009**
Remarks

License Number 6607
 License Date 9/9/1982
 Name **BALL, EDWARD D MD**
 Address UNIV OF CALIFORNIA, 9310 CAMPUS POINT DRLA JOLLA, CA, 92037-7621
 Specialty IM
 Board Certified IM
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH MED - OH USA 1976
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1977
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1979
 License Expiration Date **6/30/2004**
 Remarks

License Number 8774
 License Date 8/5/1992
 Name **BALL, PERRY A MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty NS
 Board Certified NS
 School and Year of Graduation DARTMOUTH MEDICAL COLLEGE USA 1985
 Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS ANN ARBOR - MICHIGAN 1986
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NEW HAMPSHIRE 1991
 License Expiration Date **6/30/2016**
 Remarks

License Number 17045
 License Date 5/6/2015
 Name **BALL, RUSSELL A MD**
 Address 2006 NEW GARDEN RD STE 106, GREENSBORO, NC, 27410
 Specialty PTH
 Board Certified PTH
 School and Year of Graduation WV UNIVERSITY SCHOOL OF MEDICINE USA 1989
 Internship and Year HARVARD MEDICAL SCHOOL- BOSTON, MA 1997
 Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1994
 License Expiration Date **6/30/2017**
 Remarks

License Number 13654
 License Date 9/5/2007
 Name **BALL, TIMOTHY C MD**
 Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIV OF S CAROLINA USA 1997
 Internship and Year WAKE FOREST UNIV-WINSTON-SALEM NC 1998
 Residency and Year WAKE FOREST UNIV-WINSTON-SALEM NC 2000
 License Expiration Date **6/30/2011**
 Remarks

License Number 13420
License Date 3/7/2007
Name **BALLA, ASHFAQ S MD**
Address UMASS MEM MED CTR-UNIV CAMPUS, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty
Board Certified NEP
School and Year of Graduation KASHMIR UNIV INDIA 1994
Internship and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2000
Residency and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2002
License Expiration Date **6/30/2011**
Remarks

License Number 5972
License Date 6/9/1978
Name **BALLANTINE, PERCY MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CINNCINNATI COLL OF MED-CIN,OH USA 1973
Internship and Year YALE NEW HAVEN HOSPITAL-CT 1974
Residency and Year DARTMOUTH HTICCOCK MEDICAL CENTER-LEBANON,NH 1981
License Expiration Date **6/30/2016**
Remarks

License Number 15614
License Date 4/4/2012
Name **BALLARD, JONATHAN R MD**
Address 1113 MORNING SIDE DR, LEXINGTON, KY, 40509
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 2009
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 7307
License Date 6/12/1986
Name **BALLARIN-FELDMAN, PIAMARIE MD**
Address 47 ASHBY STATE RD, FITCHBURG, MA, 01420-2038
Specialty FP
Board Certified FP
School and Year of Graduation UNIV AUTO DE CIUDAD JUAREZ -CHIHIAHUA MEXICO 1983
Internship and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1984
Residency and Year BURBANK HOSPITAL - FITCHBURGH, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 3745
License Date 11/13/1964
Name **BALLENTYNE, KEITH MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF EDINBURGH 1958
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks **DECEASED 11/21/94**

License Number 8856
License Date 12/2/1992
Name **BALLENTYNE, MARK A MD**
Address ATLANTIC PLASTIC SURGERY CTR, 100 GRIFFIN RD STE BPORTSMOUTH, NH, 03801
Specialty FP
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY WEST INDIES 1986
Internship and Year WAUSAU HOSPITAL CENTER - WAUSAU WI 1990
Residency and Year WAUSAU HOSPITAL CENTER - WAUSAU WI 1990
License Expiration Date **6/30/2016**
Remarks

License Number 4343
License Date 10/22/1968
Name **BALLOU III, JAMES M MD**
Address 69C ISLAND ST, KEENE, NH, 03431-3529
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1966
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2004**
Remarks **10/11/01 - SETTLEMENT AGREEMENT**
Deceased 4/18/2012

License Number 14748
License Date 3/3/2010
Name **BALOFINOS, JUNNEL B MD**
Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation WEST VISAYAS STATE UNIVERSITY PHILIPPINES 2002
Internship and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2008
Residency and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 6541
 License Date 6/24/1982
 Name **BALUTA, ALPHONSE J MD**
 Address APPLIEDORE MEDICAL GRP OF DERRY, 44 BIRCH STDERRY, NH, 03038
 Specialty IMG
 Board Certified IM
 School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL MED-BROOKLINE,NY USA 1977
 Internship and Year SUNY UPSTATE MED CTR-SYRACUSE,NY 1978
 Residency and Year SUNY UPSTATE MED CTR-SYRACUSE,NY 1980
 License Expiration Date **6/30/2016**
 Remarks

License Number 9085
 License Date 12/1/1993
 Name **BAMBERGER, MITCHELL H MD**
 Address HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-
 Specialty U
 Board Certified U
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1982
 Internship and Year SHANDS HOSPITAL AT UNIVERSITY OF FLORIDA - GAINSVILLE FL 1983
 Residency and Year UNIVERSITY CA DAVIS MEDICAL CENTER - SACRAMENTO CA 1985
 License Expiration Date **6/30/1999**
 Remarks

License Number 13573
 License Date 7/11/2007
 Name **BANASKI, REBECCA A DO**
 Address GARRISON WOMEN'S HEALTH CTR, 770 CENTRAL AVEDOVER, NH, 03820
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation UNIV OF NEW ENGLAND USA 2003
 Internship and Year DANBURY HOSPITAL - DANBURY, CT 2004
 Residency and Year DANBURY HOSPITAL - DANBURY, CT 2007
 License Expiration Date **6/30/2017**
 Remarks

License Number 8871
 License Date 1/6/1993
 Name **BANERJEE, SANKAR N MD**
 Address 27 DECATUR ST, CAMBRIDGE, MA, 02139
 Specialty NS
 Board Certified
 School and Year of Graduation R G KAR MEDICAL COLLEGE - UNIVERSITY OF CALCUTTA INDIA 1958
 Internship and Year CALCUTTA UNIVERSITY HOSPITALS 1968
 Residency and Year CALCUTTA UNIVERSITY HOSPITALS 1968
 License Expiration Date **9/24/1999**
 Remarks **9/24/99 - LICENSE REVOKED** **5/25/01 - Order of Conditional Denial** **1/15/02 - Reinstatement Denied**
10-18-05 - Second Reinstatement Denied
9/11/06 - Order denying Dr. Banerjee's request for reconsideration of the denial of his request to reinstate his license.

License Number 9134
License Date 4/6/1994
Name **BANERJEE, SIKHAR N MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY ROAD WINDSOR, VT, 05089
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF CALCUTTA MEDICAL COLLEGE INDIA 1960
Internship and Year NIAGARA FALLS MEMORIAL MEDICAL CENTER - NIAGARA FALLS NY 1965
Residency and Year FLOWER 5TH AVE HOSPITALS - NEW YORK NY 1970
License Expiration Date **6/30/2012**
Remarks

License Number 16255
License Date 8/7/2013
Name **BANERJEE, SUMAN K MD**
Address THERANOSTIX INC, 8000 VIRGINIA MANOR ROAD STE 170 BELTSVILLE, MD, 20705
Specialty PTH
Board Certified PTH
School and Year of Graduation STANLEY MEDICAL COLLEGE-UNIVERSITY OF CHENNAI INDIA 1991
Internship and Year UNIVERSITY OF TX @ HOUSTON - HOUSTON, TX 1999
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2006
License Expiration Date **6/30/2017**
Remarks

License Number 6753
License Date 8/4/1983
Name **BANIGAN, VICENTE C MD**
Address HOLY FAMILY HOSPITAL, 70 EAST ST METHUEN, MA, 01844-4597
Specialty EM
Board Certified EM
School and Year of Graduation FACULTY OF MEDICINE AND SURGERY-MANILA PHILIPPINES 1965
Internship and Year SOUTH SIDE HOSP-PITTSBURGH, PA 1967
Residency and Year WESTERN MASS HOSP-MALDEN, MA 1972
License Expiration Date **6/30/2011**
Remarks

License Number 10740
License Date 11/3/1999
Name **BANISTER, MARK J MD**
Address PLYMOUTH OB/GYN, 16 HOSPITAL RD PLYMOUTH, NH, 03264
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1990
Internship and Year ALBANY MEDICAL CENTER - ALBANY NY 1994
Residency and Year ALBANY MEDICAL CENTER - ALBANY NY 1994
License Expiration Date **6/30/2017**
Remarks

License Number 12478
License Date 10/6/2004
Name **BANK, MICHAEL J MD**
Address SEACOAST MEDICAL ASSOCIATES, 21 HIGHLAND AVENUE NEWBURYPORT, MA, 01950
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 1999
Internship and Year MONTEFIORE MED CTR, BRONX NY 2000
Residency and Year MORRISTOWN MEMORIAL HOSP., MORRISTOWN NJ 2002
License Expiration Date **6/30/2006**
Remarks

License Number 16855
License Date 12/3/2014
Name **BANKS, KEVIN P MD**
Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240
Specialty NM
Board Certified NM
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 2001
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2002
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9297
License Date 10/5/1994
Name **BANN, DAVID V MD**
Address VA MAINE HEALTHCARE SYSTEM, 1 VA CENTER AUGUSTA, ME, 04330
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MA MEDICAL SCHOOL USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10802
License Date 1/5/2000
Name **BANNER, ARTHUR S MD**
Address 718 SMYTH RD, MANCHESTER, NH, 03104-7004
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER, NY USA 1969
Internship and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1970
Residency and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1971
License Expiration Date **6/30/2008**
Remarks

License Number 11361
License Date 9/5/2001
Name **BANNISTER, JAY B MD**
Address NH DARTMOUTH FAMILY MEDICINE, 250 PLEASANTSTCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1998
Internship and Year UNIVERSITY OF ROCHESTER - ROCHESTER, NY 1999
Residency and Year UNIVERSITY OF ROCHESTER - ROCHESTER, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 11362
License Date 9/5/2001
Name **BANNISTER, KRISTEN L MD**
Address BEDFORD COMMONS OB-GYN, 201 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1997
Internship and Year STRONG MEMORIAL HOSPITAL- ROCHESTER, NY 2000
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 13527
License Date 6/6/2007
Name **BANSAL, ANKUSH K MD**
Address 111 CONTINENTAL DR, STE 406NEWARK, DE, 19713
Specialty IM
Board Certified
School and Year of Graduation CREIGHTON UNIV USA 2004
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, NJ 2005
Residency and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, NJ 2006
License Expiration Date **6/30/2009**
Remarks

License Number 14730
License Date 2/3/2010
Name **BANSAL, KANTI L MD**
Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03768
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 2003
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2004
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2005
License Expiration Date **6/30/2012**
Remarks

License Number 11553
License Date 4/3/2002
Name **BAQUERO, JAIME A MD**
Address GASTROENTEROLOGY PROFESSIONAL ASSOC, 21 CLARK WAYSOMERSWORTH, NH, 03878
Specialty IM
Board Certified IM
School and Year of Graduation COLOMBIAN SCH OF MED - BOGOTA DE FEDERAL DISTRICT COLOMBIA 1994
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1997
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 13844
License Date 3/5/2008
Name **BARABAS, ATTILA T MD**
Address 501 S BURMA AVE, GILLETTE, WY, 82716
Specialty U
Board Certified U
School and Year of Graduation UNIV OF UTAH USA 2001
Internship and Year UNIV OF UTAH HEALTH SCIENCE CENTER - SALT LAKE CITY, UT 2002
Residency and Year UNIV OF UTAH HEALTH SCIENCE CENTER - SALT LAKE CITY, UT 2003
License Expiration Date **6/30/2012**
Remarks

License Number 8951
License Date 6/2/1993
Name **BARASH, DAVID M MD**
Address 72 ALLEN FARM LN, CONCORD, MA, 01742-
Specialty EM
Board Certified EM
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1983
Internship and Year NEW YORK HOSPITAL - NEW YORK NY 1984
Residency and Year BRONX MUNICIPAL HOSPITAL CENTER - BRONX NY 1986
License Expiration Date **6/30/1998**
Remarks

License Number 3850
License Date 10/5/1965
Name **BARATT, THEODORE MD**
Address 20 CONGRESSIONAL AVE, PLAISTOW, NH, 03865-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF BUFFALO SCHOOL OF MEDICINE - BUFFALO, NY USA 1951
Internship and Year BOSTON CITY HOSPITAL, BOSTON, MA 1952
Residency and Year]BOSTON CITY HOSPITAL, BOSTON, MA 1955
License Expiration Date **6/30/2005**
Remarks

License Number 5842
License Date 12/5/1977
Name **BARBAN, GREGORY M MD**
Address NEW LONDON MEDICAL CENTER, EAS, 249 COUNTY RDNEW LONDON, NH, 03257
Specialty OPH
Board Certified OPH
School and Year of Graduation DALHOUSI UNIV HALIFAX, NOVA SCOTIA NOVA SCOTIA 1972
Internship and Year VICTORIA GENERAL HOSPITAL - HALIFAX, NOVA SCOTIA 1972
Residency and Year UNIV OF TORONTO - TORONTO, CANADA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 7499
License Date 2/5/1987
Name **BARBARESI, WILLIAM J MD**
Address , , ,
Specialty PD
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/25/1994**
Remarks

License Number 13893
License Date 4/2/2008
Name **BARBER, ALFRED J MD**
Address NORTHERN COUNTIES HEALTH CARE, 165 SHERMAN DRIVEST JOHNSBURY, VT, 05819
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV USA 1976
Internship and Year UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE-CHAPEL HILL, NC 1977
Residency and Year UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE-CHAPEL HILL, NC 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11522
License Date 3/6/2002
Name **BARBER, COLLEEN M MD**
Address DHC- DEPT OB/GYN, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ROCHESTER - ROCHESTER, NY USA 1998
Internship and Year GOOD SAMARITAN REGIONAL MEDICAL CENTER - PHOENIX, AZ 1999
Residency and Year GOOD SAMARITAN REGIONAL MEDICAL CENTER - PHOENIX, AZ 2002
License Expiration Date **6/30/2016**
Remarks

License Number 17201
License Date 8/5/2015
Name **BARBOGLIO ROMO, PAHOLO G MD**
Address 7 NORTHWICK ST, ANN ARBOR, MI, 48105
Specialty U
Board Certified
School and Year of Graduation UNIVERSIDAD ANAHUAC ESCUELA DE MEDICINA MEXICA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2017**
Remarks

License Number 16813
License Date 11/6/2014
Name **BARCHIE, MATTHEW F MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF NEW MEXICO SCHOOL OF MED USA 2007
Internship and Year UNIV OF TX MEDICAL CTR @ SAN ANTONIO - SAN ANTONIO, TX 2008
Residency and Year SAN ANTONIO MILITARY MEDICAL CENTER-BROOKE AMC - FORT SAM HOUSTON, TX 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16570
License Date 5/7/2014
Name **BARCLAY, DAWN C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 7310
License Date 5/8/1986
Name **BARDO, MARK R MD**
Address BARRINGTON WALK IN CARE, 426 CALEF HWY (RTE 125)BARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF WASHINGTON SCH MED - SEATTLE, WA USA 1978
Internship and Year UNIV COLORADO SCH OF MED AFFILIATED HOSPITAL - DENVER, CO 1979
Residency and Year SOUTHERN COLORADO FAMILY MEDICAL - PUEBLO, CO 1981
License Expiration Date **6/30/2016**
Remarks

License Number 12775
License Date 7/6/2005
Name **BAREFOOT, JOSEPH L MD**
Address GRAND HARBOUR STE 13 H, PO BOX 875GR CAYMAN CAYMAN IS, , KY1-1503
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL USA 1986
Internship and Year UNIVERSITY OF FLORIDA JACKSONVILLE, JACKSONVILLE FL 1987
Residency and Year UNIVERSITY OF FLORIDA JACKSONVILLE, JACKSONVILLE FL 1989
License Expiration Date **6/30/2017**
Remarks

License Number 6542
License Date 6/24/1982
Name **BARGAR, RICHARD M MD**
Address ORTHOPAEDICS NORTHEAST PC, 575 TURNPIKE ST STE 11N ANDOVER, MA, 01845-
Specialty ORS
Board Certified ORS
School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1976
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1977
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2014**
Remarks

License Number 12366
License Date 7/7/2004
Name **BARGAR, ROBERT J MD**
Address BARGAR AND ASSOCIATES, 137 PINE RIDGE RDWABAN, MA, 02468
Specialty GPM
Board Certified GPM
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1981
Internship and Year METRO WEST MEDICAL CTR, FRAMINGHAM MA 1982
Residency and Year LAHEY CLINIC MED CTR, BURLINGTON MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 15689
License Date 6/6/2012
Name **BARGER, ANDREW V MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 2002
Internship and Year MAYO CLINIC - SCOTTSDALE, AZ 2003
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2007
License Expiration Date **6/30/2016**
Remarks

License Number 8837
License Date 11/2/1992
Name **BARIBEAU, YVON MD**
Address CARDIOTHORACIC SURGICAL ASSOC, 100 MC GREGOR STMANCHESTER, NH, 03102-
Specialty CDS
Board Certified CDS
School and Year of Graduation UNIVERSITY OF MONTREAL CANADA 1980
Internship and Year NOTRE DAME HOSPITAL-MONTREAL-CANADA 1985
Residency and Year NOTRE DAME HOSPITAL MONTREAL - QUEBEC - CANADA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 12593
License Date 2/2/2005
Name **BARKAN, HELEN I MD**
Address UPSTATE MEDICAL UNIVERSITY, 750 EAST ADAM ST DPT NEUROLOGYSYRACUSE, NY, 13210-2375
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH MED SCHOOL, LEBANON NH US 1998
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 6451
License Date 9/3/1981
Name **BARKAN, IRINA F MD**
Address 41 LIBERTY HILL RD, BLDG 2 SUITE 101HENNIKER, NH, 03242
Specialty PM
Board Certified PM
School and Year of Graduation FIRST MOSCO ORDER OF LENIN MED INSTITUTE-MOSCO RUSSIA 1963
Internship and Year NEW YORK HOSPITAL - NY, NY 1982
Residency and Year NEW YORK HOSP-NEW YORK,NY 1982
License Expiration Date **6/30/2013**
Remarks

License Number 17148
License Date 7/1/2015
Name **BARKER, ERIC M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 2011
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15013
License Date 10/6/2010
Name **BARKHAM, JOHNATHAN E MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**
Remarks

License Number 6052
License Date 5/14/1979
Name **BARKSDALE, JOHN F MD**
Address EPSOM FAMILY MEDICINE, 1190 DOVER RD STE 201EPSOM, NH, 03234
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1975
Internship and Year DEACONESS HOSPITAL - BUFFALO, NY 1976
Residency and Year DEACONESS HOSPITAL - BUFFALO, NY 1978
License Expiration Date **6/30/2017**
Remarks

License Number 13614
License Date 8/1/2007
Name **BARLEY, PETER A MD**
Address ST JOSEPH FAMILY MEDICAL CTR, 460 AMHERST STNASHUA, NH, 03063
Specialty FP
Board Certified
School and Year of Graduation UNIV OF NEW YORK USA 1988
Internship and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 1989
Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 15690
License Date 6/6/2012
Name **BARLOW BARRY, ANNE R DO**
Address 6 BUTTRICK RD SUITE 100, LONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2009
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 14243
 License Date 12/3/2008
 Name **BARNARD JR, WILLIAM L MD**
 Address MONADNOCK COMM HOSP, 452 OLD STREET RDPETERBOROUGH, NH, 03458
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation COLUMBIA UNIV USA 1973
 Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL CORNELL CAMPUS - NY, NY 1974
 Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL CORNELL CAMPUS - NY, NY 1975
 License Expiration Date **6/30/2016**
 Remarks

License Number 7674
 License Date 8/5/1987
 Name **BARNARD, BRYANT MD**
 Address PARKHURST MEDICAL BLDG 219, HERRICK STREETBEVERLY, MA, 01915
 Specialty U
 Board Certified U
 School and Year of Graduation CORNELL UNIV MED COLL-NY USA 1962
 Internship and Year NY HOSP/CORNELL UNIV,NY 1963
 Residency and Year NY HOSP/CORNELL UNIV,NY 1964
 License Expiration Date **6/30/1998**
 Remarks

License Number 8811
 License Date 9/2/1992
 Name **BARNARD, DOUGLAS E MD**
 Address EXETER HOSP - ANESTHESIA, 10 BUZELL AVEEXETER, NH, 03833
 Specialty AN
 Board Certified AN
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1965
 Internship and Year NAVAL HOSPITAL CHELSEA - MA 1966
 Residency and Year NAVAL HOSPITAL CHELSEA - MA 1968
 License Expiration Date **6/30/2004**
 Remarks

License Number 7721
 License Date 10/7/1987
 Name **BARNES II, ROY M MD**
 Address VALLEY FAMILY PHYSICIANS PLLC, 5 DUNNING STCLAREMONT, NH, 03743
 Specialty FP
 Board Certified
 School and Year of Graduation UNIV OF TENN COLL MED-MEMPHIS,TN USA 1985
 Internship and Year U TN MEMPHIS/GRAD MED ED PROG-MEMPHIS,TN 1986
 Residency and Year BAPTIST MEM HOSP-MEMPHIS,TN 1988
 License Expiration Date **6/30/2017**
 Remarks

License Number 14612
License Date 10/7/2009
Name **BARNES, PATRICIA A MD**
Address ARIS RADIOLOGY, 5655 HUDSON DR #210HUDSON, OH, 44236
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF TEXAS USA 1976
Internship and Year ST JOSEPH HOSPITAL-HOUSTON, TX 1977
Residency and Year UNIVERSITY OF TEXAS MEDICAL SCHOOL - HOUSTON, TX 1980
License Expiration Date **6/30/2017**
Remarks

License Number 11586
License Date 5/1/2002
Name **BARNES, ROBERT A MD**
Address 3840 MOUND VIEW AVE, STUDIO CITY, CA, 91604-3630
Specialty R
Board Certified R
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1962
Internship and Year UNIVERSITY OF CALIFORNIA SCH - LOS ANGELES, CA 1963
Residency and Year MOUNT ZION HOSPITAL - SAN FRANCISCO, CA 1968
License Expiration Date **6/30/2012**
Remarks

License Number 6174
License Date 3/6/1980
Name **BARNES, STEPHANIE A MD**
Address , PO BOX 1628WOLFEBORO, NH, 03894
Specialty AN
Board Certified
School and Year of Graduation UNIV. OF VERMONT COLL OF MED. USA 1969
Internship and Year ST FRANCES HOSP.HONOLULU,HI 1970
Residency and Year MED. CTR HOSP-VT 1972
License Expiration Date **6/30/2004**
Remarks

License Number 16256
License Date 8/7/2013
Name **BARNET, JULIE Z MD**
Address 426 CALEF HWY, BARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1996
Internship and Year OREGON KHEALTH SCIENCES UNIVERSITY - KLAMATH FALLS, OR 1997
Residency and Year OREGON KHEALTH SCIENCES UNIVERSITY - KLAMATH FALLS, OR 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7976
License Date 9/7/1988
Name **BARNEY, CHRISTINE A MD**
Address 2456 CHRISTIAN ST STE 202, WHITE RIVER JCT, VT, 05001-9856
Specialty P
Board Certified P
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTER,NY USA 1986
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1987
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1990
License Expiration Date **6/30/2010**
Remarks

License Number 13943
License Date 5/7/2008
Name **BARNHART, AMANDA MD**
Address 704 S SUNSET DR, WINSTON-SALEM, NC, 27103
Specialty PD
Board Certified
School and Year of Graduation WAKE FOREST UNIV USA 2004
Internship and Year WAKE FOREST UNIV SCHOOL OF MEDICINE - WINSTON-SALEM, NC 2005
Residency and Year WAKE FOREST UNIV SCHOOL OF MEDICINE - WINSTON-SALEM, NC 2007
License Expiration Date **6/30/2010**
Remarks

License Number 12050
License Date 9/3/2003
Name **BARODAWALA, FAYYAZ MD**
Address 5665 PEACHTREE DUNWOODY RD NE, STE 146ATLANTA, GA, 30342
Specialty DR
Board Certified R
School and Year of Graduation U OF NEW YORK, BUFFALO NY US 1999
Internship and Year SUNY, BUFFALO NY 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 5911
License Date 6/12/1978
Name **BARON, JOHN A MD**
Address EVERGREEN STE 300, 46 CENTERRA PKWYLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MICHIGAN MEDICAL SCHOOL ANN ARBOR, MI USA 1976
Internship and Year UNIV HOSPITAL - ANN ARBOR, MI 1977
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
License Expiration Date **6/30/2016**
Remarks

License Number 6104
License Date 8/15/1979
Name **BARON, PAUL D MD**
Address , PO BOX 2689NEW LONDON, NH, 03257-2689
Specialty PTH
Board Certified PTH
School and Year of Graduation TUFTS UNIV SCHOOL MEDICINE - BOSTON, MA USA 1966
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1967
Residency and Year ST LUKES HOSPITAL CENTER - 1974
License Expiration Date **6/30/2009**
Remarks **RETIRED 1/16/2009**

License Number 16257
License Date 8/7/2013
Name **BARON, SUZANNE J MD**
Address MASS GEN HOSP, 55 FRUIT ST BLAKE 9BOSTON, MA, 02114
Specialty CD
Board Certified CD
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2006
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2015**
Remarks

License Number 2532
License Date 11/13/1946
Name **BAROODY, PHILIP C MD**
Address HEALTH & WELFARE BUILDING, 6 HAZEN DRCONCORD, NH, 03301-6501
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1945
Internship and Year ST VINCENT'S HOSPITAL - BRIDGEPORT CT 1946
Residency and Year ST VINCENT'S HOSPITAL - BRIDGEPORT CT 1946
License Expiration Date **6/30/1999**
Remarks **Deceased 9/98**

License Number 13655
License Date 9/5/2007
Name **BAROUCH, FINA C MD**
Address LAHEY CLINIC MED CTR- EYE INST, 1 ESSEX CTR DRPEABODY, MA, 01960
Specialty OPH
Board Certified OPH
School and Year of Graduation HARVARD MED SCHOOL USA 2000
Internship and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 2001
Residency and Year MASSACHUSETTS EYE AND EAR INFIRMARY - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 9792
License Date 8/7/1996
Name **BARQUIST, WALTER E MD**
Address 80 ROCHESTER AVE 115, PORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation NEW YORK UNIV SCH OF MED - NY, NY USA 1969
Internship and Year DC COMMUNITY MENTAL HEALTH ST ELIZABETH - WASHINGTON, DC 1970
Residency and Year DC COMMUNITY MENTAL HEALTH ST ELIZABETH - WASHINGTON, DC 1974
License Expiration Date **6/30/2004**
Remarks

License Number 5851
License Date 1/5/1978
Name **BARR JR, JOSEPH S MD**
Address ZERO EMERSON PL, BOSTON, MA, 02114-2241
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1960
Internship and Year PETER B BRIGHAM HOSPITAL - BOSTON, MA 1961
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2000**
Remarks

License Number 6770
License Date 9/8/1983
Name **BARR, MICHAEL MD**
Address 6 CATHEDRAL CIRCLE, NASHUA, NH, 03063
Specialty GS
Board Certified GS
School and Year of Graduation ST LOUIS UNIV SCH MED -ST LOUIS,MO USA 1975
Internship and Year MADIGAN ARMY MED CTR-FORT LEWIS WA 1976
Residency and Year MADIGAN ARMY MED CTR-FORT LEWIS WA 1981
License Expiration Date **6/30/2017**
Remarks

License Number D0001
License Date
Name **BARRAN, PETER D MD**
Address 14-D MANOR PARKWAY, ROCHESTER, NY, 14620
Specialty FP
Board Certified
School and Year of Graduation STAMFORD UNIVERSITY- STAMFORD CA USA 1984
Internship and Year ST MARGARET'S HOSPITAL FOR WOMEN - MA 1986
Residency and Year ST LUKES HOSPITAL - PA 1995
License Expiration Date **11/21/1998**
Remarks **11/21/98 Order of Conditional Denial. Application denied based on conviction of manslaughter and action taken by another state (MA).**

License Number 17046
License Date 5/6/2015
Name **BARRE, LUKE A MD**
Address 21 SPRINGWOOD ST #1, CRANSTON, RI, 02905
Specialty IM
Board Certified
School and Year of Graduation SABA UNIVERSITY SCHOOL OF MEDICINE NETHERLANDS 2012
Internship and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2013
Residency and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15175
License Date 4/6/2011
Name **BARRESI, PAUL F MD**
Address PENOBSCOT BAY MEDICAL CTR, 6 GLEN COVE DR ROCKPORT, MD, 04856
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year MALDEN MEDICAL CENTER HALLMARK HEALTH-MEDFORD, MA 1984
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 14673
License Date 12/2/2009
Name **BARRETT, DAVID M MD**
Address 30 OVERLOOK-INDIAN CAVE, PO BOX 703 SUNAPEE, NH, 03782
Specialty U
Board Certified U
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1968
Internship and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 1969
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1970
License Expiration Date **6/30/2017**
Remarks

License Number 11238
License Date 5/2/2001
Name **BARRETT, KULLI MD**
Address SEACOAST KIDNEY&HYPERTENSION, 875 GREENLAND RD C-10 PORTSMOUTH, NH, 03801
Specialty NEP
Board Certified NEP
School and Year of Graduation TARTUSSKOGO UNIV - TARTU, ESTONIA ESTONIA 1986
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **6/30/2017**
Remarks

License Number 13235
License Date 9/6/2006
Name **BARRETT, PETER J MD**
Address TUFTS NE MEDICAL CTR, 750 WASHINGTON ST BOSTON, MA, 02111
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNIV USA 1968
Internship and Year ST ELIZABETHS MEDICAL CTR-BOSTON MA 1969
Residency and Year TUFTS NEW ENGLAND MEDICAL CTR-BOSTON MA 1972
License Expiration Date **6/30/2010**
Remarks

License Number 6529
License Date 5/6/1982
Name **BARRETT, THOMAS J MD**
Address ELLIOT OBGYN, 15 NELSON ST 2ND FLR MANCHESTER, NH, 03103
Specialty OBG
Board Certified OBG
School and Year of Graduation ROYAL COLLEGE OF SURGEONS - DUBLIN, IRELAND IRELAND 1978
Internship and Year ST JOSEPH'S HOSPITAL - MILWAUKEE, WI 1979
Residency and Year ST JOSEPH'S HOSPITAL - MILWAUKEE, WI 1982
License Expiration Date **6/30/2016**
Remarks

License Number 7557
License Date 5/6/1987
Name **BARNETT, R JOFFREE MD**
Address NEW HAMPSHIRE HOSP, 36 CLINTON ST CONCORD, NH, 03301-3861
Specialty CHP
Board Certified P
School and Year of Graduation YALE UNIVERSITY - NEW HAVEN, CT USA 1981
Internship and Year NEW YORK HOSPITAL/CORNELL UNIVERSITY - NEW YORK, NY 1982
Residency and Year NEW YORK HOSPITAL/CORNELL UNIVERSITY - NEW YORK, NY 1985
License Expiration Date **6/30/2017**
Remarks

License Number 9443
License Date 6/7/1995
Name **BARROS, GWENDOLYN J MD**
Address WEST CENTRAL BEHAVIORAL HEALTH, 52 WEST PLEASANT ST CLAREMONT, NH, 03743-
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF TEXAS USA 1991
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL-HANOVER, NH 1995
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL, HANOVER NH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9581
License Date 11/1/1995
Name **BARSTAD, KRISTIN E MD**
Address 253 PLEASANT ST, CONCORD, NH, 03301-
Specialty OBG
Board Certified
School and Year of Graduation BROWN UNIV PROGRAM IN MED PROVIDENCE, RI USA 1991
Internship and Year UNIV OF MICHIGAN 1992
Residency and Year UNIV OF MICHIGAN 1995
License Expiration Date **6/30/1998**
Remarks

License Number 7558
License Date 5/6/1987
Name **BARTELS, JAMES P MD**
Address 30 CANTON ST, MANCHESTER, NH, 03103-3524
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF ROCHESTER - ROCHESTER, NY USA 1982
Internship and Year MARY I BASSETT HOSPITAL - COOPERSTOWN, NY 1983
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11260
License Date 6/6/2001
Name **BARTELS, MATTHEW F MD**
Address RIVER ROAD PEDIATRICS, 35 RIVERWAY PL BLDG 6BEDFORD, NH, 03110-6747
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIVERSITY OF NEW YORK AT BUFFALO USA 1996
Internship and Year UNIVERSITY OF VIRGINIA HOSPITALS - CHARLOTTESVILLE VA 1997
Residency and Year UNIVERSITY OF VIRGINIA HOSPITALS - CHARLOTTESVILLE VA 1999
License Expiration Date **6/30/2003**
Remarks

License Number 7341
License Date 6/12/1986
Name **BARTELS, STEPHEN J MD**
Address COMMUNITY & FAMILY MEDICINE, 46 CENTERRA PKWY STE 200LEBANON, NH, 03766
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF VA USA 1980
Internship and Year CAMBRIDGE HOSPITAL- CAMBRIDGE, MA 1981
Residency and Year CAMBRIDGE HOSPITAL- CAMBRIDGE, MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 12092
License Date 10/1/2003
Name **BARTENHAGEN, NICHOLAS H MD**
Address DARTMOUTH-HITCHCOCK-RHEUMATOLOGY, 580-590-COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VIRGINIA, RICHMOND VA US 1970
Internship and Year STATE UNIVERSITY OF NY, SYRACUSE NY 1971
Residency and Year STATE UNIVERSITY OF NY, SYRACUSE NY 1974
License Expiration Date **6/30/2011**
Remarks

License Number 8817
License Date 10/7/1992
Name **BARTH JR, RICHARD J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1985
Internship and Year NEW ENGLAND DEACONESS HOSP-BOSTON,MA 0000
Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON,MA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 4275
License Date 7/23/1968
Name **BARTH, ROBERT L MD**
Address 9 WENTWORTH ST, ROCHESTER, NH, 03867-2710
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1960
Internship and Year BALTIMORE CITY HOSPITAL - BALTIMORE, MD 1961
Residency and Year UNIV HOSPITAL - ANN ARBOR, MI 1968
License Expiration Date **6/30/1998**
Remarks

License Number 8149
License Date 7/12/1989
Name **BARTHOLD, JOAN C MD**
Address DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MED SCH-HAOVER,NH USA 1985
Internship and Year MED CTR HOPS-BURLINGTON,VT 1986
Residency and Year MED CTR HOSP-BURLINGTON,VT 1987
License Expiration Date **6/30/2017**
Remarks

License Number 4577
License Date 6/30/1970
Name **BARTLETT JR, DONALD MD**
Address DARTMOUTH MEDICAL SCHOOL, BORWELL BLDGLEBANON, NH, 03756
Specialty OS
Board Certified
School and Year of Graduation HARVARD MEDICAL COLLEGE, MA USA 1964
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1965
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1966
License Expiration Date **6/30/2010**
Remarks

License Number 13699
License Date 10/3/2007
Name **BARTLETT, ANN S MD**
Address SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RD PO BOX 2003SPRINGFIELD, VT, 05156
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VERMONT USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 6461
License Date 10/6/1981
Name **BARTLETT, EDWARD W MD**
Address 711 WINDMILL HILL RD S, PUTNEY, VT, 05346-9507
Specialty P
Board Certified
School and Year of Graduation YALE UNIV SCH MED-NEW HAVEN,CT USA 1967
Internship and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1968
Residency and Year YALE ADMIN HOSP MED CTR-NEW HAVEN,CT 1972
License Expiration Date **6/30/2001**
Remarks

License Number 12157
License Date 12/3/2003
Name **BARTOLET, TERRY L MD**
Address 600 W LAFAYETTE ST, EASTON, PA, 18042
Specialty ORS
Board Certified ORS
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1969
Internship and Year YORK HOSPITAL, YORK PA 1970
Residency and Year TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA PA 1974
License Expiration Date **6/30/2011**
Remarks **DECEASED 3/4/2012**

License Number 16781
License Date 10/1/2014
Name **BARTOLINI, CLAUDIA E MD**
Address TUFTS MED CTR, 800 WASHINGTON ST BOX 450 BOSTON, MA, 02111
Specialty OPH
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 2010
Internship and Year THE COLORADO HEALTH FOUNDATION - DENVER, CO 2011
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 5704
License Date 5/5/1977
Name **BARTOLINI, J BRUCE MD**
Address 21 HAMPTON RD, EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIVERSITY-NEW YORK NY USA 1974
Internship and Year MARY I BASSETT HOSPITAL-COOPERSTOWN NY 1975
Residency and Year MARY I BASSETT HOSPITAL-COOPERSTOWN NY 1977
License Expiration Date **6/30/2017**
Remarks

License Number 15465
License Date 11/2/2011
Name **BARTON, DOROTHEA T MD**
Address DHMC - HEATER ROAD LOCATION, 18 OLD ETNA RD LEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 17047
License Date 5/6/2015
Name **BARTON, EDWARD G MD**
Address 650 S RAYMOND AVE STE 310, PASADENA, CA, 91105
Specialty N
Board Certified N
School and Year of Graduation UNIV OF CALIFORNIA, DAVID GEFFEN SCHOOL OF MED USA 2006
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER-SAN JOSE, CA 2006
Residency and Year UCLA MEDICAL CENTER - LOS ANGELES, CA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 6967
License Date 9/6/1984
Name **BARTON, GAIL M MD**
Address 29 NORTH MAIN ST, WINDSOR, VT, 05089
Specialty P
Board Certified P
School and Year of Graduation MED COLL OF PENNSYLVANIA -PHIL,PA USA 1966
Internship and Year ST JOSEPH MERCY HOSP-ANN ARBOR,MI 1967
Residency and Year UNIV HOSP-ANN ARBOR,MI 1972
License Expiration Date **6/30/2014**
Remarks **LAPSED FOR NON-RENEWAL 6/30/07..REINSTATED 4/1/09**

License Number 12367
License Date 7/7/2004
Name **BARTON, JARED B MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 2002
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2010**
Remarks

License Number 6890
License Date 6/7/1984
Name **BARTON, THOMAS M MD**
Address HUGGINS HOSPITAL, 240 SOUTH MAIN STWOLFEBORO, NH, 03894
Specialty ORS
Board Certified ORS
School and Year of Graduation MED COLL OF SOUTH CAROLINA-CHARLESTON,SC USA 1978
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1979
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7267
License Date 2/6/1986
Name **BARTON, WILLIAM B MD**
Address WOLFEBORO GENERAL SURGERY, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty GS
Board Certified GS
School and Year of Graduation MED COLL OF SO CAROLINA CHARLESTON SC USA 1981
Internship and Year BERKSHIRE MED CTR PITTSFIELD MA 1982
Residency and Year BERKSHIRE MED CTR PITTSFIELD MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 5330
License Date 5/2/1975
Name **BARTRUM JR, ROYAL J MD**
Address CENTRAL VERMONT HOSPITAL, BARRE, VT, 05641
Specialty DR
Board Certified DR
School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1969
Internship and Year SAN FRANCISCO GENERAL HOSPITAL - CA 1970
Residency and Year PETER BENT BRIGHAM HOSPITAL - BOSTON, MA 1974
License Expiration Date **6/30/2005**
Remarks **DECEASED 4-28-06**

License Number 6438
License Date 8/6/1981
Name **BARTZ, JOHN K MD**
Address 1757 INCHCLIFF RD, COLUMBUS, OH, 43221-2814
Specialty CHP
Board Certified CHP
School and Year of Graduation YALE UNIV SCH MED-NEW HAVEN,CT USA 1976
Internship and Year MC LEAN HOSP-BELMONT,MA 1977
Residency and Year MC LEAN HOSP-BELMONT,MA 1980
License Expiration Date **6/30/2002**
Remarks

License Number 17202
License Date 8/5/2015
Name **BARUJA BAQUER, CESAR L MD**
Address 819 S SALINA ST, SYRACUSE, NY, 13202
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSIDAD NACIONAL DE ASUNCION PARAGUAY 1980
Internship and Year BELLA VISTA HOSPITAL - MAYAGUES, PUERTO RICO 2003
Residency and Year BELLA VISTA HOSPITAL - MAYAGUEZ, PUERTO RICO 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11494
License Date 2/6/2002
Name **BARUS, MAXWELL MD**
Address ANTHEM BC/BS, 2 GANNETT DRS PORTLAND, ME, 04106
Specialty FP
Board Certified FP
School and Year of Graduation GEROGE WASHINGTON UNIV - WASHINGTON, DC USA 1981
Internship and Year UNIV OF VERMONT - MILTON, VT 1982
Residency and Year UNIV OF VERMONT - MILTON, VT 1984
License Expiration Date **6/30/2012**
Remarks

License Number 15819
License Date 9/5/2012
Name **BASCO, MARIA T MD**
Address 424 HANOVER ST, MANCHESTER, NH, 03104
Specialty GP
Board Certified
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 2001
Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2005
Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14486
License Date 7/1/2009
Name **BASELICE, JACQUELINE A MD**
Address PARTNERS FOR WOMEN'S HEALTH, 3 ALUMNI DR STE 401EXETER, NH, 03383
Specialty OBG
Board Certified OBG
School and Year of Graduation GEORGETOWN UNIVERSITY USA 2005
Internship and Year JOHN HOPKINS HOSPITAL - BALTIMORE, MD 2006
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12862
License Date 9/7/2005
Name **BASKIN, SERENA K MD**
Address 28 SOUTH MAIN ST, WEST LEBANON, NH, 03784
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW YORK, SYRACUSE NY US 2002
Internship and Year VALLEY MEDICAL CTR, RENTON WA 2003
Residency and Year VALLEY MEDICAL CTR, RENTON WA 2005
License Expiration Date **6/30/2009**
Remarks

License Number 15239
License Date 6/1/2011
Name **BASKIN, SUSAN R MD**
Address BASKIN AESTHETIC MEDICINE, 195 FORE RIVER PKWY STE 150PORTLAND, ME, 04102
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY MASSACHUSETTS MED SCHOOL USA 1993
Internship and Year METROWEST MEDICAL CENTER-FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1994
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 13192
License Date 8/2/2006
Name **BASRAWALA, ZANE K MD**
Address LOYOLA UNIV MED CTR, 2160 S 1ST AVE BLDG 54 RM 237MAYWOOD, IL, 60153
Specialty U
Board Certified
School and Year of Graduation UNIV OF N CAROLINA @ CHAPEL HILL SCHOOL OF MED USA 2000
Internship and Year LOYOLA UNIV MEDICAL CTR-MAYWOOD, IL 2001
Residency and Year FOSTER G MCGAW HOSPITAL-MAYWOOD, IL 2005
License Expiration Date **6/30/2008**
Remarks

License Number 11894
License Date 5/7/2003
Name **BASS, NORMAN H MD**
Address COMPHEALTH, 4021 SOUTH 700E STE 300SALT LAKE CITY, UT, 84101
Specialty P
Board Certified P
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1962
Internship and Year UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 1963
Residency and Year UNIV OF VIRGINIA HEALTH SCIENCE CTR - CHARLOTTESVILLE, VA 1965
License Expiration Date **6/30/2005**
Remarks **DECEASED 02/24/08**

License Number 7109
License Date 6/6/1985
Name **BASSETT, ELLEN A MD**
Address DHMC - SECTION OF PALLIATIVE CARE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1984
Residency and Year CAMBRIDGE HP/CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 1985
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/97..REINSTATED 5/6/09**

License Number 16207
License Date 7/3/2013
Name **BASSETT, ROBERT L MD**
Address VALLEY REGIONAL HOSPITAL, 241 ELM STCLAREMONT, NH, 03743
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1976
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA 1977
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 10480
License Date 1/6/1999
Name **BASSI, JOHN C MD**
Address MED DIRECTOR CLARK HOUSE, 325 PLESANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV SCHOOL OF MED - PROVIDENCE, RI USA 1994
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
Residency and Year RHODE ISLAND HOSPITAL - PORVIDENCE, RI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5112
License Date 12/3/1973
Name **BASU, DIBYENDU B MD**
Address 50 PROSPECT ST, LAWRENCE, MA, 01842
Specialty N
Board Certified
School and Year of Graduation R G KAR MEDICAL SCHOOL - CALCUTTA UNIV INDIA 1953
Internship and Year OTTAWA GENERAL HOSPITAL - OTTAWA, CANADA 1961
Residency and Year WAYNE UNIV SCHOOL OF MEDICINE - BOSTON, MA 1967
License Expiration Date **6/30/2001**
Remarks

License Number 9976
License Date 5/7/1997
Name **BATALDEN, PAUL B MD**
Address 1449 HYTHE ST, SAINT PAUL, MN, 55108
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MN MED SCH-MINNEAPOLIS,MN USA 1967
Internship and Year UNIV OF MN HOSP CLI-MN 1968
Residency and Year UNIV OF MN HOSP CLI-MN 1969
License Expiration Date **6/30/2013**
Remarks

License Number 12691
License Date 5/4/2005
Name **BATCHELOR, BRET K MD**
Address 83 MEMORIAL BLVD, NEWPORT, RI, 02840
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1994
Internship and Year UCLA MED CTR, TORRANCE CA 1995
Residency and Year UCLA MED CTR, TORRANCE CA 1998
License Expiration Date **6/30/2007**
Remarks

License Number 14531
 License Date 8/5/2009
 Name **BATEMAN, DANIEL R MD**
 Address DHMC - 5D PSYCHIATRY, 1 MED CTR DRLEBANON, NH, 03756
 Specialty P
 Board Certified P
 School and Year of Graduation LOYOLA UNIVERSITY USA 2007
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
 Residency and Year KARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
 License Expiration Date **6/30/2017**
 Remarks

License Number 5519
 License Date 5/13/1976
 Name **BATEMAN, LEWIS L MD**
 Address 239BOYLE RD, SELDEN, NY, 11784-1954
 Specialty FP
 Board Certified FP
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-HANOVER NH USA 1974
 Internship and Year SOUTHSIDE HOSPITAL - BAY SHORE, NY 1975
 Residency and Year SOUTHSIDE HOSPITAL-BAY SHORE NY 1975
 License Expiration Date **6/30/2006**
 Remarks

License Number 11122
 License Date 12/6/2000
 Name **BATES JR, GORDON W MD**
 Address 220 BERGQUIST STE 1, LACKLAND AFB, TX, 78236
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation UNIV OF ALABAMA SCH OF MED-BIRMINGHAM, AL USA 1991
 Internship and Year UNIV OF TENNESSEE - MEMPHIS, TN 1992
 Residency and Year UNIV OF TENNESSEE- MEMPHIS, TN 1995
 License Expiration Date **6/30/2004**
 Remarks

License Number 3174
 License Date 1/2/1957
 Name **BATES, ALFRED K MD**
 Address 363 WENTWORTH HILL RD, CTR SANDWICH, NH, 03227
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1946
 Internship and Year STRONG MEMORIAL HOSPITAL ROCHESTER - NY 1950
 Residency and Year STRONG MEMORIAL HOSPITAL ROCHESTER - NY 1951
 License Expiration Date **6/30/2001**
 Remarks

License Number 16258
License Date 8/7/2013
Name **BATES, BARBARA A MD**
Address CHESHIRE MEDICAL CENTER DARTMOUTH HITCHCOCK, 580 COURT STREET KEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1993
Internship and Year COLUMBIA HOSPITAL - MILWAUKEE, WI 1995
Residency and Year COLUMBIA HOSPITAL - MILWAUKEE, WI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 15861
License Date 10/3/2012
Name **BATES, SARA V MD**
Address MASS GEN HOSP, 55 FRUIT ST FOUNDERS 5-530 BOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2006
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15370
License Date 9/7/2011
Name **BATH, JEFFREY J MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN SUITE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2001
Residency and Year SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16625
License Date 6/4/2014
Name **BATIPPS, STEVEN M MD**
Address MERIDIAN HEALTH PLAN, 777 WOODWARD AVE 6TH FL DETROIT, MI, 48226
Specialty DR
Board Certified DR
School and Year of Graduation HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 1983
Internship and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIV SOM - DETROIT, MI 1984
Residency and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIV SOM - DETROIT, MI 1987
License Expiration Date **6/30/2016**
Remarks

License Number 11843
License Date 2/13/2003
Name **BATLIVALA, ZUBIN S MD**
Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DR BEDFORD, NH, 03110
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF MUMBAI - MAHARASHTRA, INDIA INDIA 1992
Internship and Year BOSTON UNIV MEDICAL CENTER - ROXBURY, MA 2000
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 17203
License Date 8/5/2015
Name **BATRA, NIKHIL N MD**
Address 78 MOUNTAIN VIEW DR, LEBANON, NH, 03766
Specialty OPH
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2009
Internship and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2010
Residency and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2013
License Expiration Date **6/30/2017**
Remarks

License Number 13894
License Date 4/2/2008
Name **BATSIS, JOHN A MD**
Address DHMC - DEPT OF GEN IM, ONE MED CTR DR LEBANON, NH, 03756
Specialty IMG
Board Certified IMG
School and Year of Graduation UNIV OF DUBLIN IRELAND 2002
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE-ROCHESTER, MN 2004
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE-ROCHESTER, MN 2006
License Expiration Date **6/30/2016**
Remarks

License Number 5605
License Date 9/3/1976
Name **BATSON, A PETER MD**
Address 1 COURT ST STE 150, PO BOX 508 LEBANON, NH, 03766
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1953
Internship and Year PHILADELPHIA GENERAL HOSPITAL-PHILADELPHIA PA 1954
Residency and Year UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA 1960
License Expiration Date **6/30/1999**
Remarks

License Number 8659
License Date 12/4/1991
Name **BATT, CHARLES A MD**
Address 14 BLUEBERRY LN, PO BOX 1995NEW LONDON, NH, 03257-1995
Specialty PFM
Board Certified PFM
School and Year of Graduation AMERICAN UNIVERSITY OF CARIBBEAN WEST INDIES 1981
Internship and Year UNIVERSITY OF MIAMI - JACKSON MEMORIAL MIAMI - FL 1983
Residency and Year UNIVERSITY OF MIAMI - JACKSON MEMORIAL MIAMI - FL 1986
License Expiration Date **6/30/2017**
Remarks

License Number 12127
License Date 11/5/2003
Name **BATTEN, DEAN MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation DUKE UNIVERSITY,DURHAM NC US 1998
Internship and Year CROZER-CHESTER MED CTR, UPLAND PA 1999
Residency and Year UNIVERSITY OF PA, PHILADELPHIA PA 2003
License Expiration Date **6/30/2013**
Remarks

License Number 13615
License Date 8/1/2007
Name **BATTLE, WILLIAM S MD**
Address THE MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNORTH CONWAY, NH, 03860
Specialty GS
Board Certified GS
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1967
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1968
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1970
License Expiration Date **6/30/2017**
Remarks

License Number 8052
License Date 3/29/1989
Name **BAUER, ANNE C MD**
Address , , ,
Specialty P
Board Certified P
School and Year of Graduation ALBERT EINSTEIN USA 1982
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 15615
License Date 4/4/2012
Name **BAUER, DAVID F MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty NSP
Board Certified
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2004
Internship and Year UNIVERSITY OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2005
Residency and Year UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 2011
License Expiration Date **6/30/2016**
Remarks

License Number 14828
License Date 5/5/2010
Name **BAUER, MICHAEL J MD**
Address MJB & ASSOC, 200 S WILCOX ST #443CASTLE ROCK, CO, 80104
Specialty PTH
Board Certified PTH
School and Year of Graduation LOMA LINDA UNIVERSITY USA 1992
Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1993
Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 9238
License Date 8/3/1994
Name **BAUGHAN, DAVID M MD**
Address GROUP HEALTH COOPERATIVE, 700 LILLY RDOLYMPIA, WA, 98506
Specialty FP
Board Certified FP
School and Year of Graduation WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year GROUP HEALTH COOP/PUGET SOUND - SEATTLE WA 1978
Residency and Year GROUP HEALTH COOP/PUGET SOUND - SEATTLE WA 1980
License Expiration Date **6/30/2010**
Remarks **Deceased 12/9/2012**

License Number 3488
License Date 12/8/1961
Name **BAUGHMAN, RICHARD D MD**
Address 60 ETNA RD, PO BOX 212ETNA, NH, 03750
Specialty D
Board Certified D
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1960
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL- HANOVER NH 1961
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961
License Expiration Date **6/30/2015**
Remarks

License Number 7487
License Date 1/8/1987
Name **BAUMAN, ANDREW J MD**
Address VA MEDICAL CENTER, WHITE RIVER JCT, VT, 05001
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1980
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1982
License Expiration Date **6/30/2017**

Remarks

License Number 4373
License Date 4/22/1969
Name **BAUMAN-NEUMAYER, TATJANA MD**
Address 629 59TH AVE, ST PETE BEECH, FL, 33706-2217
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MUNICH GERMANY GERMANY 1966
Internship and Year WATERBURY HOSPITAL WATERBURY, CT
Residency and Year WATERBURY HOSPITAL WATERBURY, CT 1969
License Expiration Date **6/30/2002**

Remarks

License Number 15014
License Date 10/6/2010
Name **BAUMER, JOAN E MD**
Address BAUMER MEDICAL INC, 910 HOUSTON #701FORT WORTH, TX, 76102
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY CALIFORNIA DAVIS SACRAMENTO USA 1977
Internship and Year VENTURA COUNTY MEDICAL CENTER - VENTURA, CA 1978
Residency and Year VENTURA COUNTY MEDICAL CENTER - VENTURA, CA 1980
License Expiration Date **6/30/2016**

Remarks

License Number 16298
License Date 9/4/2013
Name **BAUMER, NATHAN B MD**
Address 523 N SAM HOUSTON PKWY E, SUITE 125HOUSTON, TX, 77060
Specialty FP
Board Certified EM
School and Year of Graduation UNIV OF CALIFORNIA DAVIS SCHOOL OF MEDICINE USA 1977
Internship and Year VENTURA COUNTY MEDICAL CENTER - VENTURA, CA 1978
Residency and Year VENTURA COUNTY MEDICAL CENTER - VENTURA, CA 1980
License Expiration Date **6/30/2017**

Remarks

License Number 14244
License Date 12/3/2008
Name **BAUMGART, EGBERT D MD**
Address LAHEY INSTITUTE OF UROLOGY, 17 OLD ROLLINSFORD RDDOVER, NH, 03820
Specialty U
Board Certified U
School and Year of Graduation HUMBOLDT UNIV GERMANY 1999
Internship and Year UNIVERSITY OF HAWAII - HONOLULU, HI 2003
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 14787
License Date 4/7/2010
Name **BAUTISTA, JOSEPH N MD**
Address EXETER HOSPITAL, 5 ALUMNI DR 3RD FLEXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF THE EAST-RAMON MAGSAYSAY MEMORIAL MED CTR PHILIPPINES 2005
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2008
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2009
License Expiration Date **6/30/2016**
Remarks

License Number 13845
License Date 3/5/2008
Name **BAXTER III, JOHN K MD**
Address 90 FLYING POINT RD, FREEPORT, ME, 04032
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VERMONT USA 1985
Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 1988
Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 1991
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/12 - reinstated 6/4/14**

License Number 11895
License Date 5/7/2003
Name **BAXTER, WILLIAM G MD**
Address ELLIOT HOSPITAL EM DEPT, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1995
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1996
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10741
License Date 11/3/1999
Name **BAYER, STEVEN R MD**
Address BOSTON IVF WALTHAM CTR, 130 SECOND AVEWALTHAM, MA, 02451
Specialty OBG
Board Certified OBG
School and Year of Graduation OHIO STATE UNIVERSITY USA 1981
Internship and Year MOUNT CARMEL MED - COLUMBUS OH 1985
Residency and Year BETH ISRAEL HOSP - BOSTON MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 7250
License Date 1/2/1986
Name **BAYER, SUSAN C MD**
Address LACONIA CLINIC, 630 W MAIN ST STE 200TILTON, NH, 03276
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ROCHESTER MED ROCHESTER NY USA 1980
Internship and Year HIGHLAND HOSP- ROCHESTER NY 1981
Residency and Year HIGHLAND HOSP- ROCHESTER NY 1983
License Expiration Date **6/30/2016**
Remarks

License Number 14613
License Date 10/7/2009
Name **BAYLISS, TREVOR J MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2015**
Remarks

License Number 9269
License Date 9/7/1994
Name **BEACH, MICHAEL L MD**
Address DHMC-ANESTHESIA, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1990
Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE WA 1991
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10602
License Date 7/7/1999
Name **BEAHM, PAMELA H MD**
Address 155 KINSLEY ST, NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation WASHINGTON UNIVERSITY - ST LOUIS MO USA 1996
Internship and Year CHILDREN'S HOSPITAL MED CENTER - CINCINNATI OH 1999
Residency and Year CHILDREN'S HOSPITAL MED CENTER - CINCINNATI OH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 8462
License Date 12/5/1990
Name **BEALE, ERNEST F MD**
Address 7618 POWDERHORN TRAIL, TOWNSEND, TN, 37882
Specialty NPM
Board Certified PD
School and Year of Graduation UNIV OF NC AT CHAPEL HILL SCH OF MED - NC USA 1973
Internship and Year SHANDS HOSPITAL - GAINESVILLE, FL 1974
Residency and Year SHANDS HOSPITAL - GAINESVILLE, FL 1976
License Expiration Date **6/30/2016**
Remarks

License Number 9177
License Date 6/1/1994
Name **BEALS, BRIAN M MD**
Address COOS COUNTY FAMILY HEALTH SERV, 2 BROADWAY STGORHAM, NH, 03581-
Specialty PD
Board Certified PD
School and Year of Graduation JEFFERSON MEDICAL SCHOOL USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5252
License Date 10/17/1974
Name **BEAM, ARTHUR DUANE MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation WAYNE UNIVERSITY IN MICHIGAN USA 1933
Internship and Year
Residency and Year
License Expiration Date **6/30/1990**
Remarks

License Number 4996
License Date 6/11/1973
Name **BEAMIS, JOHN F MD**
Address HAWAII PER, 41 MALL RDBURLINGTON, MA, 01805
Specialty PUD
Board Certified IM
School and Year of Graduation UNIV OF VT COLL OF MEDICINE - BURLINGTON, VT USA 1970
Internship and Year MEDICAL CENTER LOUISIANA - NEW ORLEANS, LA 1971
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1977
License Expiration Date **6/30/2001**
Remarks

License Number 14008
License Date 6/4/2008
Name **BEAN, CECIL W MD**
Address 10 MEMBERS WAY STE 303, DOVER, NH, 03820
Specialty PS
Board Certified PS
School and Year of Graduation WAKE FOREST UNIV SCHOOL OF MED USA 1986
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1987
Residency and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1991
License Expiration Date **6/30/2016**
Remarks

License Number 7070
License Date 5/2/1985
Name **BEAR, CYNTHIA M MD**
Address 1245 WASHINGTON RD, PO BOX 374RYE, NH, 03870-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS-WORCESTER MA USA 1981
Internship and Year TUFTS UNIVERSITY-BOSTON, MA 1985
Residency and Year TUFTS UNIV = BOSTON, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 6891
License Date 6/7/1984
Name **BEAR, ROBERT H MD**
Address ACCESS SPORTS MEDICINE, ONE HAMPTON RDEXETER, NH, 03833
Specialty ORS
Board Certified
School and Year of Graduation STATE UNIV OF NEW YORK DOWNSTATE COLL MED USA 1979
Internship and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1980
Residency and Year UNIV HOSP INC-BOSTON,MA 1981
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14
RENEWED 8/7/14**

License Number 10443
License Date 11/4/1998
Name **BEARER, ELIZABETH A MD**
Address 200 N MARAIN ST, EBENSBURG, PA, 15931
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MED - MIAMI, FL USA 1990
Internship and Year DUKE UNIV PROGRAM - DURHAM, NC 1991
Residency and Year DUKE UNIV PROGRAM - DURHAM, NC 1992
License Expiration Date **6/30/2001**
Remarks

License Number 10298
License Date 6/3/1998
Name **BEARS, SEAN D MD**
Address DHMC - DEPT OF SURGERY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation FINCH UNIV HLTH SCI CHICAGO MED SCH - IL USA 1993
Internship and Year STAMFORD HOSPITAL - STAMFORD, CT 1994
Residency and Year STAMFORD HOSPITAL - STAMFORD, CT 1998
License Expiration Date **6/30/2016**
Remarks

License Number 6008
License Date 1/4/1979
Name **BEASLEY, RALPH D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF CINCINNATI COLLEGE MEDICINE-CINCINNATI, OH USA 1973
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1974
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1977
License Expiration Date **6/30/2017**
Remarks

License Number 15015
License Date 10/6/2010
Name **BEATON, KAREN A MD**
Address WINCHESTER HOSPITAL, 41 HIGHLAND AVEWINCHESTER, MA, 01890
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1991
Internship and Year UNIVERSITY OF MASSACHUSETTS MEMORIAL-MEMORIAL CAMPUS - WORCESTER, MA 1992
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 5060
License Date 8/15/1973
Name **BEATTIE, BRIAN A MD**
Address 87 BUFFALO RD, PO BOX 528LANCASTER, NH, 03584
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON MA USA 1970
Internship and Year UNIVERSITY OF UTAH-SALT LAKE CITY UT 1971
Residency and Year UNIV OF UTAH - SALT LAKE CITY, UT 1971
License Expiration Date **6/30/2015**
Remarks

License Number 11190
License Date 3/7/2001
Name **BEATTIE, SCOTT W MD**
Address BASSETT HEALTHCARE - OBGYN, ONE ATWELL RD COOPERSTOWN, NY, 13326
Specialty OBG
Board Certified OBG
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE- SYRACUSE, NY USA 1989
Internship and Year UNIV OF VERMONT - BURLINGTON, VT 1990
Residency and Year UNIV OF VERMONT - BURLINGTON, VT 1993
License Expiration Date **6/30/2003**
Remarks

License Number 9977
License Date 5/7/1997
Name **BEATTY, DENNIS R MD**
Address PETERBOROUGH INTERNAL MEDICINE, 454 OLD STREET RD PETERBOROUGH, NH, 03458
Specialty IMG
Board Certified IM
School and Year of Graduation JEFFERSON MED COLL-THOMAS JEFFERSON UNIV USA 1994
Internship and Year MED CTR HOSPITAL OF VERMONT-BURLINGTON,VT 1997
Residency and Year MED CTR HOSP OF VERMONT-BURLINGTON,VT 1997
License Expiration Date **6/30/2003**
Remarks

License Number 11983
License Date 7/2/2003
Name **BEATTY, JAMES F MD**
Address 1984 PEACHTREE RD NW, STE 515 ATLANTA, GA, 30309
Specialty AN
Board Certified AN
School and Year of Graduation INDIANA UNIV - INDIANAPOLIS, IN USA 1991
Internship and Year ST VINCENT HOSPITALS AND HEALTH SERVICES - INDIANAPOLIS, IN 1992
Residency and Year EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 1995
License Expiration Date **6/30/2009**
Remarks

License Number 11344
License Date 8/1/2001
Name **BEATTY, LANE T MD**
Address 4 WAVERLY DR, DOVER, NH, 03820
Specialty IM
Board Certified
School and Year of Graduation WAYNE STATE UNIV SCH OF MED- DETROIT, MI USA 1998
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1999
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 2000
License Expiration Date **6/30/2017**
Remarks

License Number 12450
License Date 9/1/2004
Name **BEATY, STEPHEN L DO**
Address 2047 WYNDHAM RD, AKRON, OH, 44313
Specialty FP
Board Certified FP
School and Year of Graduation OHIO UNIVERSITY, ATHENS OH US 1999
Internship and Year CUYAHOGA FALLS GEN HOSP, CUYAHOGA FALLS OH 2000
Residency and Year AKRON GENERAL MED CTR, AKRON OH 2002
License Expiration Date **6/30/2008**
Remarks

License Number 11345
License Date 8/1/2001
Name **BEAUBOEUF, ANDRE F MD**
Address LITTLETON REGIONAL HOSPITAL, 600 ST HOHNSBURY RDLITTLETON, NH, 03561
Specialty EM
Board Certified EM
School and Year of Graduation PENNSYLVANIA STATE UNIV - HERSHEY, PA USA 1998
Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2000
Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2001
License Expiration Date **6/30/2017**
Remarks

License Number 5998
License Date 11/8/1978
Name **BEAUBOEUF, GUY A MD**
Address ST LUKE MEDICAL CENTER, 7 PAGE HILL RDBERLIN, NH, 03570-3531
Specialty OBG
Board Certified OBG
School and Year of Graduation FACULTE DE MED ET DE PHARMACIE DE L UNIV D HAITI PORT AU PRINCE 1964
Internship and Year MEMORIAL HOSPITAL - WORCESTER, MA 1967
Residency and Year MONTEFIORE HOSPITAL MEDICAL CENTER - BRONX, NY 1971
License Expiration Date **6/30/2006**
Remarks **RETIRED AS OF 3/23/05**

License Number 16259
License Date 8/7/2013
Name **BEAUCHAMP BRUNO, MAYRA C MD**
Address 253 PLEASANT STREET, CONCORD, NH, 03301
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE USA 2005
Internship and Year SAN JUAN CITY HOSPITAL - SAN JUAN, PR 2006
Residency and Year UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE - SAN JUAN, PR 2010
License Expiration Date **6/30/2017**
Remarks

License Number 6813
License Date 11/10/1983
Name **BEAUCHER, WILFRED N MD**
Address 22 KERRI ANN CIR, METHUEN, MA, 01844
Specialty AI
Board Certified AI
School and Year of Graduation ALBANY MED COLL UNION UNIV-ALBANY,NY USA 1972
Internship and Year STRONG MEM HOSPITAL-ROCHESTER NY 1973
Residency and Year STRONG MEM HOSPITAL- ROCHESTER,NY 1977
License Expiration Date **6/30/2017**
Remarks

License Number 10113
License Date 9/10/1997
Name **BEAUCHESNE, RICHARD P MD**
Address PENNOBOSCOT BAY ORTHO ASSOC, 4 GLEN COVE DR PHYS BLDGROCKPORT, ME, 04856
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year WILLIAM BEAUMONT ARY MEDICAL CENTER - TX 1986
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1992
License Expiration Date **6/30/2001**
Remarks

License Number 7246
License Date 12/5/1985
Name **BEAUDETT, MALCOLM S MD**
Address 278 LAFAYETTE RD, BLDG E WEST ENTRANCEPORTSMOUTH, NH, 03801-
Specialty P
Board Certified P
School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL MED USA 1983
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987
License Expiration Date **6/30/2017**
Remarks **10/18/11 - Settlement Agreement**

License Number 9444
License Date 6/7/1995
Name **BEAUDETTE, STEVEN P MD**
Address 166 KINSLEY ST, STE 301 NASHUA, NH, 03060
Specialty CD
Board Certified CD
School and Year of Graduation TUFTS UNIVERSITY USA 1988
Internship and Year UNIVERSITY OF MASSACHUSETTS MED CTR, WORCESTER MA 1991
Residency and Year UNIVERSITY OF MASSACHUSETTS MED CTR, WORCESTER MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 2572
License Date 3/13/1947
Name **BEAUDOIN, ROBERT A MD**
Address Deceased 8/5/99, , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1982**
Remarks

License Number 6754
License Date 8/4/1983
Name **BEAUFIT, DAVID W MD**
Address DOCTORS WHO CARE, 411 US RTE 4 ENFIELD, NH, 03748
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF WASHINGTON SCH MED-SEATTLE, WA USA 1979
Internship and Year HIGHLAND HOSP-ROCHESTER, NY 1980
Residency and Year HIGHLAND HOSP-ROCHESTER, NY 1982
License Expiration Date **6/30/2017**
Remarks

License Number 13309
License Date 11/1/2006
Name **BEAUPARLANT JR, HENRY P MD**
Address CONCENTRA HEALTH SERVICES, 1 HARBORSIDE DREAST BOSTON, MA, 02128
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIV USA 1999
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2003
License Expiration Date **6/30/2008**
Remarks

License Number 7473
License Date 12/4/1986
Name **BEAURIVAGE, NANCY A MD**
Address 106 COLEMAN RD, AUBURN, NH, 03032
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1980
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1981
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10742
License Date 11/3/1999
Name **BEAVER, CATHLEEN R MD**
Address DHMC/GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF KANSAS USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 2000
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03...REINSTATED 6/6/07**

License Number 10743
License Date 11/3/1999
Name **BEAVER, TIMOTHY A MD**
Address DHMC/CARDIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF KANSAS USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON NH 2000
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL...REINSTATED 6/60/07**

License Number 7732
License Date 10/7/1987
Name **BEAVERS, JERRY D MD**
Address CORE INC, 200 WHEELER RD 5TH FLBURLINGTON, MA, 01803
Specialty OM
Board Certified OM
School and Year of Graduation UNIV OF OKLAHOMA COLL MED-OK CITY,OK USA 1979
Internship and Year CARNEY HOSP-BOSTON,MA 1980
Residency and Year CARNEY HOSP-BOSTON,MA 1982
License Expiration Date **6/30/1999**
Remarks

License Number 7733
License Date 10/7/1987
Name **BECH, FRITZ R MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 7671
License Date 7/30/1987
Name **BECHT, JAMES D MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty RO
Board Certified RO
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1983
Internship and Year WALTHAM HOSPITAL - WALTHAM, MA 1984
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks **ALSO HAS PRIVILEGES AT LOWELL GENERAL HOSPITAL LOWELL MA (COURTESY)**

License Number 12594
License Date 2/2/2005
Name **BECK, ADAM P MD**
Address NEW ENGLAND EYE SPECIALISTS PC, 75 GILCREAST RD STE 210LONDONDERRY, NH, 03053
Specialty OPH
Board Certified OPH
School and Year of Graduation LOYOLA UNIVERSITY, MAYWOOD IL US 1999
Internship and Year LOYOLA UNIVERSITY, MAYWOOD IL 2000
Residency and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 2001
License Expiration Date **6/30/2017**
Remarks

License Number 3042
License Date 9/8/1954
Name **BECK, PETER MD**
Address 43 AUSTIN ST, PORTSMOUTH, NH, 03801-4307
Specialty OPH
Board Certified OPH
School and Year of Graduation COLUMBIA UNIVERSITY USA 1947
Internship and Year MARY FLETCHER HOSPITAL 1948
Residency and Year MASS EYE & EAR INFIRMARY 1954
License Expiration Date **6/30/2016**
Remarks

License Number 12832
License Date 8/3/2005
Name **BECK, ROBERT D MD**
Address VISTA STAFFING SOLUTIONS, 275 EAST 200 SOUTHSALT LAKE CITY, UT, 84111
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1969
Internship and Year GEISINGER MED CTR, DANVILLE PA 1970
Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1976
License Expiration Date **6/30/2009**
Remarks

License Number 9510
License Date 8/2/1995
Name **BECKER, DANIEL L MD**
Address 3 WESTVIEW RD, BROOKLINE, NH, 03033
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1992
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1995
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 16814
License Date 11/6/2014
Name **BECKER, NILS MD**
Address 8010 MAIN CAMPUS DR, LEXINGTON, MA, 02421
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF HAMBURG GERMANY 2003
Internship and Year WASHINGTON UNIVERSITY/B-JH/SLCH CONSORTIUM - ST LOUIS, MO 2010
Residency and Year WASHINGTON UNIVERSITY/B-JH/SLCH CONSORTIUM - ST LOUIS, MO 2013
License Expiration Date **6/30/2016**
Remarks

License Number 12776
License Date 7/6/2005
Name **BECKERMAN, HILA MD**
Address 21 SPENCER ST, APT 320LEBANON, NH, 03766
Specialty PD
Board Certified PD
School and Year of Graduation SACKLER SCHOOL OF MEDICINE, TEL AVIV-YAFO, ISRAEL ISRAEL 2002
Internship and Year SCHNEIDER CHILDRENS HOSPITAL, NEW HYDE PARK, NY 2003
Residency and Year SCHNEIDER CHILDRENS HOSPITAL, NEW HYDE PARK, NY 2005
License Expiration Date **6/30/2009**
Remarks

License Number 13370
License Date 1/3/2007
Name **BECKERMAN, MICHAEL E MD**
Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation TEL AVIV UNIV ISRAEL 2002
Internship and Year WINTHROP UNIV HOSPITAL-MINEOLA, NY 2003
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON, NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 4190
License Date 4/16/1968
Name **BEDENKO, D MITCHELL MD**
Address 842 HERITAGE HILLS, SOMERS, NY, 10589
Specialty P
Board Certified P
School and Year of Graduation UNIV OF ZAGREB YUGOSLAVIA 1961
Internship and Year BOOTH MEMORIAL HOSPITAL - FLUSHING, NY 1967
Residency and Year NY HOSPITAL, CORNELL MEDICAL CENTER - WHITE PLAINS, NY 1968
License Expiration Date **6/30/2010**
Remarks

License Number 8027
License Date 1/4/1989
Name **BEECHAM, JACKSON B MD**
Address , PO BOX 38STRAFFORD, VT, 05072
Specialty OBG
Board Certified OBG
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILA, PA USA 1969
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1970
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1974
License Expiration Date **6/30/2009**
Remarks **5/8/00 - Order to Show Cause**
9/1/00 - Memorandum of the Respondent, Jackson Beecham, M.D.
9/28/00 - Supplemental Memorandum of the Respondent, Jackson Beecham, M.D.
10/9/00 - Order to Approve Respondent's Memorandum - this Order dismisses the Order to Show Cause.

License Number 16815
License Date 11/6/2014
Name **BEECHINOR, ROBERT J MD**
Address 61 BARTLET ST, ANDOVER, MA, 01810
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1982
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1984
License Expiration Date **11/6/2016**
Remarks

License Number 15952
License Date 12/5/2012
Name **BEEN, LAURA C MD**
Address THYROID CYTOPATHOLOGY PARTNERS, PA, PO BOX 2386ROUND ROCK, TX, 78664
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CENTER USA 2007
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2008
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2011
License Expiration Date **6/30/2016**
Remarks

License Number 9270
License Date 9/7/1994
Name **BEERLE, BRION J MD**
Address ALASKA REGIONAL HOSP, PO BOX 140227ANCHORAGE, AK, 99506
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF ROCHESTER SCH OF MEDICINE & DENTISTRY USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/2008**
Remarks

License Number 9719
License Date 6/5/1996
Name **BEGIN, JULIE M MD**
Address 201 LAURIER AVE EAST, STE 306 OTTAWAONTARIO CANADA, , K1N 6P1
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF OTTAWA,MEDICINE CANADA 1992
Internship and Year MONTFORT HOSPITAL,OTTAWA-ONTARIO 1993
Residency and Year MONTFORT HOSPITAL,OTTAWA-ONTARIO 1994
License Expiration Date **6/30/1998**
Remarks

License Number 9086
License Date 12/1/1993
Name **BEHLING, HELMUT H MD**
Address 24 BLUEBERRY HILL RD, ANDOVER, MA, 01810-
Specialty DR
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1964
Internship and Year UNIVERSITY WI HOSPITAL AND CLINIC - MADISON WI 1965
Residency and Year VETERAN AFFAIRS MEDICAL CENTER - MINNEAPOLIS MN 1967
License Expiration Date **6/30/1998**
Remarks

License Number 9239
License Date 8/3/1994
Name **BEHREND, CLINT E MD**
Address DIGESTIVE HEALTH CTR, 3200 CHANNING WAY STE A-306IDAHO FALLS, ID, 83404
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON , NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/1999**
Remarks

License Number 5311
License Date 4/15/1975
Name **BEISSWENGER, PAUL J MD**
Address PREVENTAGE HEALTHCARE LLC - DARTMOUTH REG TECH CTR, 16 CAVENDISH COURTLBANON, NH
Specialty END
Board Certified END
School and Year of Graduation UNIV OF PA SCHOOL OF MEDICINE USA 1964
Internship and Year UNIV OF PA HOSPITAL - PHILA, PA 1965
Residency and Year UNIV OF PA HOSPITAL - PHILA, PA 1967
License Expiration Date **6/30/2017**
Remarks

License Number 16699
License Date 8/6/2014
Name **BEJARANO, MICHELLE A MD**
Address 7 SYBIL LANE, LITCHFIELD, NH, 03052
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2007
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2008
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10196
License Date 1/7/1998
Name **BEKER, BERNARDO E MD**
Address ST JOSEPH REG MED CTR, 801 E LASALLE AVESOUTH BEND, IN, 46617
Specialty AN
Board Certified AN
School and Year of Graduation UNIV DE LA REPUBLICA FAC DE MED MONTEVIDEO URUGUAY 1978
Internship and Year UNIV OF CHICAGO HOSPITAL - IL 1980
Residency and Year UNIV OF CHICAGO HOSPITAL - IL 1983
License Expiration Date **6/30/2006**
Remarks

License Number 16299
License Date 9/4/2013
Name **BEKKERS, ERIK J MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 2007
Residency and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD, CA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 8150
License Date 7/12/1989
Name **BELBRUNO, KATHLEEN C MD**
Address DHMC-ENDOCRINOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty END
Board Certified END
School and Year of Graduation UMDNJ-ROBERT WOOD JOHNSON MED SCH , NJ USA 1983
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
License Expiration Date **6/30/2017**
Remarks

License Number 6543
License Date 6/24/1982
Name **BELCH, RICHARD Z MD**
Address M/ R GYN ONCOLOGY ASSOC, 2 INDEPENDENCE PLACE 233 S 6THPHILADELPHIA, PA, 19106
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ILLINOIS COLL MED - CHICAGO, IL USA 1974
Internship and Year UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 1977
Residency and Year HOSPITAL UNIV OF PENNSYLVANIA - PHLA, PA 1979
License Expiration Date **6/30/2001**
Remarks

License Number 11045
License Date 9/6/2000
Name **BELCHER, MATTHEW K MD**
Address BEDFORD VILLAGE FAMILY PRACTIC, 15 CONSTITUTION AVEBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT SCH MED - FARMINGTON, CT USA 1996
Internship and Year EXEMPLA-ST JOSEPH HOSPITAL - DENVER, CO 1998
Residency and Year EXEMPLA-ST JOSEPH HOSPITAL - DENVER, CO 2000
License Expiration Date **6/30/2003**
Remarks

License Number 12616
License Date 3/2/2005
Name **BELDEN, CLIFFORD J MD**
Address DHMC - RADIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1990
Internship and Year ALBANY MEDICAL CTR, ALBANY NY 1991
Residency and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1992
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/07..**
REINSTATED 9/3/08

License Number 15240
License Date 6/1/2011
Name **BELIC, LANIE W MD**
Address 2023 E SIMS WAY #316, PORT TOWNSEND, WA, 98368
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 1974
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1975
Residency and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1977
License Expiration Date **6/30/2013**
Remarks

License Number 14749
License Date 3/3/2010
Name **BELIN, ERIC E MD**
Address CHESHIRE MED CTR-DH KEENE, 51 RAILROAD ST 2ND FLRKEENE, NH, 03431
Specialty D
Board Certified D
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1998
Internship and Year NAVAL HOSPITAL - PENSACOLA, FL 1999
Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15469
License Date 12/7/2011
Name **BELINSKAYA, ILONA MD**
Address 580-90 COURT STREET, KEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2003
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2004
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2006
License Expiration Date **6/30/2015**
Remarks

License Number 8521
License Date 5/8/1991
Name **BELL, ANDRE MD**
Address ANESTHESIA ASSOC OF SPRINGFIEL, PO BOX 2608SPRINGFIELD, MA, 01101
Specialty AN
Board Certified AN
School and Year of Graduation MED COLL OF PA - PHILADELPHIA, PA USA 1987
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1988
Residency and Year WESTCHESTER COUNTY MEDICAL CENTER - VALHALLA, NY 1991
License Expiration Date **10/20/2008**
Remarks **LAPSED FOR NON-RENEWAL 6/30/01...**
REINSTATED 1/3/07
DECEASED 10/20/08

License Number 11480
License Date 1/2/2002
Name **BELL, JEFFREY M MD**
Address CHARLESTOWN FAMILY MEDICINE, 125 MAIN STCHARLESTOWN, NH, 03603
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, PA USA 1969
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA PA 1970
Residency and Year MCP HAHNEMANN UNIVERSITY - PHILADELPHIA PA 1974
License Expiration Date **6/30/2012**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03**
REINSTATED ON 3/4/09

License Number 4183
License Date 3/28/1968
Name **BELL, JOHN C MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation MANCHESTER UNIVERSITY IN ENGLAND ENGLAND 1955
Internship and Year
Residency and Year
License Expiration Date **7/14/1995**
Remarks

License Number 13083
License Date 6/7/2006
Name **BELL, JOHN-ERIK MD**
Address DHMC- DEPT OF ORTHO SURG, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation JOHNS HOPKINS UNIVERSITY, BALTIMORE MD US 2000
Internship and Year UNIVERSITY OF IOWA, IOWA CITY IA 2001
Residency and Year UNIVERSITY OF IOWA, IOWA CITY IA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 6936
License Date 8/2/1984
Name **BELL, RUTH A MD**
Address 904 37TH AVE NE, GREAT FALLS, MT, 59404
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1946
Internship and Year CHILFRENS HOSP-BOSTON,MA 1950
Residency and Year CHILDRENS HOSP-BOSTON,MA 1952
License Expiration Date **6/30/2016**
Remarks

License Number 12051
License Date 9/3/2003
Name **BELL, VALERIE A MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty OBG
Board Certified OBG
School and Year of Graduation U OF VERMONT, BURLINGTON VT US 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 12187
License Date 1/7/2004
Name **BELLER, THOMAS C MD**
Address BRIGHAM & WOMEN'S HOSP-ALLERGY, ONE JIMMY FUND WAY SMITH #628BOSTON, MA, 02115
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1998
Internship and Year UNIVERSITY OF TEXAS, DALLAS TX 1999
Residency and Year UNIVERSITY OF TEXAS, DALLAS TX 2001
License Expiration Date **6/30/2006**
Remarks

License Number 10577
License Date 6/2/1999
Name **BELLIVEAU, PAUL F MD**
Address COASTAL COUNSELING ASSOC, 24 FRONT STEXETER, NH, 03833
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1989
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1990
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1993
License Expiration Date **6/30/2017**
Remarks

License Number 8431
License Date 9/5/1990
Name **BELLIVEAU, ROBERT E MD**
Address FRISBIE MEM HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty PTH
Board Certified PTH
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN , CT USA 1969
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1970
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1974
License Expiration Date **6/30/2016**
Remarks

License Number 15279
License Date 7/6/2011
Name **BELLO, LORRAINE K MD**
Address 1051 AVENIDA SONOMA, THE VILLAGES, FL, 32159
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 1977
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1978
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1981
License Expiration Date **6/30/2015**
Remarks

License Number 6235
License Date 7/3/1980
Name **BELLOWS, DAVID A MD**
Address BELLOWS MEDICAL CENTER, 250 RIVER RD MANCHESTER, NH, 03104-2423
Specialty OPH
Board Certified OPH
School and Year of Graduation CHICAGO MEDICAL SCHOOL - CHICAGO, IL USA 1977
Internship and Year PRESY UNIV PA MEDICAL CENTER - PHILA, PA 1978
Residency and Year PRESBY UNIV PA MEDICAL CENTER - PHILA, PA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 7535
License Date 4/1/1987
Name **BELMONT, JUDSON R MD**
Address 63 KENSINGTON LANE, BEDFORD, NH, 03110
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF CONNECTICUT SCH MED FARMINGTON CT USA 1978
Internship and Year WALTER REED MEDICAL EDUCATION CENTER - WASHINGTON, DC 1979
Residency and Year WALTER REED MEDICAL EDUCATION CENTER - WASHINGTON, DC 1983
License Expiration Date **6/30/2013**
Remarks

License Number 6298
License Date 10/2/1980
Name **BELSON, ROGER E MD**
Address BRIDGE ST BOX 526, HENNIKER, NH, 03242
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON, VT USA 1977
Internship and Year WATERBURY HOSPITAL HEALTH CENTER - WATERBURY, CT 1978
Residency and Year WATERBURY HOSPITAL HEALTH CENTER - WATERBURY, CT 1980
License Expiration Date **6/30/2016**
Remarks

License Number 14829
License Date 5/5/2010
Name **BELTRAN, GERALD W DO**
Address WESTERN MICHIGAN UNIV SCHOOL OF MEDICINE, 1000 OAKLAND DR KALAMAZOO, MI, 49008-128
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year MEDICAL COLLEGE OF GEORGIA, AUGUSTA, GA 2007
Residency and Year MEDICAL COLLEGE OF GEORGIA, AUGUSTA, GA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15371
License Date 9/7/2011
Name **BELUK, DANIEL F MD**
Address CORE GASTROENTEROLOGY, 3 ALUMNI DRIVE SUITE 201 EXETER, NH, 03833
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 1986
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1987
Residency and Year FAULKNER HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 11105
License Date 11/1/2000
Name **BENAISSA, RAFIK MD**
Address 1, RUE DU TENAO, MONTE-CARLO MONACO, , 98000
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF OTTAWA SCH OF MED - OTTAWA ONTARIO CANADA 1990
Internship and Year NAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1991
Residency and Year FACULTY OF MEDICINE UNIV OF OTTAWA - OTTAWA ONTARIO, CANADA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16991
License Date 4/1/2015
Name **BENAVIDEZ, OSCAR J MD**
Address MGH-PEDIATRIC CARDIOLOGY, 175 CAMBRIDGE ST 5TH FLBOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1998
Internship and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 1999
Residency and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 15334
License Date 8/3/2011
Name **BENCKENDORF, SANDRA B MD**
Address COOS CTY FAMILY HEALTH SER, 54 WILLOW STBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1979
Internship and Year UNION HOSPITAL - TERRE HAUTE, IN 1980
Residency and Year METHODIST MEDICAL CENTER OF ILLINOIS - PEORIA, IL 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11363
License Date 9/5/2001
Name **BENDA, RICHARD L MD**
Address 1 PONDFIELD RD W, BRONXVILLE, NY, 10708
Specialty CD
Board Certified CD
School and Year of Graduation VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1972
Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1975
Residency and Year NEW YORK MEDICAL COLLEGE/METROPOLITAN HOPITAL- NEW YORK, NY 1977
License Expiration Date **6/30/2017**
Remarks

License Number 14245
License Date 12/3/2008
Name **BENDER III, GEORGE J MD**
Address WOMEN & INFANTS' HOSPITAL, 101 DUDLEY STPROVIDENCE, RI, 02905
Specialty NPM
Board Certified NPM
School and Year of Graduation ST LOUIS UNIV UNIV 1999
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2002
License Expiration Date **6/30/2010**
Remarks

License Number 11407
License Date 10/3/2001
Name **BENDER, MARY P MD**
Address MT ASCUTNEY PEDIATRICS, 289 COUNTY RD WINDSOR, VT, 05089
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1989
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1990
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
License Expiration Date **12/22/2014**
Remarks **REQUESTED INACTIVE 12/22/14**

License Number 16502
License Date 3/5/2014
Name **BENDIX, PETER G MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14187
License Date 10/1/2008
Name **BENEDETTI, PHILIP F MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation WAYNE STATE UNIV USA 1975
Internship and Year ST MARYS HOSPITAL MEDICAL CENTER - SAN FRANCISCO, CA 1976
Residency and Year UNIV OF CALIFORNIA(DAVIS MEDICAL CENTER - SACRAMENTO, CA 1993
License Expiration Date **6/30/2012**
Remarks

License Number 10319
License Date 7/1/1998
Name **BENGELSDORF, STEVEN MD**
Address 400 SUGARTREE LN STE 200, FRANKLIN, TN, 37064
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1991
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1992
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL 6/30/02-----REINSTATED 1/4/06** **lapsed for non-renewal 6/30/10**
Reinstated 4/6/11

License Number 10927
License Date 6/7/2000
Name **BENGTSON, ELIZABETH M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty HEM
Board Certified
School and Year of Graduation OHIO STATE UNIV - COLUMBUS, OH USA 1992
Internship and Year RIVERSIDE METHODIST HOSPITAL - COLLUMBUS, OH 1993
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14674
License Date 12/2/2009
Name **BENIFLAH, JACOB D MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS USA 2007
Internship and Year DARTMOUTH- HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2011**
Remarks

License Number 10197
License Date 1/7/1998
Name **BENIN, ANDREA L MD**
Address CENTER FOR DISEASE CONTROL, 1600 CLIFTON RD MSC-23ATLANTA, GA, 30333
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1998
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date **6/30/2001**
Remarks

License Number 16940
License Date 2/4/2015
Name **BENITEZ FARINA, CIBAR M MD**
Address NORRIS COTTON CANCER CTR, 87 MCGREGOR ST, STE 4100MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIV NACIONAL DE ASUNCIÓN PARAGUAY 2006
Internship and Year DETROIT MEDICAL CENTER(SINAI GRACE)WAYNE STATE UNIV - DETROIT, MI 2009
Residency and Year DETROIT MEDICAL CENTER(SINAI GRACE)WAYNE STATE UNIV - DETROIT, MI 2011
License Expiration Date **6/30/2017**
Remarks

License Number 11750
License Date 10/2/2002
Name **BENJAMIN, RICHARD J MD**
Address AMERICAN RED CROSS-NE REGION, 180 RUSTCRAFT RDDEDHAM, MA, 02026
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF CAPE TOWN, CAPE TOWN SOUTH AFRICA SOUTH AFRICA 1983
Internship and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD CA 1992
Residency and Year BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 1995
License Expiration Date **6/30/2006**
Remarks

License Number 4540
License Date 4/14/1970
Name **BENNETT JR, RALPH G MD**
Address 75 ORIOLE DR, BEDFORD, NH, 03110
Specialty R
Board Certified R
School and Year of Graduation ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY USA 1964
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1965
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1970
License Expiration Date **6/30/2000**
Remarks **DECEASED 4/12/07**

License Number 16503
License Date 3/5/2014
Name **BENNETT, AARON A DO**
Address WEST SHORE MEDICAL CENTER, 1293 E PARKDALE RD, STE 2300MANISTEE, MI, 49660
Specialty GS
Board Certified
School and Year of Graduation DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER USA 2005
Internship and Year MCLAREN OAKLAND - PONTIAC MI 2006
Residency and Year MCLAREN OAKLAND - PONTIAC MI 2010
License Expiration Date **6/30/2016**
Remarks

License Number 11261
License Date 6/6/2001
Name **BENNETT, LYDIA B MD**
Address ELLIOT FAMILY MED, 25 SO RIVER RDBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX VA 1999
Residency and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX VA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 10498
License Date 2/3/1999
Name **BENNETT, MICHAEL I MD**
Address 241 PERKINS ST, CABOT ESTATE UNIT B-801JAMAICA PLAIN, MA, 02130
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1970
Internship and Year ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1971
Residency and Year ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1972
License Expiration Date **6/30/2017**
Remarks

License Number 10672
License Date 9/1/1999
Name **BENNETT, MONA B MD**
Address 34 GARNTTE HILL RD, SUNAPEE, NH, 03782
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1967
Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR- BOSTON, MA 1968
Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 1969
License Expiration Date **6/30/2017**
Remarks

License Number 6439
License Date 8/6/1981
Name **BENNETT, TERRY M MD**
Address 151 SOUTH MAIN ST, ROCHESTER, NH, 03867
Specialty FP
Board Certified
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1964
Internship and Year LA CO USC MED CTR-LOS ANGELES,CA 1965
Residency and Year LA CO USC MED CTR-LOS ANGELES,CA 1966
License Expiration Date **6/30/2017**
Remarks **SETTLEMENT AGREEMENT 4/12/95**
Denial of Motion to Modify Settlement Agreement 4/4/96
Notice of Hearing 8/30/05
8/04/06 - Order dismissing adjudicatory/disciplinary proceedings.

License Number 13371
License Date 1/3/2007
Name **BENNETT, THOMAS E MD**
Address 149 MEADOW VIEW RD, RINDGE, NH, 03461
Specialty IM
Board Certified
School and Year of Graduation BRODY SCHOOL OF MED @ E CAROLINA UNIV USA 1991
Internship and Year MILTON S HERSHEY MEDICAL CENTER-HERSHEY, PA 1992
Residency and Year MILTON S HERSHEY MEDICAL CTR-HERSHEY, PA 1994
License Expiration Date **6/30/2009**
Remarks

License Number 8272
License Date 2/7/1990
Name **BENNETT, THOMAS W MD**
Address 749 CENTRAL AVE, DOVER, NH, 03820-
Specialty OPH
Board Certified OPH
School and Year of Graduation VANDERBILT UNIV SCH OF MED -NASHVILLE, TN USA 1970
Internship and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1971
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1973
License Expiration Date **6/30/2012**
Remarks

License Number 12640
License Date 4/6/2005
Name **BENODIN, LES MD**
Address IMAGING ON CALL, LLC, 300 WESTAGE BUSINESS CENTER DR #280FISHKILL, NY, 12524
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2002
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK MEICAL CENTER, LEBANON NH 2005
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 7144
License Date 7/10/1985
Name **BENOIT, EDWARD G MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CINCINNATI-CINCINNATI, OH USA 1982
Internship and Year BROWN UNIVERSITY AFFIL HOSPITALS-PROVIDENCE, RI 1983
Residency and Year BROWN UNIVERSITY AFFIL HOSPITALS-PROVIDENCE, RI 1985
License Expiration Date **6/30/2017**
Remarks

License Number 5943
License Date 7/10/1978
Name **BENOIT, ROGER L MD**
Address 18 CHAPMAN PT RD, MEREDITH, NH, 03253
Specialty ORS
Board Certified ORS
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE ST LOUIS, MO USA 1969
Internship and Year ST MARY'S HOSPITAL - SAN FRANCISCO, CA 1970
Residency and Year ORANGE MEMORIAL HOSPITAL - ORLANDO, FL 1974
License Expiration Date **6/30/2006**
Remarks

License Number 9466
License Date 7/5/1995
Name **BENSEN, STEVEN P MD**
Address DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty GE
Board Certified GE
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1994
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 12595
License Date 2/2/2005
Name **BENSON, CAROL B MD**
Address RADIOLOGY, 75 FRANCIS STBOSTON, MA, 02115
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1980
Internship and Year ABINGTON MEMORIAL HOSP, ABINGTON PA 1981
Residency and Year NY & PRESBYTERIAN HOSP, NEW YORK NY 1984
License Expiration Date **6/30/2007**
Remarks

License Number 10548
License Date 5/5/1999
Name **BENSON, ERIC R MD**
Address NH ORTHOPAEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-1383
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MASS MEDICAL SCHOOL USA 1993
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE- FARMINGTON, CT 1994
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 5759
License Date 6/15/1977
Name **BENSON, JAMES A MD**
Address ALEXANDER INTERNAL MEDICINE, 320-B 3RD ST SWTAYLORSVILLE, NC, 28681
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MED. BOSTON USA 1974
Internship and Year HARTFORD HOSPITAL 1974
Residency and Year HARTFORD HOSPITAL 1977
License Expiration Date **6/30/2002**
Remarks

License Number 15280
License Date 7/6/2011
Name **BENSON, JEAN S MD**
Address WEEKS MEDICAL CENTER, 173 MIDDLE ST LANCASTER, NH, 03584
Specialty EM
Board Certified FP
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1993
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1994
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5379
License Date 7/31/1975
Name **BENSON, RICHARD W MD**
Address 114 WESTWIND VILLAGE RD, WEBSTER, NH, 03303
Specialty TS
Board Certified GS
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE USA 1966
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1967
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1973
License Expiration Date **6/30/2013**
Remarks

License Number 2745
License Date 3/10/1949
Name **BENTAS, NICHOLAS H MD**
Address 551 STRAW HILL, MANCHESTER, NH, 03104-1679
Specialty IM
Board Certified IM
School and Year of Graduation MC GILL UNIVERSITY - MONTREAL CANADA 1947
Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL , CANADA 1948
Residency and Year EASTERN MAINE GENERAL HOSPITAL - BANGOR, ME 1949
License Expiration Date **6/30/1998**
Remarks **Deceased 6/20/02**

License Number 8767
License Date 7/1/1992
Name **BENTIVOGLIO, GIAN P MD**
Address NORTHEAST KINGDOM HUMAN SVS, 2225 PORTLAND ST ST JOHNSBURY, VT, 05819
Specialty P
Board Certified P
School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/2014**
Remarks

License Number 15650
License Date 5/2/2012
Name **BENTLEY, DOUGLAS G MD**
Address NEPONSET VALLEY ORTHOPEDIC, PC, THAYER BLDG - SUITE 2100, 72 WASHINGTON STTAUNTON,
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1978
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 17204
License Date 8/5/2015
Name **BENTLEY, JAMES D MD**
Address MIRICA LIFE SCIENCES, 825 RAHWAY AVEUNION, NJ, 07083
Specialty PTH
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MED OH 1989
Internship and Year MOUNT SINAI MEDICAL CENTER OF CLEVELAND - CLEVELAND, OH 1990
Residency and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1994
License Expiration Date **6/30/2017**
Remarks

License Number 15429
License Date 11/2/2011
Name **BENTLEY, RICHARD W MD**
Address RAYS, 2201 N CENTRAL EXPY STE 185RICHARDSON, TX, 75080
Specialty DR
Board Certified DR
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1999
Internship and Year WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE - DAYTON, OH 2000
Residency and Year WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE - DAYTON, OH 2001
License Expiration Date **6/30/2013**
Remarks

License Number 10928
License Date 6/7/2000
Name **BENTON JR, FRANK R MD**
Address 2 MINK RUN, BRENTWOOD, NH, 03833
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF VIRGINIA - CHARLOTTESVILLE, VA USA 1976
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1977
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1979
License Expiration Date **6/30/2016**
Remarks

License Number 9668
License Date 4/3/1996
Name **BENTON, CHRISTOPHER B MD**
Address 7 PROSPECT ST, NASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation SAINT GEORGE'S UNIVERSITY WEST INDIES 1990
Internship and Year ST FRANCIS HOSPITAL-POUGHKEEPSIE NY 1992
Residency and Year EAST TENNESSEE STATE UNIVERSITY-JOHNSON CITY TN 1993
License Expiration Date **6/30/2016**
Remarks

License Number 4325
License Date 10/22/1968
Name **BENTON, CORNING MD**
Address 3762 HARVARD ACRES, MARIEMONT, OH, 45227-4202
Specialty R
Board Certified R
School and Year of Graduation MCGILL UNIV - MONTREAL CANADA CANADA 1959
Internship and Year COLORADO GENERAL HOSPITAL - DENVER, CO 1960
Residency and Year CINCINNATI GENERAL HOSPITAL - CINCINNATI, OH 1965
License Expiration Date **6/30/2006**
Remarks

License Number 14860
License Date 6/2/2010
Name **BENTON, LISA M DO**
Address 330 BORTHWICK AVE STE 202, PORTSMOUTH, NH, 03801
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 5136
License Date 2/1/1974
Name **BENTWOOD, JOHN N MD**
Address PLYMOUTH GENERAL SURG, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty GS
Board Certified GS
School and Year of Graduation MARQUETTE SCHOOL OF MEDICINE-MILWAUKEE WI USA 1968
Internship and Year ST ELIZABETH'S HOSP-BRIGHTON MA 1969
Residency and Year ST ELIZABETH'S HOSP-BRIGHTON MA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 9467
License Date 7/5/1995
Name **BERESIN, EUGENE V MD**
Address MASS GEN HOSPITAL, WANG 812 -DEPT OF PSYCHIATR BOSTON, MA, 02114
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1977
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1978
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 9793
License Date 8/7/1996
Name **BERG, EUGENE E MD**
Address 294 CHARLES BANCROFT HIGHWAY, LITCHFIELD, NH, 03052
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MINNESOTA MED SCHOOL MINNEAPOLIS, MN USA 1978
Internship and Year UNIV OF NORTH CAROLINA HOSPITAL - NC 1984
Residency and Year UNIV OF NORTH CAROLINA HOSP-NC 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16400
License Date 12/4/2013
Name **BERGER, BARRY W DO**
Address LAKE ZURICH MEDICAL ASSOC, 290 N RAND RD LAKE ZURICH, IL, 60047
Specialty IM
Board Certified IM
School and Year of Graduation MIDWESTERN UNIVERSITY USA 1980
Internship and Year ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 1981
Residency and Year ST JOSEPH HOSPITAL - CHICAGO, IL 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11896
License Date 5/7/2003
Name **BERGER, DEBORAH G MD**
Address 172 KINSLEY ST, NASHUA, NH, 03060
Specialty R
Board Certified R
School and Year of Graduation STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1997
Internship and Year MT SINAI MEDICAL CENTER - NEW YORK, NY 1998
Residency and Year MT SINAI HOSPITAL - NEW YORK, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12641
License Date 4/6/2005
Name **BERGER, GARY R MD**
Address ONE MEDICAL CENTER DR, LEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL, WASHINGTON DC US 2002
Internship and Year DARTMOUTH HITCHCOCK, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK, LEBANON NH 2005
License Expiration Date **6/30/2007**
Remarks

License Number 7959
License Date 8/10/1988
Name **BERGER, ROBERT S MD**
Address , , ,
Specialty D
Board Certified
School and Year of Graduation NY MEDICAL COLLEGE USA 1980
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 15739
License Date 7/11/2012
Name **BERGERON, MONIQUE S MD**
Address SMITH PAEDIATRIC GROUP, 1920 RUSSELL ROAD SUITE 220OTTAWA ON CANADA, , K1G 4G3
Specialty PD
Board Certified PD
School and Year of Graduation ST MATTHEWS UNIVERSITY CAYMAN ISLANDS 2009
Internship and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2010
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2012
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/20/14**

License Number 11123
License Date 12/6/2000
Name **BERGERON, PAUL P MD**
Address 13 SURREY LANE, DURHAM, NH, 03824
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLL MED- BURLINGTON, VT USA 1994
Internship and Year STANFORD UNIV MED CTR - STANFORD, CA 1995
Residency and Year STANFORD UNIV MED CTR - STANFORD, CA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 13574
License Date 7/11/2007
Name **BERGERON-KILLOUGH, KATRIN S MD**
Address LAMPRY HLTH CARE, 207 MAIN STREETNEWMARKET, NH, 03857
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV USA 2003
Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 2004
Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 2007
License Expiration Date **6/30/2017**
Remarks

License Number 7474
License Date 12/4/1986
Name **BERGGREN, ALLAN B MD**
Address 9 DUNNING ST, CLAREMONT, NH, 03743-2016
Specialty OTO
Board Certified OTO
School and Year of Graduation CASE WESTERN RESSERVE UNIV SCH MED - OH USA 1963
Internship and Year ST LUKES HOSPITAL - CLEVELAND, OH 1964
Residency and Year ST LUKES HOSPITAL - CLEVELAND, OH 1966
License Expiration Date **6/30/2004**
Remarks

License Number 8507
License Date 4/3/1991
Name **BERGMAN, JOSEPH G MD**
Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431-
Specialty P
Board Certified
School and Year of Graduation UNIV AUTO DE GUADALAJARA JALISCO MEXICO 1979
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1981
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1984
License Expiration Date **6/30/2017**
Remarks

License Number 6856
License Date 4/10/1984
Name **BERGMAN, SAMUEL MD**
Address 95 SETTLERS DR, HANCOCK, ME, 04640
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIV SCH MED -BOSTON,MA USA 1975
Internship and Year WORCHESTER CITY HOSP-WORCHESTER,MA 1976
Residency and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 14788
License Date 4/7/2010
Name **BERGQUIST, ERIK R MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 8665
License Date 12/4/1991
Name **BERGUS, BORIS O MD**
Address AMERICAN VEIN CENTERS, 100 MORSE STNORWOOD, MA, 02062
Specialty EM
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL UNITED STATES 1988
Internship and Year MEDICAL COLLEGE OF OHIO @ TOLEDO & ASSOCIATED HOSPITALS. 1989
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1991
License Expiration Date **6/30/2017**
Remarks **8/10/15 - Settlement Agreement**

License Number 12521
License Date 11/3/2004
Name **BERK, BRIAN S MD**
Address DHMC DIV GASTROENTEROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1997
License Expiration Date **6/30/2012**
Remarks

License Number 13084
License Date 6/7/2006
Name **BERKE, ETHAN M MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1995
Internship and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 1996
Residency and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 14213
License Date 11/5/2008
Name **BERKEY, BRYAN D MD**
Address MEDICAL LICENSING SERVICES, 298 EAST SALISBURY STPITTSBORO, NC, 27312
Specialty R
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2002
Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2003
Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2007
License Expiration Date **6/30/2012**
Remarks

License Number 8054
License Date 3/29/1989
Name **BERKOWITZ, MORDECAI E MD**
Address CONCENTRA MEDICAL, 500 WEST CUMMINGS PARK STE4060WOBURN, MA, 01801
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCHL OF MED BOSTON MA USA 1956
Internship and Year BETH ISRAEL HOSP BOSTON MA 1957
Residency and Year BOSTON CITY HOSP BOSTON MA 1961
License Expiration Date **6/30/2002**
Remarks **Deceased 7/7/2013**

License Number 12596
License Date 2/2/2005
Name **BERLANSTEIN, BRUCE P MD**
Address JOHNS HOPKINS HOSPITAL, 601 N CAROLINE ST RM 4210BALTIMORE, MD, 21287
Specialty R
Board Certified R
School and Year of Graduation STATE UNIVERSITY OF NY, BROOKLYN NY US 1977
Internship and Year CEDARS-SINAI MED CTR, LOS ANGELES CA 1978
Residency and Year JOHNS HOPKINS HOSP, BALTIMORE MD 1981
License Expiration Date **6/30/2011**
Remarks

License Number 16747
License Date 9/3/2014
Name **BERLIN, SUZANNE T DO**
Address 450 BROOKLINE AVE, BOSTON, MA, 02215
Specialty ON
Board Certified ON
School and Year of Graduation UNVIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1984
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1986
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 6258
License Date 8/7/1980
Name **BERMAN, JOEL C MD**
Address 34 SAMUEL DR, CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICINE - PITTS, PA USA 1976
Internship and Year U CONNECTICUT SCHOOL MEDICINE - FARMINGTON, CT 1977
Residency and Year U CONNECTICUT SCHOOL MEDICINE - FARMINGTON, CT 1979
License Expiration Date **6/30/2014**
Remarks

License Number 9669
License Date 4/3/1996
Name **BERMAN, MARK A MD**
Address 15 OLD ROLLINSFORD RD STE 204, DOVER, NH, 03820-
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year MARTIN ARMY COMM HOSPITAL-FORT BENNING,GA 1992
Residency and Year MARTIN ARMY COMM HOSPITAL-FORT BENNING GA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 8952
License Date 6/2/1993
Name **BERMAN, NORMAN B MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty PDC
Board Certified PDC
School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE NM 1986
Residency and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE NM 1988
License Expiration Date **6/30/2017**
Remarks

License Number 11084
License Date 10/4/2000
Name **BERMAN, STEPHEN A MD**
Address UNIVERSITY OF CENTRAL FL COLLEGE OF MED, 6850 LAKE NONA BLVDORLANDO, FL, 32827
Specialty N
Board Certified N
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED- CHICAGO, IL USA 1974
Internship and Year UNIV OF ILLINOIS AT CHICAGO - CHICAGO, IL 1975
Residency and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1977
License Expiration Date **6/30/2012**
Remarks

License Number 10299
License Date 6/3/1998
Name **BERNARD, DONALD R MD**
Address VA HOSP, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1981
Internship and Year BOSTON VA MEDICAL CENTER - BOSTON, MA 1982
Residency and Year BOSTON VA MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 13236
License Date 9/6/2006
Name **BERNARD, ELLEN E DO**
Address CORE PHYSICIANS LLC - EPPING REGIONAL HEALTH CTR, 212 CALEF HIGHWAYEPPING, NH, 03042
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NE COLLEGE OF OSTEOPATHIC MED USA 1999
Internship and Year UNIV OF MASSACHUSETTS MED SCHOOL-WORCESTER MA 2000
Residency and Year UNIV OF MASSACHUSETTS MED SCHOOL-WORCESTER MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12931
License Date 11/2/2005
Name **BERNARD, JOSEPH J DO**
Address CORE PHYSICIANS LLC - EPPING REGIONAL HEALTH CTR, 212 CALEF HIGHWAYEPPING, NH, 03042
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year UNIVERSITY OF MASS, WORCESTER MA 2001
Residency and Year UNIVERSITY OF MASS, WORCESTER MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 5732
License Date 5/16/1977
Name **BERNAT, JAMES L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation CORNELL UNIVERSITY-NEW YORK NY USA 1973
Internship and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1974
Residency and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1977
License Expiration Date **6/30/2017**
Remarks

License Number 11897
License Date 5/7/2003
Name **BERNDT III, WILLIAM G MD**
Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 101EXETER, NH, 03833
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH-WORCESTER, MA USA 1997
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1998
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15999
License Date 2/6/2013
Name **BERNIE, JAN E MD**
Address 60 E END AVE #25B, NEW YORK, NY, 10028
Specialty U
Board Certified U
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1964
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1965
Residency and Year MARQUETTE UNIVERSITY - MILWAUKEE, WI 1968
License Expiration Date **6/30/2015**
Remarks

License Number 5936
License Date 6/23/1978
Name **BERNIER JR, GEORGE M MD**
Address UNIV OF TEXAS MEDICAL BRANCH, 1.116 ADMINISTRATION BLDGALVESTON, TX, 77555-0113
Specialty HEM
Board Certified HEM
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON, MA USA 1960
Internship and Year UNIV HOSPITALS - CLEVELAND, OH 1961
Residency and Year UNIV HOSPITALS - CLEVELAND, OH 1966
License Expiration Date **6/30/2001**
Remarks **DECEASED 9/17/2007**

License Number 6057
License Date 6/11/1979
Name **BERNINI, PHILIP M MD**
Address DHMC-ORTHOPAEDICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1973
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1974
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
License Expiration Date **6/30/2017**
Remarks

License Number 16894
License Date 1/21/2015
Name **BERNSTEIN, DAVID B MD**
Address MONADNOCK ANESTHESIA ASSOC / MONADNOCK COMM HOSP, 452 OLD STREET RDPETERBOROU
Specialty AN
Board Certified AN
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1996
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 1997
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 12958
License Date 12/7/2005
Name **BERNSTEIN, HENRY H DO**
Address DHMC-PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW JERSEY, STRATFORD NJ US 1982
Internship and Year ST CHRISTOPHERS HOSPITAL, PHILADELPHIA PA 1983
Residency and Year ST CHRISTOPHERS HOSPITAL, PHILADELPHIA PA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 15430
License Date 11/2/2011
Name **BERNSTEIN, MEGAN L MD**
Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101N ANDOVER, MA, 01845
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 2006
Internship and Year MOUNT SINAI HOSPITAL - NY, NY 2007
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 6855
License Date 4/10/1984
Name **BERNSTEIN, STEPHANIE MD**
Address HEMATOLOGY/ONCOLOGY CTR, 620 WASHINGTON STWINCHESTER, MA, 01890
Specialty ON
Board Certified ON
School and Year of Graduation ALBERT EINSTEIN COLL MED-YESHIVA UNIV-NY USA 1978
Internship and Year MONTEFIORE HOSP MED CTR-BRONX,NY 1979
Residency and Year NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1983
License Expiration Date **6/30/2010**
Remarks

License Number 17098
License Date 6/3/2015
Name **BEROUKHIM, REBECCA S MD**
Address 175 CAMBRIDGE ST 5TH FL, BOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2000
Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2001
Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10198
License Date 1/7/1998
Name **BERREEN JR, JOHN P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1990
Internship and Year UNIV WASHINGTON MEDICAL CENTER - DC 1991
Residency and Year UNIV WASHINGTON MEDICAL CENTER - DC 1994
License Expiration Date **6/30/1999**
Remarks

License Number 15470
License Date 12/7/2011
Name **BERRY, ANDREA M DO**
Address MIDSTATE HEALTH CENTER, 101 BOULDER POUNT DRPLYMOUTH, NH, 03264
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year HEART OF LANCASTER REGIONAL MEDICAL CENTER - LITITZ, PA 2010
Residency and Year HEART OF LANCASTER REGIONAL MEDICAL CENTER - LITITZ, PA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 7827
License Date 5/4/1988
Name **BERRY, CRAIG C MD**
Address 166 KINSLEY ST STE 301, NASHUA, NH, 03060
Specialty CD
Board Certified CD
School and Year of Graduation UMDNJ-ROBERT WOOD JOHNSON MED SCH - NJ USA 1981
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1982
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 8581
License Date 7/17/1991
Name **BERRY, KEVIN J MD**
Address 380 MERRIMACK ST, STE 2DMETHUEN, MA, 01844
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BBULINGTON,VT USA 1977
Internship and Year NORTH CAROLING MEMORIAL HOSPITAL - CHAPEL HILL, NC 1978
Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 5901
License Date 5/4/1978
Name **BERRY, PAUL T MD**
Address 10 MEMBERS WAY STE 301, DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE BURLINGTON,VT USA 1975
Internship and Year MEDICAL COLLEGE WISCONSIN AFFILIATED HOSPITALS- MILWAUKEE, WI 1976
Residency and Year MEDICAL COLLEGE WISCONSIN AFFILITATE HOSPITALS - MILWAUKEE, WI 1979
License Expiration Date **6/30/2016**
Remarks

License Number 15904
License Date 11/7/2012
Name **BERRY, STANLEY M MD**
Address MERIDIAN HEALTH PLAN, 777 WOODWARD AVE SUITE 600DETROIT, MI, 48226
Specialty OBG
Board Certified OBG
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1984
Internship and Year SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1985
Residency and Year SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1988
License Expiration Date **6/30/2016**
Remarks

License Number 6503
License Date 3/4/1982
Name **BERRY, WILLIAM P MD**
Address 333 BORTHWICK AVE STE 402, PORTSMOUTH, NH, 03801-0000
Specialty GS
Board Certified GS
School and Year of Graduation MC GILL UNIV FACULTY MED-MONTREAL CANADA 1975
Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1977
Residency and Year ST ELIZABETHS HOSP-BOSTON,MA 1980
License Expiration Date **6/30/2012**
Remarks

License Number 6490
License Date 2/8/1982
Name **BERTAGNA JR, ROBERT J MD**
Address ASSOCIATED RADIOLOGISTS, 8 E PEARL ST NASHUA, NH, 03060-3461
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF VERMONT-BURLINGTON,VT USA 1973
Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1974
Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 5337
License Date 6/9/1975
Name **BERTAGNOLL, ALFRED P MD**
Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200 MANCHESTER, NH, 03103-
Specialty U
Board Certified U
School and Year of Graduation NEW JERSEY COLLEGE OF MEDICINE USA 1970
Internship and Year EMORY UNIV HOSPITAL - ATLANTA, GA 1971
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1975
License Expiration Date **10/14/2014**
Remarks **Deceased 10/14/14**

License Number 14157
License Date 9/3/2008
Name **BERTAGNOLLI, REONO MD**
Address 779 SOUTHBRIDGE BLVD, SAVANNAH, GA, 31405
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 1998
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1999
Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2007
License Expiration Date **6/30/2016**
Remarks

License Number 8113
License Date 6/7/1989
Name **BERTRAM, PAMELA S MD**
Address GARRISON MEDICAL PA, 770 CENTRAL AVEDOVER, NH, 03820-3469
Specialty OBG
Board Certified OBG
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1984
Internship and Year SW MICHIGAN AREA HEALTH CENTER - KALAMAZOO, MI 1985
Residency and Year MICHIGAN STATE UNIV HOSPITAL - EAST LANSING, MI 1989
License Expiration Date **6/30/2015**
Remarks **DECEASED 2/28/2015**

License Number 8670
License Date 1/8/1992
Name **BERTRAND, MARC L MD**
Address DHMC-ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF WISCONSIN UNITED STATES 1983
Internship and Year MERCY HOSPITAL MEDICAL CENTER SAN DIEGO - CALIFORNIA 1984
Residency and Year UNIVERSITY MEDICAL CENTER TUCSON - ARIZONA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15560
License Date 3/7/2012
Name **BERUBE, JAYNE TARKLESON DO**
Address 8 CLOVER LANE, WHITEFIELD, NH, 03598
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year MICHIGAN STATE UNIVERSITY/SPARROW HOSPITAL - LANSING, MI 2010
Residency and Year MICHIGAN STATE UNIVERSITY/SPARROW HOSPITAL - LANSING, MI 2012
License Expiration Date **6/30/2016**
Remarks

License Number 2491
License Date 9/12/1946
Name **BERUBE, NORMAN C MD**
Address 385 YOUVILLE ST, MANCHESTER, NH, 03102-3113
Specialty ORS
Board Certified ORS
School and Year of Graduation LAVAL UNIVERSITY - QUEBEC CANADA 1943
Internship and Year ST FRANCIS HOSPITAL - PEORIA, IL 1944
Residency and Year ST FRANCIS HOSPITAL - PEORIA, IL 1946
License Expiration Date **1/6/2002**
Remarks **DECEASED 01/02/02**

License Number 7110
License Date 6/6/1985
Name **BESKIND, HARRY MD**
Address 648 HANOVER CT RD, HANOVER, NH, 03755
Specialty P
Board Certified
School and Year of Graduation JOHNS HOPKINS UNIVERSITY-BALTIMORE, MD USA 1958
Internship and Year JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 1959
Residency and Year BOSTON CITY HOSPITAL-BOSTON, MA 1960
License Expiration Date **6/30/2002**
Remarks

License Number 7534
License Date 4/1/1987
Name **BESSETTE, GARY C MD**
Address 1415 PORTLAND AVE, STE 500 ROCHESTER, NY, 14621-
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1980
Internship and Year HARTFORD HOSPITAL 1982
Residency and Year UNIVERSITY MINN HOSPITAL 1986
License Expiration Date **6/30/2001**
Remarks

License Number 14861
License Date 6/2/2010
Name **BESSICH, JAMIE L MD**
Address 55 SHERWOOD DRIVE, HUNTINGTON, NY, 11743
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15942
License Date 11/7/2012
Name **BESSNOW, AMY C MD**
Address HEMATOLOGY & ONCOLOGY CTR, 155 BORTHWICK AVE SUITE 301 PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2004
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2014**
Remarks

License Number 9390
License Date 4/5/1995
Name **BEST, ANDREW G MD**
Address ALICE PECK DAY MEMORIAL HOS, 125 MASCOMA ST LEBANON, NH, 03766
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF BRISTOL ENGLAND 1990
Internship and Year MATER HOSPITAL - BRISBANE AUSTRALIA 1992
Residency and Year MANLY HOSPITAL - NORTH RYDE AUSTRALIA 1994
License Expiration Date **6/30/2013**
Remarks

License Number 16659
License Date 7/2/2014
Name **BETANCUR RESTREPO, ILDA M MD**
Address NASHUA MEDICAL GROUP, 173 DW HWY SO.NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIV PONTIFICA BOLIVARIANA COLOMBIA 2002
Internship and Year PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 2010
Residency and Year PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 8508
License Date 4/3/1991
Name **BETCHART, FRANK A MD**
Address PLEASANT ST FAMILY MEDICINE, 280 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER,CO USA 1982
Internship and Year MERCY MEDICAL CENTER - DENVER, CO 1983
Residency and Year MERCY MEDICAL CENTER - DENVER, CO 1985
License Expiration Date **6/30/2017**
Remarks

License Number 9560
License Date 10/4/1995
Name **BETCHER, ROBERT W MD**
Address , 20 LADD STPORTSMOUTH, NH, 03801-
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA USA 1984
Internship and Year MC LEAN HOSPITAL BELMONT, MA 1985
Residency and Year MC LEAN HOSPITAL BELMONT,MA 1988
License Expiration Date **6/30/2009**
Remarks

License Number 12833
License Date 8/3/2005
Name **BETHA, MEENA D MD**
Address 1008 MARGARET COURT, SOUTH PLAINFIELD, NJ, 07080
Specialty IM
Board Certified
School and Year of Graduation ANDHRA UNIVERSITY, INDIA INDIA 2000
Internship and Year KINGSBROOK JEWISH MED CTR, BROOKLYN NY 2003
Residency and Year ST BARNABAS MEDICAL CTR, LIVINGSTON NJ 2004
License Expiration Date **6/30/2007**
Remarks

License Number 13480
License Date 5/9/2007
Name **BETHONEY, LAWRENCE J MD**
Address 166 CARVER RD, PLYMOUTH, MA, 02360
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV USA 1972
Internship and Year ROGER WILLIAMS GENERAL HOSPITAL-PROVIDENCE, RI 1973
Residency and Year UNIV OF HAWAII J A BURNS SCHOOL OF MED-HONOLULU, HI 1977
License Expiration Date **6/30/2009**
Remarks

License Number 4619
License Date 9/24/1970
Name **BETJEMANN JR, CHRISTOPHER MD**
Address 90 CANAAN BACK RD, BARRINGTON, NH, 03825
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIV MEDICAL SCHOOL, PA USA 1969
Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1970
Residency and Year MEDICAL CENTER HOSPITA OF VERMONT - BURLINGTON, VT 1970
License Expiration Date **6/30/2003**
Remarks

License Number 13895
License Date 4/2/2008
Name **BETT, DOREEN W DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 2004
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2005
Residency and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2007
License Expiration Date **6/30/2010**
Remarks

License Number 12188
License Date 1/7/2004
Name **BETTENCOURT, BERNARD M DO**
Address 41 MALL ROAD, BURLINGTON, MA, 01805
Specialty EM
Board Certified OM
School and Year of Graduation NORA SOUTHEASTERN UNIVERSITY, FT LAUDERDALE FL US 1992
Internship and Year DARNALL ARMY COMMUNITY HOSPITAL, FORT HOOD TX 1993
Residency and Year DARNALL ARMY COMMUNITY HOSPITAL, FORT HOOD, TX 1995
License Expiration Date **6/30/2016**
Remarks

License Number 12522
License Date 11/3/2004
Name **BETTENCOURT, MARIE-CLAUDE D MD**
Address DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty U
Board Certified U
School and Year of Graduation UNIFORMED SERVICES UNIVERSITY, BETHESDA MD US 1990
Internship and Year TRIPLER ARMY MED CTR, HONOLULU HI 1991
Residency and Year WALTER REED ARMY MED CTR, WASHINGTON DC 1998
License Expiration Date **6/30/2016**
Remarks

License Number 8379
License Date 7/11/1990
Name **BETTI, JAMES A MD**
Address DOCTORS PARK STE 3, 17 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty U
Board Certified U
School and Year of Graduation DARTMOUTH-HITCHCOCK MED SCH-HANOVER,NH USA 1985
Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1986
Residency and Year ALBANY MED CTR HOSP-ALBANY,NY 1989
License Expiration Date **6/30/2016**
Remarks

License Number 10199
License Date 1/7/1998
Name **BETTINGER, PAUL C MD**
Address DARTMOUTH-HITCHCOCK -KEENE, 590 COURT ST KEENE, NH, 03431
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1989
Internship and Year BELLEVUE HOSPITAL CENTER - NY 1994
Residency and Year MAYO GRADUATE SCHOOL MEDICINE - MN 1995
License Expiration Date **6/30/2016**
Remarks

License Number 8885
License Date 2/3/1993
Name **BETTMANN, MICHAEL A MD**
Address WFU SCHOOL OF MED-RADIOLOGY, MEDICAL CENTER BLVD WINSTON-SALEM, NC, 27157-1088
Specialty DR
Board Certified DR
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1969
Internship and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1970
Residency and Year BETH ISRAEL HOSPITAL - BOSTON MA 1975
License Expiration Date **6/30/2009**
Remarks

License Number 16895
License Date 1/21/2015
Name **BEVINS, PETER A MD**
Address 39 SHERWOOD AVE, DANVERS, MA, 01923
Specialty GS
Board Certified
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSI USA 1978
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1979
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1980
License Expiration Date **6/30/2017**
Remarks

License Number 13846
License Date 3/5/2008
Name **BEYEA, ANNETTE M DO**
Address DURHAM REG HOSP, 3643 NORTH ROXBORO RDDURHAM, NC, 27704
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND USA 2005
Internship and Year DARTMOUTH HITCHCOCK MED CTR - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MED CTR - LEBANON, NH 2007
License Expiration Date **6/30/2010**
Remarks

License Number 12898
License Date 10/5/2005
Name **BEYLINSON, ALEXANDER M MD**
Address VISITING PHYSICIANS ASSOC, 7350 INDUSTRIAL PARK BLVDMENTOR, OH, 44060
Specialty GS
Board Certified
School and Year of Graduation KAZAKH STATE MED INSTITUTE, KAZAKHSTAN KAZAKHSTAN 1987
Internship and Year CASE WESTERN UNIVERSITY, CLEVELAND OH 2003
Residency and Year HURON HOSPITAL, CLEVELAND OH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16963
License Date 3/4/2015
Name **BEZZERIDES, VASSILIOS J MD**
Address BOSTON CHILDRENS HOSP, 300 LONGWOOD AVE BADER 266BOSTON, MA, 02115
Specialty PDC
Board Certified PDC
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2006
Internship and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2007
Residency and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12642
License Date 4/6/2005
Name **BHAGHAYATH, KRISHNA R MD**
Address MARIA PARHAM ENDOCRINOLOGY, 120 CHARLES ROLLINS RD SUITE 206HENDERSON, NC, 27536
Specialty END
Board Certified END
School and Year of Graduation GANDHI MEDICAL COLLEGE, INDIA INDIA 1999
Internship and Year UNIVERSITY OF ARKANSAS, LITTLE ROCK AR 2001
Residency and Year UNIVERSITY OF ARKANSAS, LITTLE ROCK AR 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13847
License Date 3/5/2008
Name **BHAMBORE, MAHESH M MD**
Address 10207 ALTAVISTA AVE, TAMPA, FL, 33647
Specialty IM
Board Certified IM
School and Year of Graduation BANGALORE UNIV INDIA 1998
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2001
Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2003
License Expiration Date **6/30/2010**
Remarks

License Number 17048
License Date 5/6/2015
Name **BHANDARI, UMESH C MD**
Address 609 BAUXITE CV, BRANDON, MS, 39047
Specialty P
Board Certified
School and Year of Graduation OUR LADY OF FATIMA UNIVERSITY PHILIPPINES 2008
Internship and Year UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2011
Residency and Year UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2014
License Expiration Date **6/30/2017**
Remarks

License Number 15523
License Date 2/1/2012
Name **BHANGLE, SAMIR D MD**
Address WENTWORTH-DOUGLASS PHYS CORP, 10 MEMBERS WAY STE 403DOVER, NH, 03820
Specialty RHU
Board Certified IM
School and Year of Graduation UNIVERSITY OF MUMBAI INDIA 1997
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2008
Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16060
License Date 4/3/2013
Name **BHARATI, PANKAJ MD**
Address WENTWORTH DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified
School and Year of Graduation JAHURUL ISLAN MEDICAL COLLEGE & HOSPITAL BANGLADESH 2006
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2011
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 12289
License Date 5/5/2004
Name **BHARGAVA, ARCHANA MD**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty HO
Board Certified HO
School and Year of Graduation UNIVERSITY OF DELHI, INDIA INDIA 1997
Internship and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1999
Residency and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 2001
License Expiration Date **6/30/2016**
Remarks

License Number 10320
License Date 7/1/1998
Name **BHARUCHA, ASHOK J MD**
Address GEISINGER MED CTR, 100 N ACADEMY AVEDANVILLE, PA, 17822
Specialty P
Board Certified P
School and Year of Graduation PA STATE UNIV COLLEGE OF MED - HERSHEY,A USA 1992
Internship and Year MCLEAN HOSPITAL - BELMONT, MA 1993
Residency and Year MCLEAN HOSPITAL - BELMONT, MA 1994
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/01-reinstated 11/6/14**

License Number 11951
License Date 6/4/2003
Name **BHAT, ATUL L MD**
Address ORTHOPAEDIC SURGICAL ASSOC, 14 RESEARCH PLACENORTH CHELMSFORD, MA, 01863
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF MUMBAI SION - BAMBAY INDIA INDIA 1991
Internship and Year LENOX HILL HOSPITAL - NEW YORK NY 1998
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 17149
License Date 7/1/2015
Name **BHATIA, RICHA MD**
Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty CHP
Board Certified CHP
School and Year of Graduation G S V M MEDICAL COLLEGE INDIA 2005
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2008
Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15616
License Date 4/4/2012
Name **BHATT, DIGANT V MD**
Address 7 TIMBERWOOD DR APT 212, LEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation C U SHAH MEDICAL COLLEGE INDIA 2006
Internship and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2010
Residency and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2012
License Expiration Date **6/30/2014**
Remarks

License Number 15281
License Date 7/6/2011
Name **BHATT, SAMIR M MD**
Address MASS EAR NOSE & THROAT ASSOC, 3 MEETINGHOUSE RD STE 24CHELMSFORD, MA, 01824
Specialty OTO
Board Certified OTO
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1987
Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 9882
License Date 12/4/1996
Name **BHATT, USHA P MD**
Address 130 WAGON WHEEL RD, SPARTA, NJ, 07871
Specialty CHP
Board Certified CHP
School and Year of Graduation OSMANIA MEDICAL COLLEGE OSMANIA UNIV HYDERABAD A P INDIA 1967
Internship and Year SUBURBAN HOSP - MARYLAND 1971
Residency and Year EMMA P BRADLEY HOSPITAL - RI 1975
License Expiration Date **6/30/2010**
Remarks

License Number 13848
License Date 3/5/2008
Name **BHATTACHARYA, ARJUN MD**
Address 31 DUNLEITH DR, ST LOUIS, MO, 63124
Specialty GS
Board Certified GS
School and Year of Graduation NAGPUR UNIV INDIA 1963
Internship and Year DEACONESS HOSPITAL-FOREST PARK HOSPITAL - ST LOUIS, MO 1974
Residency and Year DEACONESS HOSPITAL-FOREST PARK HOSPITAL - ST LOUIS, MO 1975
License Expiration Date **6/30/2012**
Remarks

License Number 3598
License Date 3/16/1963
Name **BHATTACHARYA, RAJAT K MD**
Address 146 LOWELL ST, PO BOX 656MANCHESTER, NH, 03105-0656
Specialty PTH
Board Certified PTH
School and Year of Graduation MEDICAL COLLEGE - NAGPUR, INDIA INDIA 1956
Internship and Year SALEM HOSPITAL - SALEM, MA 1957
Residency and Year SALEM HOSPITAL - SALEM, MA 1962
License Expiration Date **6/30/1999**
Remarks **DECEASED 8/98**

License Number 11085
License Date 10/4/2000
Name **BHATTACHARYYA, SHEELA M MD**
Address NASHUA MEDICAL GROUP, 173 DANIEL WEBSTER HWY SOUTH NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation DALHOUSIE UNIV FAC OF MED - HALIFAX NOVA SCOTIA CANADA 1993
Internship and Year DALHOUSIE UNIV - HALIFAX NOVA SCOTIA, CANADA 1994
Residency and Year DALHOUSIE UNIV - HALIFAX NOVA SCOTIA, CANADA 1997
License Expiration Date **6/30/2014**
Remarks

License Number 10578
License Date 6/2/1999
Name **BHESANIA, ZUBIN MD**
Address 22101 MOROSS RD, DETROIT, MI, 48236-2172
Specialty GS
Board Certified
School and Year of Graduation UNIV OF WESTERN ONTARIO- CANADA CANADA 1993
Internship and Year UNIV OF WESTERN ONTARIO - CANADA 1994
Residency and Year ST JOHN HOSPITAL AND MEDICAL CENTER - DETROIT, MI 1995
License Expiration Date **6/30/2000**
Remarks

License Number 12523
License Date 11/3/2004
Name **BHOJWANI, RAJESH R MD**
Address VIRTUAL RADIOLOGIC CORP, 513 NORTH THOMAS STARLINGTON, VA, 22203
Specialty DR
Board Certified DR
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1998
Internship and Year GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 1999
Residency and Year VANDERBILT UNIVERSITY, NASHVILLE TN 2003
License Expiration Date **6/30/2010**
Remarks

License Number 11770
License Date 11/6/2002
Name **BHOLAT, OMAR S MD**
Address NASSAU UNIV. MED CTR, 2201 HEMPSTEAD TPKEAST MEADOW, NY, 11554
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF NEW JERSEY - PISCATAWAY, NJ USA 1993
Internship and Year CABRINI MEDICAL CENTER - NEW YORK, NY 1996
Residency and Year ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 1997
License Expiration Date **6/30/2006**
Remarks

License Number 17150
License Date 7/1/2015
Name **BHOWMIK, SHELLY MD**
Address 1201 W MOUNT ROYAL AVE #746, BALTIMORE, MD, 21217
Specialty GPM
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 2012
Internship and Year BASSETT MEDICAL CENTER - COOPERSTOWN, NY 2013
Residency and Year JOHNS HOPKINS SCHOOL OF HYGIENE & PUBLIC HEALTH-BALTIMORE, MD 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15335
License Date 8/3/2011
Name **BHULLAR, RAVNEET K MD**
Address 1220 NEW SCOTLAND AVE, SLINGERLANDS, NY, 12159
Specialty AN
Board Certified AN
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2005
Internship and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2015**
Remarks

License Number 15905
License Date 11/7/2012
Name **BHUTTA, OMAR J MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 2005
Internship and Year SEATTLE CHILDREN'S HOSPITAL - SEATTLE, WA 2006
Residency and Year SEATTLE CHILDREN'S HOSPITAL - SEATTLE, WA 2009
License Expiration Date **6/30/2016**

Remarks

License Number 8771
License Date 7/1/1992
Name **BIANCHI, JOHN L MD**
Address 74-5 S QUINSIGAMOND AVE, SHREWSBURY, MA, 01803
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS COLLEGE MEDICAL SCHOOL USA 1950
Internship and Year WORCESTER CITY HOSPITAL WORCESTER - MASSACHUSETTS 1952
Residency and Year UNIVERSITY OF MASS. MEDICAL SCHOOL 1953
License Expiration Date **6/30/1998**

Remarks **Deceased 9/22/14**

License Number 6361
License Date 4/2/1981
Name **BIANCO, JAMES M MD**
Address WOMEN'S HEALTHCARE, 168 KINSLEY STNASHUA, NH, 03061-3445
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MED COLL,NY,NY USA 1975
Internship and Year ALBANY MED CTR HOSP,ALBANY,NY 1976
Residency and Year JOHNS HOPKINS HOSP,BALTIMORE,MD 1977
License Expiration Date **6/30/2003**

Remarks

License Number 10152
License Date 11/5/1997
Name **BIANCONI, JEFFREY MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation UNIV DI ROMA-LA SAPIENZA-ITALY ITALY 1982
Internship and Year WORCHESTER CITY HOSP-MA 1985
Residency and Year WORCHESTER CITY HOSP-MA 1987
License Expiration Date **6/30/2001**

Remarks

License Number 7828
License Date 5/4/1988
Name **BIANCONI, MICHAEL J MD**
Address 330 BORTHWICK AVE, STE 205PORTSMOUTH, NH, 03801-4101
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI COLL MED - CINCINNATI, OH USA 1985
Internship and Year MEMORIAL MEDICAL CENTER - SAVANNAH, GA 1986
Residency and Year MEMORIAL MEDICAL CENTER - SAVANNAH, GA 1988
License Expiration Date **6/30/2014**
Remarks

License Number 11651
License Date 7/3/2002
Name **BIBEAU, CAROLE E MD**
Address DHMC - HEATER RD PRIMARY CARE, 18 OLD ETNA RDLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 9368
License Date 3/1/1995
Name **BIBER, BARBARA P MD**
Address MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102-
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY USA 1983
Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM MA 1984
Residency and Year UNIVERSITY OF MASS MEDICAL CENTER - WORCESTER MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 10776
License Date 12/1/1999
Name **BIBER, MICHAEL P MD**
Address 1180 BEACON ST STE 2D, BROOKLINE, MA, 02446-3806
Specialty N
Board Certified N
School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH OF MED- CHICAGO, IL USA 1967
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 1968
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1972
License Expiration Date **6/30/2009**
Remarks

License Number 12052
License Date 9/3/2003
Name **BIBOSO, JOSE A MD**
Address DARTMOUTH-HITCHCOCK WALPOLE, MAIN ST PO BOX 756WALPOLE, NH, 03608
Specialty FP
Board Certified
School and Year of Graduation CREIGHTON UNIVERSITY, OMAHA NE US 2000
Internship and Year PENN STATE UNIVERSITY, LEBANON PA 2002
Residency and Year PENN STATE UNIVERSITY, LEBANON PA 2003
License Expiration Date **6/30/2007**
Remarks

License Number 10018
License Date 6/4/1997
Name **BICOCCA, KRISTIN L MD**
Address DERRY PEDIATRICS, 43B BIRCH STDERRY, NH, 03038
Specialty PD
Board Certified PD
School and Year of Graduation NORTHEASTERN OHIO COLL OF MEDICINE-OH USA 1993
Internship and Year UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER-CA 1997
Residency and Year UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER-CA 1997
License Expiration Date **6/30/1998**
Remarks

License Number 15740
License Date 7/11/2012
Name **BIDARI, SHARATCHANDRA S MD**
Address 8901 SW 67TH PL, GAINESVILLE, FL, 32608
Specialty DR
Board Certified DR
School and Year of Graduation BLDEU'S SHRI B M PATIL MEDICAL COLLEGE INDIA
Internship and Year MICHIGAN STATE UNIVERSITY - FLINT, MI 2007
Residency and Year UNIVERSITY OF FLORIDA MEDICAL CENTER - GAINESVILLE, FL 2009
License Expiration Date **6/30/2014**
Remarks

License Number 3415
License Date 3/8/1961
Name **BIDDLE, STEPHEN M MD**
Address Deceased 6/13/90, , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1986**
Remarks **DECEASED 6/13/90**

License Number 16099
License Date 5/1/2013
Name **BIDE, PRALHAD S MD**
Address 1290 BRIDLETOWNE CIRCLE, SCARBOROUGH, ONCANADA, , M1W 2V4
Specialty FP
Board Certified
School and Year of Graduation GRANT MEDICAL COLLEGE INDIA 2005
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2011
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2012
License Expiration Date **6/30/2015**
Remarks

License Number 11495
License Date 2/6/2002
Name **BIDOT, LIANIS Z MD**
Address PORT WARWICK MED ARTS, 11803 JEFFERSON AVE STE 250NEWPORT NEWS, VA, 23606
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF PUERTO RICO SCH OF MED-SAN JUAN, PR PUERTO RICO 1982
Internship and Year UNIV OF PUERTO RICO- SAN JUAN, PR 1983
Residency and Year UNIV OF PUERTO RICO- SAN JUAN, PR 1987
License Expiration Date **6/30/2004**
Remarks

License Number 15471
License Date 12/7/2011
Name **BIE, BJORN MD**
Address MASS ENT ASSOC, 3 MEETING HOUSE RD STE 24CHELMSFORD, MA, 01824
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITETET I OSLO NORWAY 1979
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1983
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 16100
License Date 5/1/2013
Name **BIEBUYCK, JEAN-CHRISTOPHE MD**
Address 160 ALLEN STREET, RUTLAND, VT, 05701
Specialty DR
Board Certified DR
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1989
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1990
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1994
License Expiration Date **6/30/2017**
Remarks

License Number 15282
 License Date 7/6/2011
 Name **BIENIEK, RADOSLAW F MD**
 Address POPLAR HEALTHCARE, 3495 HACKS CROSS RDMEMPHIS, TN, 38125
 Specialty PTH
 Board Certified PTH
 School and Year of Graduation UNIVERSITY OF MED & DENTISTRY OF NJ USA 2004
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - EAST CAMPUS - BOSTON, MA 2005
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - EAST CAMPUS - BOSTON, MA 2008
 License Expiration Date **6/30/2017**
 Remarks

License Number 14055
 License Date 7/9/2008
 Name **BIERNAT, LUKASZ MD**
 Address MEDPACE CLINICAL PHARMACOLOGY, 5355 MEDPACE WAYCINCINNATI, OH, 45227
 Specialty IM
 Board Certified IM
 School and Year of Graduation MEDICAL UNIV OF SILESIA POLAND 2001
 Internship and Year MOUNTAINSIDE HOSPITAL-MONTCLAIR, NJ 2007
 Residency and Year MOUNTAINSIDE HOSPITAL-MONTCLAIR, NJ 2008
 License Expiration Date **6/30/2016**
 Remarks

License Number 5524
 License Date 6/14/1976
 Name **BIESE, LEO P MD**
 Address Deceased 8/5/91, , ,
 Specialty PTH
 Board Certified PTH
 School and Year of Graduation
 Internship and Year
 Residency and Year
 License Expiration Date **7/16/1991**
 Remarks **DECEASED 8/5/91**

License Number 7536
 License Date 4/1/1987
 Name **BIESEK, GENESIO W MD**
 Address , , ,
 Specialty IM
 Board Certified IM
 School and Year of Graduation AKAD MED WROCLAW-POLAND POLAND 1982
 Internship and Year MERCY HOSP-BUFFALO,NY 1985
 Residency and Year MERCY HOSP-BUFFALO,NY 1987
 License Expiration Date **6/30/2017**
 Remarks **10/12/04 - Settlement Agreement**
Medical records available at DHMC-Manch.
8/13/13 - Settlement Agreement **6/18/14 - Order Lifting Suspension of License**

License Number 15741
License Date 7/11/2012
Name **BIESHEUVEL, DESIREE T MD**
Address HCRS, 51 FAIRVIEW STBRATTLEBORO, VT, 05301
Specialty CHP
Board Certified CHP
School and Year of Graduation VRIJE UNIVERSITEIT NETHERLANDS 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
License Expiration Date **6/30/2014**
Remarks

License Number 9391
License Date 4/5/1995
Name **BIESMAN, BRIAN S MD**
Address 345 23RD AVE NORTH STE 416, NASHVILLE, TN, 37203
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1988
Internship and Year ST JOSEPHS MERCY HP - ANN ARBOR MI 1989
Residency and Year UNIVERSITY OF IL COLLEGE OF MED - CHICAGO IL 1992
License Expiration Date **6/30/1998**
Remarks

License Number 14580
License Date 9/2/2009
Name **BIGGEE, BETH MD**
Address ORTHOPEDIC NORTHEAST PC, 575 TURNPIKE ST STE 11NORTH ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NY - SYRACUSE, NY USA 1999
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2000
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2002
License Expiration Date **6/30/2017**
Remarks

License Number 9898
License Date 1/8/1997
Name **BIGOS, S THOMAS MD**
Address MAINE CTR ENDOCRINOLOGY, 102 CAMPUS DR UNIT 116SCARBOROUGH, ME, 04074
Specialty END
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1969
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1970
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1974
License Expiration Date **6/30/2005**
Remarks

License Number 10412
License Date 10/7/1998
Name **BIGWOOD, DONALD L DO**
Address KIDSPACE, 73 MARIAVILLE RD PO BOX 787ELLSWORTH, ME, 04605
Specialty P
Board Certified
School and Year of Graduation UNIV OF HLTH SCI COLL OF OSTEO - KANSAS CITY, MO USA 1992
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1993
Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1996
License Expiration Date **6/30/2004**
Remarks

License Number 12020
License Date 8/6/2003
Name **BIHRLE III, WILLIAM MD**
Address DARTMOUTH HITCHCOCK MED CNTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty U
Board Certified U
School and Year of Graduation GEORGETOWN U., WASHINGTON DC US 1977
Internship and Year BELLEVUE HOSPITAL CTR, NEW YORK NY 1978
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 16571
License Date 5/7/2014
Name **BILAL, HARIS MD**
Address 611 W PARK ST, URBANA, IL, 61801
Specialty IM
Board Certified
School and Year of Graduation ALLAMA IQBAL MEDICAL COLLEGE PAKISTAN 2008
Internship and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2012
Residency and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14214
License Date 11/5/2008
Name **BILAZARIAN, SETH D MD**
Address PENTUCKET MEDICAL ASSOC, LLC ONE PARKWAY 4TH FLHAVERHILL, MA, 01830
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1986
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1987
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1989
License Expiration Date **6/30/2016**
Remarks

License Number 10803
License Date 1/5/2000
Name **BILES, DANIEL T MD**
Address NE SURGERY CENTER, 900 CUMMINGS CENTER SUITE 122 UBEVERLY, MA, 01915
Specialty AN
Board Certified AN
School and Year of Graduation JEFFERSON MED COLL JEFFERSON UNIV-PHILA, PA USA 1981
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1982
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 7865
License Date 6/8/1988
Name **BILETCH, MARK MD**
Address ELLIOT NEUROLOGY ASSOCIATES, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty N
Board Certified N
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1979
Internship and Year EMANUEL HOSPITAL - PORTLAND, OR 1980
Residency and Year EMANUEL HOSPITAL - PORTLAND, OR 1982
License Expiration Date **6/30/2016**
Remarks

License Number 8235
License Date 10/4/1989
Name **BILLER, JEFFREY A MD**
Address PEDIATRIC GASTROENTEROLOGY, 40 SECOND AVE STE 340WALTHAM, MA, 02451
Specialty PG
Board Certified PD
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MED BALTIMORE,MD USA 1976
Internship and Year JOHNS HOPKINS HOSPITAL -BALTIMORE, MD 1978
Residency and Year JOHN'S HOPKINS HOSPITAL - BALTIMORE, MD 1981
License Expiration Date **6/30/2017**
Remarks

License Number 16531
License Date 4/2/2014
Name **BILLMEIER, SARAH E MD**
Address 3141 WASHINGTON ST APT 2, JAMAICA PLAIN, MA, 02130
Specialty GS
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2006
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2007
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 11124
License Date 12/6/2000
Name **BILODEAU, MICHELE D MD**
Address 119 MAPLEWOOD TERRACE, SPRINGFIELD, MA, 01108-1609
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1982
Internship and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1983
Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1984
License Expiration Date **6/30/2003**
Remarks

License Number 9512
License Date 8/2/1995
Name **BINCZEWSKI, BRIAN A MD**
Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1985
Internship and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1986
Residency and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1990
License Expiration Date **6/30/2017**
Remarks

License Number 10512
License Date 3/3/1999
Name **BINDER, GOTTFRIED H MD**
Address 2315 LITTLER LN, OCEANSIDE, CA, 92056
Specialty PTH
Board Certified D
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1957
Internship and Year LONG BEACH MEMORIAL HOSPITAL - LONG BEACH, CA 1958
Residency and Year UNIV HOSPITAL DEPT OF DERMATOLOGY - MINNEAPOLIS, MN 1961
License Expiration Date **6/30/2001**
Remarks **DECEASED 12/14/2010**

License Number 15862
License Date 10/3/2012
Name **BING-YOU, ROBERT G MD**
Address 48 BLUEBERRY CV, YARMOUTH, ME, 04096-6527
Specialty
Board Certified END
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE USA 1986
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1989
License Expiration Date **5/13/2015**
Remarks **Requested inactive 5-13-15.**

License Number 8151
License Date 7/12/1989
Name **BIRENBAUM, DEBRA L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation TEMPLE UNIV SCH OF MED PHIL,PA USA 1982
Internship and Year UNIV MICHIGAN HOSP-ANN ARBOR,MI 1983
Residency and Year UNIV OF MICHIGAN HOSP-ANN ARBOR,MI 1986
License Expiration Date **6/30/2017**
Remarks

License Number 6641
License Date 1/6/1983
Name **BIRKBY, BRUCE E MD**
Address PENTUCKET MEDICAL ASSOCIATES, 203 TURNPIKE STN ANDOVER, MA, 01845-5042
Specialty A
Board Certified A
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1973
Internship and Year NEWTON WELLESLEY HOSP-NEWTN LWR FLS 1974
Residency and Year UNIV HOSP- ANN ARBOR,MI 1982
License Expiration Date **6/30/2009**
Remarks

License Number 8572
License Date 6/5/1991
Name **BIRKMEYER, JOHN D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON MA USA 1989
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON NH 1990
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON NH 1996
License Expiration Date **6/30/2017**
Remarks **license lapsed 6/30/05 - reinstated 11/6/14**

License Number 6870
License Date 5/10/1984
Name **BIRNBAUM, STEVEN B MD**
Address DARTMOUTH HITCHCOCK CLINIC DEPT OF RADIOLOGY, 100 HITCHCOCK WAYMANCHESTER, NH, 03
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF ROCHESTER SCH MED-DENTISTRY-NY USA 1978
Internship and Year CHILDRENS HOSP MED CTR-BOSTON,MA 1979
Residency and Year CHILDRENS HOSP MED CTR-BOSTON,MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11408
License Date 10/3/2001
Name **BISBEE, DAVID M MD**
Address 1878 MI RD, STOWE, VT, 05672
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MINNESOTA MED SCH- MINNEAPOLIS,MN USA 1983
Internship and Year UNIV OF MINNESOTA/FAIRVIEW UNIV MEDICAL CENTER - MINNEAPOLIS, MN 1984
Residency and Year UNIV OF MINNESOTA/FAIRVIEW UNIV MEDICAL CENTER - MINNEAPOLIS, MN 1986
License Expiration Date **6/30/2007**
Remarks

License Number 4729
License Date 7/14/1972
Name **BISETT, THOMAS C MD**
Address NH DARTMOUTH FAMILY MED CTR, 260 PLEASANT STCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ROCHESTER - NY USA 1967
Internship and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1968
Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1970
License Expiration Date **6/30/2016**
Remarks

License Number 13944
License Date 5/7/2008
Name **BISHOP DANIELS, BETHANY A MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT USA 2002
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 2003
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 15953
License Date 12/5/2012
Name **BISHOP, BRUCE G MD**
Address 1500 SPLIT ROCK DR #109, IVINS, UT, 84738
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 1970
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1971
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1975
License Expiration Date **6/30/2016**
Remarks

License Number 4440
License Date 6/17/1969
Name **BISHOP, DAVID E MD**
Address 220 COTTAGE ST, LITTLETON, NH, 03561-1821
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MEDICAL COLLEGE - PHILA, PA USA 1966
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1967
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1967
License Expiration Date **6/30/2001**
Remarks

License Number 4850
License Date 10/27/1971
Name **BISHOP, JAMES R E MD**
Address , , ,
Specialty DR
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/5/1994**
Remarks **REQUESTED INACTIVE 5/5/94**

License Number 13575
License Date 7/11/2007
Name **BISHOP, JOHN W MD**
Address UNIVERSITY OF CALIFORNIA, 4400 V SST PATH BLDGSACRAMENTO, CA, 95817
Specialty PTH
Board Certified PTH
School and Year of Graduation TUFTS UNIV USA 1977
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1978
Residency and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1980
License Expiration Date **6/30/2011**
Remarks

License Number 17099
License Date 6/3/2015
Name **BISHOP, PAULINE M MD**
Address 443 LOWELL ST, PEABODY, MA, 01960
Specialty DR
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 2010
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 7866
License Date 6/8/1988
Name **BISHOP, ROBERT C DO**
Address MAXFIELD CLINIC, 48 BELKNAP AVENUE NEWPORT, NH, 03773-0629
Specialty OS
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO - ME USA 1986
Internship and Year BAPTIST MEDICAL CENTER OF NY - BROOKLYN, NY 1987
Residency and Year WATERVILLE OSTEOPATHIC HOSPITAL - WATERVILLE, ME 1988
License Expiration Date **6/30/2016**
Remarks

License Number 16439
License Date 1/8/2014
Name **BISHOP-BARTOLOMEI, KELLY K MD**
Address SURGERY/UROLOGY AT MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNORTH CONWAY, NH, 0386
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2003
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14532
License Date 8/5/2009
Name **BISSAH, STEPHEN N MD**
Address NEW LONDON HOSPITAL, 273 COUNTY RD NEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF GHANA GHANA 1998
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2007
Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12863
License Date 9/7/2005
Name **BISSELL, KRISTIN F MD**
Address 1060 DAY HILL RD, STE 203 WINDSOR, CT, 06095
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CT, FARMINGTON CT US 1999
Internship and Year HIGHLAND FAMILY MED, ROCHESTER NY 2000
Residency and Year HIGHLAND FAMILY MED, ROCHESTER NY 2002
License Expiration Date **6/30/2007**
Remarks

License Number 12834
License Date 8/3/2005
Name **BISSELL, SCOTT A MD**
Address SPORTS MEDICINE PARTNERS, 2800 TAMARACK AVE STE 106 SOUTH WINDSOR, CT, 06074
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1999
Internship and Year UNIVERSITY OF ROCHESTER, ROCHESTER NY 2000
Residency and Year UNIVERSITY OF ROCHESTER, ROCHESTER NY 2004
License Expiration Date **6/30/2011**
Remarks

License Number 6393
License Date 3/6/1991
Name **BISSON, JOHN A MD**
Address THE VAS CLINIC, 64 COLCHESTER AVE BURLINGTON, VT, 05401-
Specialty U
Board Certified U
School and Year of Graduation UNIV OF VERMONT COLL OF MED, BURLINGTON, VT USA 1973
Internship and Year MED CTR HOSP, BURLINGTON, VT 1974
Residency and Year MED CTR HOSP, BURLINGTON, VT 1978
License Expiration Date **6/30/2011**
Remarks

License Number 9597
License Date 12/6/1995
Name **BISSON, MONELLE G MD**
Address OB/GYN HOSPITALIST PROGRAM, 8 PROSPECT ST NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VT COLLEGE OF MEDICINE USA 1988
Internship and Year BROOKE ARMY MEDICAL CTR - FT S - HOUSTON, TX 1992
Residency and Year BROOKE ARMY MEDICAL CENTER - FT S HOUSTON, TX 1992
License Expiration Date **6/30/2017**
Remarks

License Number 12617
License Date 3/2/2005
Name **BISSONNETTE, JOHN P MD**
Address PATHOLOGY SPECIALISTS OF N E, 1 ELLIOT WAY MANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO, MAYWOOD IL US 1999
Internship and Year MASS GENERAL HOSPITAL, BOSTON MA 2003
Residency and Year MASS GENERAL HOSPITAL, BOSTON MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 11523
License Date 3/6/2002
Name **BISWAS, EHSAN A MD**
Address VA HOSPITAL, 200 SPRING RDBEDFORD, MA, 01730
Specialty P
Board Certified P
School and Year of Graduation DHAKA MED COLL- DHAKA, BANGLADESH BANGLADESH 1992
Internship and Year MEHARRY MEDICAL COLLEGE- NASHVILLE, TN 1997
Residency and Year MEHARRY MEDICAL COLLEGE- NASHVILLE, TN 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9179
License Date 6/1/1994
Name **BITTERMANN, DONALD E MD**
Address INTERMED, 100 FODEN RD STE 101S PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1966
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1967
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1973
License Expiration Date **6/30/2008**
Remarks

License Number 11826
License Date 2/5/2003
Name **BIVINS, DON H MD**
Address NEUROPATHIC PAIN TREAT CTR, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty N
Board Certified N
School and Year of Graduation UNIV OF TENNESSEE- MEMPHIS, TN USA 1976
Internship and Year UNIV OF VIRGINIA - ROANOKE, VA 1978
Residency and Year WAKE FOREST UNIVERSITY - WINSTON - SALEM, NC 1981
License Expiration Date **6/30/2005**
Remarks

License Number 16101
License Date 5/1/2013
Name **BIYANI, SHRUTI S MD**
Address STEWARD MED GRP - WOMENS HLTH OF SALEM, 18 KEEWAYDIN DRSALEM, NH, 03079
Specialty OBG
Board Certified
School and Year of Graduation B J MEDICAL COLLEGE INDIA 2002
Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 2010
Residency and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11106
License Date 11/1/2000
Name **BIZAR-SCHNEEBAUM, ANDREA MD**
Address SO NH INT MEDICINE ASSOC., 6 TSIENNETO RD STE 300DERRY, NH, 03038
Specialty RHU
Board Certified RHU
School and Year of Graduation SACKLER FAC OF MED TTEL AVIV UNIV - AVIV-YAFO ISRAEL 1981
Internship and Year YALE PRIMARY CARE PROGRAM - NEW HAVEN, CT 1982
Residency and Year YALE PRIMARY CRE PROGRAM - NEW HAVEN, CT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16660
License Date 7/2/2014
Name **BIZOT, WILLIAM B MD**
Address 7237 FOX HARBOR RD, PROSPECT, KY, 40059
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF LOUISVILLE SCHOOL OF MEDICINE USA 1986
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1987
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1989
License Expiration Date **6/30/2016**
Remarks

License Number 11684
License Date 8/7/2002
Name **BLACK, CANDICE C DO**
Address DHMC - PATHOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation NOVA SOUTHEASTERN UNIV - FT LAUDERDALE,FL USA 1996
Internship and Year FLORIDA MEDICA CENTER - FORT LAUDERDALE, FL 1997
Residency and Year MT SINAI MEDICAL CENTER - NEW YORK, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 10894
License Date 5/3/2000
Name **BLACK, DOUGLAS J MD**
Address DOUGLAS BLACK MD, PLLC, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty N
Board Certified N
School and Year of Graduation UNIV OF SO FLORIDA COLL OF MED - TAMPA, FL USA 1993
Internship and Year UNIV OF SOUTH FLORIDA COLL OF MED - TAMPA, FL 1994
Residency and Year UNIV OF SOUTH FLORIDA - TAMPA, FL 1997
License Expiration Date **6/30/2016**
Remarks

License Number 3519
License Date 6/29/1962
Name **BLACK, DOUGLAS M MD**
Address 156 LITTLE POND RD, CONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT MEDICAL SCHOOL USA 1956
Internship and Year INDIANA UNIVERSITY MEDICAL CENTER 1957
Residency and Year WOMAN'S HOSPITAL DIVISION OF ST. LUKE'S- NY 1962
License Expiration Date **6/30/2014**
Remarks

License Number 15649
License Date 5/2/2012
Name **BLACK, MARTIN D MD**
Address CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty PCC
Board Certified PCC
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 8582
License Date 7/17/1991
Name **BLACK, WILLIAM C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation VIRGINIA COMMONWEALTH UNIV - RICHMOND, VA USA 1979
Internship and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1980
Residency and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 10579
License Date 6/2/1999
Name **BLACKMAN, GREGORY E MD**
Address DEPT OF RADIOLOGY NACC NEWPORT, 1 RIGGS RDNEWPORT, RI, 02840
Specialty R
Board Certified R
School and Year of Graduation VANDERBILT UNIV SCH OF MED - NASHVILLE, TN USA 1987
Internship and Year UNIV OF TEXAS SOUTHWESTERN MED CTR - DALLAS, TX 1988
Residency and Year UNIV OF TEXAS SOUTHWESTERN MED CTR - DALLAS, TX 1989
License Expiration Date **6/30/2000**
Remarks

License Number 14750
License Date 3/3/2010
Name **BLACKSTONE, JACQUELYN A DO**
Address MAINE MED PART WOM HEALTH, 887 CONGRESS ST STE 200PORTLAND, ME, 04102
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1987
Internship and Year ST VINCENT'S MIDTOWN AKA NYCOM/ST CLARE'S HOSP & HEALTH-PORT EWEN, NY 1988
Residency and Year MT SINAI SCHOOL OF MEDICINE - JERSEY CITY, NJ 1991
License Expiration Date **6/30/2012**
Remarks

License Number 15372
License Date 9/7/2011
Name **BLACKWOOD, CAROL L MD**
Address VA CLINIC, 640 MARLBORO STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT USA 1997
Internship and Year NAVAL HOSPITAL - CAMP PENDLETON, CA 1998
Residency and Year NAVAL HOSPITAL - CAMP PENDLETON, CA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 8732
License Date 6/3/1992
Name **BLACKWOOD, MARK R MD**
Address DURHAM FAMILY HEALTH, 36 MADBURY RDDURHAM, NH, 03824
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year UNIVERSITY OF VIRGINIA HOSPITALS CHARLOTTESVILLE,VA 1992
Residency and Year UNIVERSITY OF VIRGINIA HOSPITALS-CHARLOTTESVILLE,VA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 5860
License Date 3/2/1978
Name **BLACKWOOD, WILLIAM S MD**
Address SJ PHYSICIAN SERVICES, 172 KINSLEY STNASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation LONDON HOSPITAL MEDICAL COLLEGE - LONDON ENGLAND 1971
Internship and Year LONDON HOSPITAL - LONDON, ENGLAND 1972
Residency and Year ST JOHN'S HOSPITAL - CHELMSFORD ESSEX ENGLAND 1972
License Expiration Date **6/30/2016**
Remarks

License Number 13085
License Date 6/7/2006
Name **BLAHA, GREGORY R MD**
Address 1 ESSEX CENTER DR, PEABODY, MA, 01960
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF PA, PHILADELPHIA PA US 2000
Internship and Year CROZER-CHESTER MED CTR, UPLAND PA 2001
Residency and Year TUFTS UNIVERSITY, BOSTON MA 2004
License Expiration Date **5/4/2015**
Remarks **Requested inactive 5/4/2015.**

License Number 16150
License Date 6/5/2013
Name **BLAIR III, VILRAY P MD**
Address COMPHEALTH, PO BOX 713100SALT LAKE CITY, UT, 84171
Specialty ORS
Board Certified ORS
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1978
Residency and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1982
License Expiration Date **6/30/2017**
Remarks

License Number 6556
License Date 6/24/1982
Name **BLAIR, STEVEN R MD**
Address , PO BOX 61CORNISH FLAT, NH, 03746
Specialty PD
Board Certified
School and Year of Graduation ALBERT EINSTEIN COLL MED - BRONX, NY USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1980
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982
License Expiration Date **6/30/2016**
Remarks

License Number 16000
License Date 2/6/2013
Name **BLAISDELL, GREGORY Y MD**
Address NH ORTHOPAEDIC CTR, 17 RIVERSIDE ST., SUITE 101NASHUA, NH, 03062
Specialty ORS
Board Certified
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 2007
Internship and Year UNIVERSITY OF WASHINGTON - SEATTLE, WA 2008
Residency and Year UNIVERSITY OF WASHINGTON - SEATTLE, WA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 15691
License Date 6/6/2012
Name **BLAKE, HEIDI C MD**
Address PORTSMOUTH REG HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1993
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR, MI 1995
Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR, MI 1997
License Expiration Date **6/30/2016**
Remarks

License Number 14985
License Date 9/1/2010
Name **BLAKE, ROBERT V MD**
Address 230 HILTON AVE STE 117, HEMPSTEAD, NY, 11550
Specialty DR
Board Certified DR
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1975
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1976
Residency and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1976
License Expiration Date **6/30/2016**
Remarks

License Number 12643
License Date 4/6/2005
Name **BLAKE, TIMOTHY D MD**
Address NASHUA EYE ASSOCIATES, 5 COLISEUM AVENASHUA, NH, 03063-3292
Specialty OPH
Board Certified OPH
School and Year of Graduation LOYOLA UNIV OF CHICAGO US 2000
Internship and Year RESURRECTION MEDICAL CENTER, CHICAGO IL 2001
Residency and Year TEMPLE UNIVERSITY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16992
License Date 4/1/2015
Name **BLANCH, ROBERT M MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF UT SCHOOL OF MEDICINE USA 2004
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2005
Residency and Year SAINT LUKE'S HOSPITAL OF KANSAS CITY - KANSAS CITY, MO 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15906
License Date 11/7/2012
Name **BLANCHET, JACQUES H MD**
Address CMC - DHK, 580-590 COURT STREETKEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1986
Internship and Year JEWISH GENERAL HOSPITAL - MONTREAL, CANADA 1987
Residency and Year JEWISH GENERAL HOSPITAL - MONTREAL, CANADA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 8748
License Date 6/3/1992
Name **BLANCHETTE PORTER, MISTY M MD**
Address DHMC OBGYN, ONE MEDICAL DRLEBANON, NH, 03756-
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL HANOVER, NH USA 1989
Internship and Year MEDICAL CENTER HOSPITAL VERMONT 1993
Residency and Year MEDICAL CENTER HOSPITAL VERMONT 1993
License Expiration Date **6/30/2016**
Remarks

License Number 6259
License Date 8/7/1980
Name **BLANCHETTE, PATRICIA A MD**
Address 347 N KUAKINI ST, HPM 9HONOLULU, HI, 96817-2372
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF HAWAII SCHOOL MED - HONOLULU, HI USA 1979
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
License Expiration Date **6/30/2014**
Remarks

License Number 16964
License Date 3/4/2015
Name **BLAND, JESSICA K MD**
Address AMOSKEAG ANESTHESIA, ONE ELLIOT WAY, SUITE 200MANCHESTER, NH, 03103
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CENTER @ SAN ANTON USA 2005
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12899
License Date 10/5/2005
Name **BLANK, ALVIN R MD**
Address CIGNA BEHAVIORIAL HEALTH, 1447 YORK RD STE 700LUTHERVILLE, MD, 21093
Specialty P
Board Certified P
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1970
Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1971
Residency and Year UNIVERSITY OF CINCINNATI, CINCINNATI OH 1974
License Expiration Date **6/30/2017**
Remarks

License Number 15617
License Date 4/4/2012
Name **BLANK, ERIKA S MD**
Address CORE PHYSICIANS HAMPTON HEALTH, 879 LAFAYETTE RDHAMPTON, NH, 03842
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLLEGE USA 1996
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 1997
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 1999
License Expiration Date **6/30/2016**
Remarks

License Number 5650
License Date 12/6/1976
Name **BLASIK JR, LAWRENCE G MD**
Address SUMMIT DERMATOLOGY & LASER CTR, 111 GLYNCO PKWY STE 20 BLG 1BRUNSWICK, GA, 31525
Specialty D
Board Certified D
School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MED CHICAGO USA 1972
Internship and Year HARTFORD HOSPITAL 1973
Residency and Year HARTFORD HOSPITAL 1975
License Expiration Date **6/30/2014**
Remarks

License Number 14614
License Date 10/7/2009
Name **BLASZCZAK, TOMASZ MD**
Address 46 ROCKY POINT DR, BOW, NH, 03304
Specialty IM
Board Certified IM
School and Year of Graduation AKADEMIA MEDYCZNA, LUBLIN POLAND 1999
Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2004
Residency and Year NASSAU UNIVERSITY MEDICAL CENTER- EAST MEADOW, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13656
License Date 9/5/2007
Name **BLASZYK, HAGEN MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF JENA GERMANY 1992
Internship and Year MAYO CLINIC - ROCHESTER, MN 1994
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15176
License Date 4/6/2011
Name **BLATT, NANCY A DO**
Address BARRINGTON FAMILY PRACTICE, 426 CALEF HWY (RTE 125)BARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation MIDWESTERN UNIVERSITY USA 2001
Internship and Year ARROWHEAD REGIONAL MEDICAL CENTER - COLTON, CA 2002
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 13145
License Date 7/5/2006
Name **BLEAKLEY, JEFFREY F MD**
Address 100 MC GREGOR ST, MANCHESTER, NH, 03102
Specialty IM
Board Certified CD
School and Year of Graduation VANDERBILT UNIV USA 1993
Internship and Year STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1994
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 12982
License Date 1/4/2006
Name **BLEDSON, JAMES H MD**
Address 709 SKY MOUNTAIN DR, ROGERS, AR, 72756
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF ARKANSAS USA 1969
Internship and Year UNIV OF TEXAS MEDICAL SCHOOL, HOUSTON TX 1970
Residency and Year UNIV OF ARKANSAS FOR MEDICAL SCIENCES, LITTLE ROCK AR 1974
License Expiration Date **6/30/2016**
Remarks

License Number 16572
License Date 5/7/2014
Name **BLEICH, LAUREN M MD**
Address 100 PARROTT DR #913, SHELTON, CT, 06484
Specialty IM
Board Certified IM
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2008
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 10067
License Date 7/2/1997
Name **BLENCOWE, ELIZABETH A MD**
Address NORTH END COUNSELING, 9 BLODGET STREETMANCHESTER, NH, 03104-3502
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TX MED SCH AT SAN ANTONIO , TX USA 1973
Internship and Year ST MARYS HOSPMED CENTER-CA 1976
Residency and Year ST MARY'S HOSPITAL MEDICAL CENTER - CA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 7311
License Date 5/8/1986
Name **BLEND, TIMOTHY W MD**
Address THE BLEND INSTITUTE, 1911 MANATEE AVE E, SUITE 102BRADENTEN, FL, 34208
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIV (UNIV OF DOMINICA) ROSEAU WEST INDIES 1981
Internship and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1982
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1985
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/99 - reinstated 10/3/12**

License Number 4788
License Date 6/14/1971
Name **BLENKINSOP, ALFRED I MD**
Address 109 CAMELOT DR, BEDFORD, NH, 03110
Specialty FP
Board Certified
School and Year of Graduation KINGS COLLEGE MEDICAL SCHOOL ENGLAND 1957
Internship and Year HEXHAM GENERAL HOSPITAL - NORTHUMBERLAND 1958
Residency and Year HAXHAM GENERAL HOSPITAL - NORTHUMBERLAND 1962
License Expiration Date **6/30/2009**
Remarks

License Number 13421
 License Date 3/7/2007
 Name **BLEYENBERG, JULIE A DO**
 Address DOVER WOMEN'S HEALTH, 700 CENTRAL AVEDOVER, NH, 03820
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation DES MOINES UNIV USA 2002
 Internship and Year UNIV OF CINCINNATI - CINCINNATI, OH 2004
 Residency and Year UNIV OF CINCINNATI - CINCINNATI, OH 2006
 License Expiration Date **6/30/2017**
 Remarks

License Number 8733
 License Date 6/3/1992
 Name **BLIKE, GEORGE T MD**
 Address DHMC-ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty AN
 Board Certified AN
 School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1988
 Internship and Year HARTFORD HOSPITAL HARTFORD - CONNECTICUT 1989
 Residency and Year YALE-NEW HAVEN HOSPITAL NEW HAVEN - CONNECTICUT 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 6892
 License Date 6/7/1984
 Name **BLITZER, CHARLES M MD**
 Address MARSH BROOK PROF CTR, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation BOSTON UNIV SCH MED-BOSTON, MA USA 1979
 Internship and Year BAYSTATE MED CTR-SPRINGFIELD, MA 1980
 Residency and Year MED CTR HOSPITAL-BURLINGTON, VT 1984
 License Expiration Date **6/30/2016**
 Remarks

License Number 10853
 License Date 4/5/2000
 Name **BLOCK, CLAY A MD**
 Address DHMC-NEPHROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1989
 Internship and Year UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL NC 1993
 Residency and Year UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL NC 1995
 License Expiration Date **6/30/2016**
 Remarks

License Number 6804
License Date 10/6/1983
Name **BLOCK, LEONARD MD**
Address c/o BLADEN COUNTY HOSP, 501 POPLAR STELIZABETHTOWN, NC, 28337
Specialty GS
Board Certified GS
School and Year of Graduation CHICAGO MED SCH-CHICAGO,IL USA 1974
Internship and Year COOK COUNTY HOSPITAL-CHICAGO,IL 1974
Residency and Year COOK COUNTY HOSPITAL-CHICAGO,IL 1980
License Expiration Date **6/30/2009**
Remarks

License Number 9598
License Date 12/6/1995
Name **BLOCK, ROBERT C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 253 PLEASANT STCONCORD, NH, 03301-
Specialty OAR
Board Certified IM
School and Year of Graduation UMDNJ NEW JERSEY MEDICAL SCHOOL- NEWMARK, NJ USA 1991
Internship and Year KALAMAZOO CENTER MEDICAL STUDIES- KALAMAZOO, MI 1992
Residency and Year MAYO GRAD SCHOOL MEDICINE/MAYO FNDN - ROCHESTER, MN 1995
License Expiration Date **6/30/2005**
Remarks

License Number 9863
License Date 11/6/1996
Name **BLOMSTEDT, JEFFREY W MD**
Address 115 WINCHESTER ST, GREENFIELD, MA, 01301
Specialty NEP
Board Certified NEP
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS,SURGEONS, NY USA 1974
Internship and Year PRESBYTERIAN HOSPITAL - NY, NY 1975
Residency and Year PRESBYTERIAN HOSPITAL - NY, NY 1976
License Expiration Date **6/30/2016**
Remarks

License Number 17254
License Date 9/2/2015
Name **BLONDEAU, BENOIT A MD**
Address 55 WESTERN PROM, AUBURN, ME, 04210
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITE FRANCOIS-RABELAIS FRANCE 1993
Internship and Year HOWARD UNIV HOSPITAL- WASHINGTON DC 2000
Residency and Year TRUMAN MEDICAL CTR - KANSAS CITY, MO 2004
License Expiration Date **6/30/2017**
Remarks

License Number 10444
License Date 11/4/1998
Name **BLONDIN, BRIAN D MD**
Address HEYWOOD HOSP, 242 GREEN STGARDNER, MA, 01440
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1991
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1992
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date **6/30/2014**
Remarks

License Number 6058
License Date 6/11/1979
Name **BLOOM, JOHN D MD**
Address 83 SPUR RD, DOVER, NH, 03820
Specialty ORS
Board Certified ORS
School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FORREST USA 1972
Internship and Year WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1973
Residency and Year MAYO GRANDUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1978
License Expiration Date **6/30/2015**
Remarks **RETIRED**

License Number 7560
License Date 5/6/1987
Name **BLOOM, WILLIAM S MD**
Address 80 S MAIN ST, HANOVER, NH, 03755
Specialty OPH
Board Certified OPH
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY USA 1981
Internship and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1982
Residency and Year UNIVERSITY HOSPITAL INC - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 8583
License Date 7/17/1991
Name **BLOOMER, JAMES A MD**
Address YOUR MEDICAL HOME LLC, 21 HAMPTON RDEXETER, NH, 03833-4831
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1987
Internship and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 1990
Residency and Year FRANKILN SQUARE HOSPITL CENTER-BALTIMORE,MD 1990
License Expiration Date **6/30/2017**
Remarks

License Number 11409
License Date 10/3/2001
Name **BLOSS, MICHAEL F MD**
Address VIRTUAL RADIOLOGIC PROFESSIONALS LLC, 11995 SINGLETREE LN SUITE 500EDEN PRAIRIR, MN, 55
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1997
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 198
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 16001
License Date 2/6/2013
Name **BLUDAU, JUERGEN H MD**
Address ELLIOT HEALTH SYSTEM, 138 WEBSTER STREETMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation ROYAL COLLEGE OF SURGIONS IRELAND 1987
Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1991
Residency and Year NEWTON WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1993
License Expiration Date **6/30/2015**
Remarks

License Number 4963
License Date 3/6/1973
Name **BLUESTONE, NAOMI R MD**
Address 230 BEAUTY HILL RD, PO BOX 217CTR BARNSTEAD, NH, 03225-0217
Specialty P
Board Certified PH
School and Year of Graduation MEDICAL COLLEGE OF PA USA 1962
Internship and Year ALBERT EINSTEIN MEDICAL CENTER HOSPITAL - PHILA, PA 1963
Residency and Year CITY OF NY HOSPITAL - NY, NY 1966
License Expiration Date **11/13/1999**
Remarks **DECEASED 11/13/99**

License Number 13763
License Date 12/5/2007
Name **BLUM, STEPHEN M MD**
Address 1001 NW LOVEJOY ST, #706PORTLAND, OR, 97209-3570
Specialty R
Board Certified R
School and Year of Graduation UNIV OF OKLAHOMA USA 1969
Internship and Year MONTEFIORE MEDICAL CTR - BRONX, NY 1970
Residency and Year BELLEVUE HOSPITAL - NEW YORK, NY 1973
License Expiration Date **6/30/2015**
Remarks

License Number 11685
License Date 8/7/2002
Name **BLUMBERG, JILL I MD**
Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DRWHITE RIVER JCT, VT, 05001
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 1999
Internship and Year ALASKA FAMILY PRACTICE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2000
Residency and Year ALASKA FAMILY PRACTICE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2001
License Expiration Date **6/30/2016**
Remarks

License Number 6394
License Date 6/4/1981
Name **BLUME, PETER MD**
Address CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301-
Specialty EM
Board Certified EM
School and Year of Graduation CMDNJ NEW JERSEY MED SCH, NEWARK,NJ USA 1977
Internship and Year UNIV HOSP, MADISON,WI 1978
Residency and Year UNIV HOSP, MADISON,WI 1981
License Expiration Date **6/30/2017**
Remarks

License Number 10744
License Date 11/3/1999
Name **BOALS, AARON M MD**
Address MERRIMACK FAMILY PRACTICE, 294 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF IOWA USA 1996
Internship and Year BOWMAN GRAY SCHOOL OF MEDICINE - WINSTON-SALEM NC 1999
Residency and Year BOWMAN GRAY SCHOOL OF MEDICINE - WINSTON-SALEM NC 1999
License Expiration Date **6/30/2002**
Remarks

License Number 12158
License Date 12/3/2003
Name **BOARDMAN, JOHN W MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF WISCONSIN, MADISON WI US 1994
Internship and Year ST LUKES MEDICAL CTR, MILWAUKEE WI 1995
Residency and Year ST LUKES MEDICAL CTR, MILWAUKEE WI 1999
License Expiration Date **6/30/2013**
Remarks

License Number 12159
License Date 12/3/2003
Name **BOAZ, TRAVIS L MD**
Address 401 HAWTHORNE LN STE 110-121, CHARLOTTE, NC, 28202
Specialty R
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1992
Internship and Year CEDARS-SINAI MED CTR, LOS ANGELES CA 1993
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 11161
License Date 2/7/2001
Name **BOBMAN, STUART A MD**
Address 3680 BROADWAY, FT MYERS, FL, 33901
Specialty
Board Certified R
School and Year of Graduation DUKE UNIV SCH OF MED- DURHAM, NC USA 1985
Internship and Year ST JOHN'S MERCY MEDICAL CENTER - ST LOUIS, MO 1986
Residency and Year HOSPITAL OF THE UNIV OF PA - PHILADELPHIA, PA 1990
License Expiration Date **6/30/2002**
Remarks

License Number 13086
License Date 6/7/2006
Name **BOBOCEA, MANUELA A MD**
Address SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DEMEDICINA, ROMANIA ROMANIA 1999
Internship and Year ST LUKES, NEW YORK NY 2004
Residency and Year ST LUKES, NEW YORK NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 6871
License Date 5/10/1984
Name **BOBRUFF, MARTHA R MD**
Address PO BOX 2400, NEW LONDON, NH, 03257
Specialty P
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIV OF MED - DC USA 1972
Internship and Year BOSTON UNIV MEDICAL CENTER - MA 1973
Residency and Year MC LEAN HOSPITAL - MA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 16151
License Date 6/5/2013
Name **BOCACHICA, JOHN H MD**
Address 19441 OSTOVIA CIR, EAGLE RIVER, AK, 99577
Specialty D
Board Certified D
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1976
Internship and Year METROPOLITAN HOSPITAL CENTER - NY, NY 1977
Residency and Year
License Expiration Date **6/30/2015**
Remarks

License Number 15954
License Date 12/5/2012
Name **BOCK, ANTHONY J MD**
Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE USA 1997
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15651
License Date 5/2/2012
Name **BODA, NAMRATHA R MD**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty P
Board Certified P
School and Year of Graduation SRI DEVARAJ URS MEDICAL COLLEGE INDIA 2004
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2008
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2011
License Expiration Date **6/30/2016**
Remarks

License Number 12053
License Date 9/3/2003
Name **BODEN, THOMAS M MD**
Address VIRTUAL RADIOLGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation CARL GUSTAV CARUS ACADEMY OF MED, DRESDEN GERMANY GERMANY 1992
Internship and Year METROHEALTH MEDICAL CTR, CLEVELAND OH 1998
Residency and Year METROHEALTH MEDICAL CTR, CLEVELAND OH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 15077
License Date 12/1/2010
Name **BODNER, BRUCE E MD**
Address 34 GRINNELL ST, BERKLEY, MA, 02779
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 1980
Internship and Year MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 1982
Residency and Year MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 1985
License Expiration Date **6/30/2014**
Remarks

License Number 16338
License Date 10/2/2013
Name **BOEHLER, RICHARD MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY ST NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1980
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1982
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11262
License Date 6/6/2001
Name **BOERNER, CAROL F MD**
Address 320 MAIN ST, SUITE 3 NORWICH, VT, 05055
Specialty OPH
Board Certified OPH
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1976
Internship and Year BRYN MAWR HOSPITAL - BRYN MAWR PA 1977
Residency and Year EMORY UNIVERSITY - ATLANTA GA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 16401
License Date 12/4/2013
Name **BOES, CHRISTOPHER J MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF NEBRASKA MEDICAL CENTER USA 1996
Internship and Year UNIVERSITY OF NEBRASKA MEDICAL CENTER - OMAHA, NE 1997
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2000
License Expiration Date **6/30/2017**
Remarks

License Number 13700
License Date 10/3/2007
Name **BOFFETTI, PAUL F MD**
Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty IM
Board Certified CD
School and Year of Graduation TUFTS UNIV USA 1984
Internship and Year BOSTON VETERANS AFFAIRS MEDICAL CENTER - JAMAICA PLAIN, MA 1985
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 16208
License Date 7/3/2013
Name **BOGGS, MARY K DO**
Address ELLIOT, ONE ELLIOT WAYMANCHESTER, NH, 37604
Specialty GS
Board Certified
School and Year of Graduation KANSAS CITY UNIVERSITY OF MEDICINE USA 2004
Internship and Year MERCY HOSPITAL MEDICAL CENTER - DES MOINES, IA 2005
Residency and Year MERCY HOSPITAL MEDICAL CENTER - DES MOINES, IA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 6450
License Date 8/24/1981
Name **BOGIN, FREDERICK J MD**
Address 236 WHITEBECK RD, NEW HARTFORD, CT, 06057
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK MED COLL-NEW YORK,NY USA 1975
Internship and Year U CT SCH MED INTEG PROG-FARMINGTON,CT 1976
Residency and Year U CT SCH MED INTEG PROG-FARMINGTON,CT 1978
License Expiration Date **6/30/1999**
Remarks

License Number 8484
License Date 2/6/1991
Name **BOGRAKOS, WILLIAM L DO**
Address 9113 SUMNER GROVE DR, LAUREL, MD, 20708
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1985
Internship and Year BAPTIST MEDICAL CENTER - BROOKLYN, NY 1986
Residency and Year BAPIST MEDICAL CENTER - BROOKLYN, NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 8704
License Date 5/6/1992
Name **BOGURSKY, STEPHEN I MD**
Address ANESTHESIA CARE GROUP PC, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1988
Internship and Year PRESBYTERIAN HOSPITAL 1989
Residency and Year PRESBYTERIAN HOSPITAL 1992
License Expiration Date **6/30/2016**
Remarks

License Number 17205
License Date 8/5/2015
Name **BOH, BENJAMIN J DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NE COLLEGE OF OSTEOPATHIC MED USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 15283
License Date 7/6/2011
Name **BOHEEN, ERICA A MD**
Address ROCHESTER PEDIATRIC ASSOC, 245 ROCHESTER HILL RD UNIT 2ROCHESTER, NH, 03867
Specialty PD
Board Certified PD
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1995
Internship and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1997
Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 9561
License Date 10/4/1995
Name **BOHNERT, MICHAEL J MD**
Address 464 COMMON ST STE 331, BELMONT, MA, 02478
Specialty P
Board Certified P
School and Year of Graduation UNIV OF PENNDYLVANIA SCHOOL OF MEDICINE USA 1972
Internship and Year HOSPITAL UNIV OF PENNSYLVANIA PHILADELPHIA, PA] 1973
Residency and Year MASS MENTAL HEALTH CENTER BOSTON, MA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 9670
License Date 4/3/1996
Name **BOISEN, VICTORIA C DO**
Address 160 PLAISTOW RD, PLAISTOW, NH, 03865
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 1993
Internship and Year MALDEN HOSPITAL-MALDEN MA 1994
Residency and Year MALDEN HOSPITAL-MALDEN MA 1996
License Expiration Date **6/30/2002**
Remarks

License Number 15336
License Date 8/3/2011
Name **BOJKOVIC, MICHAEL N MD**
Address FOCUS HEALTH INC, 10801 STARKEY ROAD #104-101SEMINOLE, FL, 33777
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MANITOBA FACULTY OF MEDICINE CANADA 1989
Internship and Year UNIVERSITY OF TORONTO - TORONTO, CANADA 1990
Residency and Year UNIVERSITY OF TORONTO - TORONTO, CANADA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 12332
License Date 6/2/2004
Name **BOKAT, PAMELA MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation TEL AVIV UNIVERSITY, TEL AVIV-YAFO ISRAEL ISRAEL 2000
Internship and Year BETH ISRAEL MEDICAL CTR, NEW YORK NY 2001
Residency and Year BETH ISRAEL MEDICAL CTR, NEW YORK NY 2003
License Expiration Date **6/30/2008**
Remarks

License Number 7940
License Date 8/10/1988
Name **BOL, MORRIS MD**
Address ALICE PECK DAY HOSP, 125 MASCOMA STLEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation STANFORD UNIV SCH MED - STANFORD, CA USA 1969
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1970
Residency and Year UNIV COLORADO SCH OF MED AFFILIATED HOSPITAL - DENVER, CO 1971
License Expiration Date **6/30/2008**
Remarks

License Number 7251
License Date 1/2/1986
Name **BOLAND, ARTHUR L MD**
Address 10 HAWTHORNE PL STE 114, BOSTON, MA, 02114-2336
Specialty ORS
Board Certified ORS
School and Year of Graduation CORNELL UNIV MED COLL NEW YORK NY USA 1961
Internship and Year NY HOSP CORNELL UNIV MED CTR NY 1962
Residency and Year MASS GEN HOSPITAL BOSTON MA 1968
License Expiration Date **6/30/2000**
Remarks

License Number 15977
License Date 1/9/2013
Name **BOLDING, JULIA M MD**
Address 580 ST JOHNSBURY RD, LITTLETON, NH, 03561
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIVERSITY OF NORTH DAKOTA SCHOOL OF MED USA 1999
Internship and Year WEST VIRGINIA UNIVERSITY HOSPITALS - MORGANTOWN, WV 2000
Residency and Year WEST VIRGINIA UNIVERSITY HOSPITALS - MORGANTOWN, WV 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16504
License Date 3/5/2014
Name **BOLLA, SARITHA MD**
Address CENTER FOR CANCER CARE, 620 WASHINGTON STWINCHESTER, MA, 01890
Specialty HO
Board Certified IM
School and Year of Graduation OSMANIA MEDICAL COLLEGE-HYDERABAD INDIA 2000
Internship and Year BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER - BROOKLYN, NY 2004
Residency and Year BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER - BROOKLYN, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10603
License Date 7/7/1999
Name **BOLON, CLAIRE E MD**
Address COTTAGE HOSPITAL, 79 SWIFTWATER RD STE 3WOODSVILLE, NH, 03785
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW YORK SYRACUSE - NY USA 1988
Internship and Year CHILDREN'S HOSPITAL - COLUMBUS OH 1991
Residency and Year CHILDREN'S HOSPITAL - COLUMBUS OH 1991
License Expiration Date **6/30/2013**
Remarks

License Number 12093
License Date 10/1/2003
Name **BOLTON, VINCENT E MD**
Address 6 WASHINGTON COURT, KENNEBUNKPORT, ME, 04046
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NAVADA, RENO NV US 1983
Internship and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1984
Residency and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1988
License Expiration Date **6/30/2013**
Remarks

License Number 12231
License Date 3/3/2004
Name **BOMBA, GARRETT J MD**
Address PENTUCKET MEDICAL, 360 MERRIMACK ST LAWRENCE, MA, 01843
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 2001
Internship and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2003
Residency and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 9180
License Date 6/1/1994
Name **BONACCI, DAVID D MD**
Address 104 FOUR WINDS RD, PETERBOROUGH, NH, 03458
Specialty P
Board Certified P
School and Year of Graduation PRITZKER SCHOOL OF MEDICINE USA 1974
Internship and Year ABBOTT-NORTHWESTERN HOSPITAL - MINNEAPOLIS MN 1975
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 15401
License Date 10/5/2011
Name **BONAFEDE, KATHRYN A MD**
Address LAMPREY HEALTH CARE, 128 STATE RTE 27 RAYMOND, NH, 03077
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2009
Residency and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 7111
License Date 6/6/1985
Name **BONICA, ALEXANDER J MD**
Address 2 LANDING WAY, DOVER, NH, 03820
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS-WORCESTER, MA USA 1978
Internship and Year USPHS HOSPITAL-BOSTON, MA 1979
Residency and Year NEW ENGLAND MEDICAL CTR HOSPITAL-BOSTON, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 9298
License Date 10/5/1994
Name **BONNEM, ERIC M MD**
Address UNIV HEALTH ASSOC-HEMATOLOGY & ONCOLOGY, 2008 PROFESSIONAL COURTMARTINSBURG, W
Specialty ON
Board Certified IM
School and Year of Graduation PA STATE UNIVERSITY COLLEGE OF MEDICINE USA 1976
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD MA 1977
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1982
License Expiration Date **6/30/2016**
Remarks

License Number 11472
License Date 12/5/2001
Name **BONTEMPI, WILLIAM J MD**
Address BERKSHIRE FACIAL SURGERY, 53 SOUTHHAMPTON RDWESTFIELD, MA, 01085
Specialty OS
Board Certified
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED-FARMINGTON, CT USA 1997
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1998
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1999
License Expiration Date **6/30/2002**
Remarks

License Number 7073
License Date 5/2/1985
Name **BOORNAZIAN JR, ZAVEN C MD**
Address WAUSAU MEDICAL CENTER, 306 WARIA DRWAUSAU, WI, 54401-4129
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY-BOSTON, MA USA 1982
Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 1983
Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 1985
License Expiration Date **6/30/2003**
Remarks

License Number 7041
License Date 2/7/1985
Name **BOORNAZIAN, JOHN S MD**
Address C/O HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894-4411
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER SCH MED-ROCHESTER,NY USA 1982
Internship and Year BROWN UNIV AFFIL HOSP-PROVIDENCE,RI 1983
Residency and Year BROWN UNIV AFFIL HOSP-PROVIDENCE,RI 1985
License Expiration Date **6/30/2017**
Remarks

License Number 17206
License Date 8/5/2015
Name **BORERI, SUSAN K MD**
Address 56 FARLEY AVE, IPSWICH, MA, 01938
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY MASSACHUSETTS MED SCHOOL USA 2002
Internship and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA 2003
Residency and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16260
License Date 8/7/2013
Name **BORMANN, JOHN L MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF IOWA USA 1990
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1991
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 6703
License Date 6/2/1983
Name **BORNSTEIN, MYER S MD**
Address 88 WASHINGTON ST, TAUNTON, MA, 02780-2470
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT COLL MED BURLINGTON, VT USA 1965
Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1966
Residency and Year AROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1969
License Expiration Date **6/30/2009**
Remarks

License Number 13815
License Date 2/6/2008
Name **BORSODI, KATHRYN S MD**
Address AGNESIAN HEALTHCARE, 430 E DIVISION ST/CO INTENSIVEFOND DU LAC, WI, 54935
Specialty AN
Board Certified
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2004
Internship and Year ST VINCENT HOSPITAL-WORCESTER, MA 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2012**
Remarks

License Number 13736
License Date 11/7/2007
Name **BORTECEN, KEREM H MD**
Address NYU LANGONE MEDICAL CENTER, 403 E 34TH ST - 3RD FLNEW YORK, NY, 10016
Specialty GS
Board Certified GS
School and Year of Graduation ISTANBUL UNIV TURKEY 1994
Internship and Year YALE UNIV SCHOOL OF MED-NEW HAVEN, CT 1997
Residency and Year YALE UNIV SCHOOL OF MED-NEW HAVEN, CT 2002
License Expiration Date **6/30/2017**
Remarks

License Number 14371
License Date 4/1/2009
Name **BORTHWICK, MELISSA L MD**
Address 1 ELLIOT WAY, HOSPITALIST PROGRAM 5TH FLOORMANCHESTER, NH, 03103
Specialty FP
Board Certified FP
School and Year of Graduation E TENNESSEE STATE UNIV USA 2002
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14278
License Date 1/7/2009
Name **BORUTA II, DAVID M MD**
Address MGH GYNECOLOGIC ONCOLOGY, 55 FRUIT ST YAWKEY CTR STE 9EBOSTON, MA, 02114
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MICHIGAN USA 1996
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1997
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 6379
License Date 5/7/1981
Name **BOS, STEVEN J MD**
Address , 22 GOOSE POINT RD KITTERY POINT, ME, 03905
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIV OF NY AT BUFFALO SCH OF MED, BUFFALO, NY USA 1974
Internship and Year UNIV OF HAWAII INTERG PATH RES, HONOLULU, HI 1975
Residency and Year MED CTR HOSP, BURLINGTON, VT 1979
License Expiration Date **6/30/2013**
Remarks

License Number 5210
License Date 7/18/1974
Name **BOSAK, ROBERT D MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1973
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks **DECEASED 3/25/07**

License Number 15078
License Date 12/1/2010
Name **BOSCO, PETER D MD**
Address CAPE COD HOSPITAL, 27 PARK ST HYANNIS, MA, 02601
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIVERSITY USA 1996
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1997
Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14279
License Date 1/7/2009
Name **BOSE, ABHISHEK MD**
Address WENTWORTH DOUGLASS HOSPITAL, 789 CENTRAL AVENUE DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation KASTURBA MEDICAL COLLEGE, MANIPAL UNIV INDIA 2004
Internship and Year LINCOLN MEDICAL & MENTAL HEALTH CTR - BRONX, NY 2006
Residency and Year SUNY UPSTATE MEDICAL UNIV @ SYRACUSE - SYRACUSE, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15785
License Date 8/1/2012
Name **BOSE, BRENT J MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2007
Internship and Year CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 2008
Residency and Year OREGON HEALTH SCIENCES UNIVERSTIY - PORTLAND, OR 2012
License Expiration Date **6/30/2014**
Remarks

License Number 14862
License Date 6/2/2010
Name **BOSELLI, KAREN J MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIVERSITY USA 2004
Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2005
Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 8576
License Date 6/26/1991
Name **BOSHES, ROGER A MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 1975
Internship and Year
Residency and Year
License Expiration Date **6/30/1994**
Remarks

License Number 8252
License Date 12/6/1989
Name **BOSS JR, RICHARD A MD**
Address CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANT STCONCORD, NH, 03301
Specialty CD
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCH OF MED -WASHINGTON,DC USA 1978
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1979
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15431
License Date 11/2/2011
Name **BOSTAPH, ANDREW S MD**
Address RAYS, 13737 NOEL RD SUITE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 2000
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2001
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2005
License Expiration Date **6/30/2017**
Remarks

License Number 9671
License Date 4/3/1996
Name **BOSTIC, JEFF Q MD**
Address 2 FAITH RD, WINDHAM, NH, 03087
Specialty CHP
Board Certified P
School and Year of Graduation TEXAS TECH MEDICAL SCHOOL USA 1990
Internship and Year TIMBERLAWN MENTAL HEALTH SYSTEM-DALLAS TX 1991
Residency and Year TIMBERLAWN MENTAL HEALTH SYSTEM-DALLAS TX 1994
License Expiration Date **6/30/2016**
Remarks

License Number 15337
License Date 8/3/2011
Name **BOSWELL, JENNIFER Y MD**
Address LAKES REGION GENERAL HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF ARKANSAS USA 1995
Internship and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1999
Residency and Year GRADY MEMORIAL HOSPITAL - ATLANTA, GA 2000
License Expiration Date **6/30/2013**
Remarks

License Number 9469
License Date 7/5/1995
Name **BOTERO, JORGE M MD**
Address TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843
Specialty OPH
Board Certified
School and Year of Graduation UNIV PONTIFICIA BOLIVARIANA FAC DE MEDICINE COLOMBIA 1982
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 11587
License Date 5/1/2002
Name **BOTERO-VELEZ, MAURICIO MD**
Address DARTMOUTH-HITHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VALLE - CALI, VALLE COLOMBIA COLOMBIA 1984
Internship and Year UNIV OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 1992
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
License Expiration Date **6/30/2003**
Remarks

License Number 6124
License Date 10/4/1979
Name **BOTSFORD JR, DANIEL R MD**
Address 18 REGENCY DR, BEDFORD, NH, 03110
Specialty N
Board Certified N
School and Year of Graduation STATE UNIV OF NY AT BUFFALO SCHOOL MEDICINE - NY USA 1974
Internship and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1975
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1978
License Expiration Date **6/30/2017**
Remarks

License Number 14700
License Date 1/6/2010
Name **BOTTINO, CHRISTOPHER J MD**
Address ANESTHESIA ASSOC OF DANBURY, 6 GERMANTOWN RDDANBURY, CT, 06810
Specialty AN
Board Certified AN
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1986
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1987
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date **6/30/2014**
Remarks

License Number 16816
License Date 11/6/2014
Name **BOUCHARD, JONQUILLE DO**
Address INTEGRATIVE OSTEOPATHIC MED & HEALING CTR, LLC, 16 HIGH ST, STE 2MANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2009
Internship and Year NYIT-COM/SOUTHAMPTON HOSPITAL - SOUTHAMPTON, NY 2010
Residency and Year NYIT-COM/SOUTHAMPTON HOSPITAL - SOUTHAMPTON, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 10525
License Date 4/7/1999
Name **BOUCHARD, MARC R MD**
Address STE 1 109 PROUTY DR, NEWPORT, VT, 05855
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MONTREAL FAC OF MED - CANADA CANADA 1995
Internship and Year UNIV DE SHERBROOKE - SHERBROOKE QC CANADA 1996
Residency and Year UNIV DE SHERBROOKE - SHERBROOKE QC CANADA 1997
License Expiration Date **6/30/2002**
Remarks

License Number 8070
License Date 5/10/1989
Name **BOUCHER, MARTIN J MD**
Address 46 BLUEBERRY HILL, WOLFEBORO, NH, 03894-
Specialty EM
Board Certified IM
School and Year of Graduation DALHOUSIE UNIV FAC OF MED HALIFAX NS CANADA 1986
Internship and Year UNIV MA HOSP MED CTR WORCESTER MA 1987
Residency and Year UNIV MA HOSP MED CTR WORCESTER MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 4100
License Date 8/14/1967
Name **BOUCHER, ROBERT E MD**
Address 64 BOW CENTER RD, BOW, NH, 03304
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ST LOUIS - MO USA 1961
Internship and Year ST JOHN'S MERCY HOSPITAL - ST LOUIS, MO 1962
Residency and Year UNIV OF ST LOUIS - ST LOUIS, MO 1965
License Expiration Date **6/30/1998**
Remarks

License Number 9794
License Date 8/7/1996
Name **BOUCHER, WILLIAM F MD**
Address FORTUNES ROCKS CONSULTANTS, 725 MAIN STSOUTH PORTLAND, ME, 04106
Specialty OM
Board Certified OM
School and Year of Graduation HAHNEMANN UNIV - PHILADELPHIA, PA USA 1972
Internship and Year BAY STATE MEDICAL CENTER - SPRINGFIELD, MA 1973
Residency and Year BAY STATE MEDICAL CENTER - SPRINGFIELD, MA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 13031
License Date 4/5/2006
Name **BOULAY, BRIAN R MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ROSALIND FRANKLIN UNIV, NORTH CHICAGO IL USA 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2010**
Remarks

License Number 8485
License Date 2/6/1991
Name **BOULE, JUDITH A MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STREETKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY ME COLL - ALBANY, NY USA 1983
Internship and Year NAVAL HOSPITAL - BETHESDA, MD 1984
Residency and Year NORFOLK HOSPITAL - NORFOLK, VA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 4265
License Date 6/27/1968
Name **BOULTER, PHILIP R MD**
Address TUFTS HEALTH PLAN, 705 MOUNT AUBURN STWATERTOWN, MA, 02472
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1966
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2006**
Remarks

License Number 4811
License Date 7/26/1971
Name **BOULTER, SUZANNE C MD**
Address NH DARTMOUTH FAMILY PRACTICE, 250 PLEASANT STCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL, MA USA 1968
Internship and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1969
Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1970
License Expiration Date **6/30/2011**
Remarks

License Number 7603
License Date 6/3/1987
Name **BOURBEAU, JOSEE L MD**
Address COOS COUNTY FAMILY HLTH SRVC, 133 PLEASANT STBERLIN, NH, 03570
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF MONTREAL FACULTY OF MEDICINE CANADA 1985
Internship and Year CENTRE HOSPITALIER DE VERDUN - QUEBEC CANADA 1986
Residency and Year CENTRE HOSPITALIER DE VERDUN - QUEBEC CANADA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 10580
License Date 6/2/1999
Name **BOURGEOIS, ALBERT J DO**
Address 60 PINE ST, HOOKSETT, NH, 03106
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO-BIDDEFORD, ME USA 1996
Internship and Year MOUNTAINSIDE FAMILY PRACTICE ASSOC - VERONA, NJ 1997
Residency and Year MOUNTAINSIDE FAMILY PRACTICE ASSOC - VERONA, NJ 1998
License Expiration Date **12/4/2013**
Remarks **LICENSE INACTIVE EFFECTIVE 12/4/13.**

License Number 8884
License Date 1/6/1993
Name **BOURNE, DAVID J MD**
Address , 477 CONGRESS ST 5TH FLPORTLAND, ME, 04101
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF BRUXELLES USA 1977
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 1978
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 1979
License Expiration Date **6/30/2017**
Remarks

License Number 7385
License Date 7/3/1986
Name **BOUTROS, GEORGE J MD**
Address 12375 RAGWEED, SAN DIEGO, CA, 92129
Specialty OPH
Board Certified OPH
School and Year of Graduation AMERICAN UNIVERSITY OF BEIRUT BEIRUT 1980
Internship and Year TULANE UNIVERSITY SCH MED AFFIL HOSPITAL 1985
Residency and Year HARVARD AFFIL HOSPITAL 1986
License Expiration Date **6/30/2002**
Remarks

License Number 16029
License Date 3/6/2013
Name **BOUTRUS, STEVEN P MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty EM
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDIICNE USA 2010
Internship and Year SUNY @ STONY BROOK - STONY BROOK, NY 2011
Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16152
License Date 6/5/2013
Name **BOUTSELIS, MAXIMINA A MD**
Address 7 SUTHERLAND ST, ANDOVER, MA, 01810
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF CONNECTICUT SCHOOL OF MED USA 1995
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1996
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11263
License Date 6/6/2001
Name **BOUVIER, DANIEL P MD**
Address NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VERMONT USA 1995
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK NY 1996
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 14731
License Date 2/3/2010
Name **BOUWKAMP, THOMAS G MD**
Address FISHERMEN'S HOSP, 3301 OVERSEAS HWYMARATHON, FL, 33050
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1978
Internship and Year UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 1979
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1983
License Expiration Date **6/30/2016**
Remarks

License Number 2026
License Date 8/3/1936
Name **BOVAIRD, JAMES E MD**
Address Deceased 1/2/84, , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year

License Expiration Date **6/30/1983**

Remarks **DECEASED 1/2/84**

License Number 9649
License Date 3/6/1996
Name **BOVIENZO, JAMES D DO**
Address 100 WEST 58TH ST APT 6F, NEW YORK, NY, 10019
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF HEALTH COLL OF OSTEO MED - KANSAS CITY.MO USA 1990
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NY 1992
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1994
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/12 - reinstated 6/3/15**

License Number 3386
License Date 9/16/1960
Name **BOWEN, GERALD E MD**
Address 25 CROSS ST, SHREWSBURY, MA, 01545-
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY, SCHOOL OF MEDICINE USA 1958
Internship and Year US NAVAL HOSPITAL - BETHESDA, MD 1959
Residency and Year US NAVAL HOSPITAL - BETHESDA, MD 1959
License Expiration Date **5/6/2011**
Remarks **Deceased 5/6/2011**

License Number 9650
License Date 3/6/1996
Name **BOWEN, MICHAEL R MD**
Address CARROLL COUNTY GASTROENTEROLOG, PO BOX 878WOLFEBORO FALLS, NH, 03869-0878
Specialty GE
Board Certified IM
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE - MO USA 1984
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1985
Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 7676
License Date 8/5/1987
Name **BOWER, GEORGE J MD**
Address 389 NASHUA STREET, MILFORD, NH, 03055-4216
Specialty IM
Board Certified
School and Year of Graduation FAC DE MED DE LA UNIV-JALISCO MEXICO 1979
Internship and Year CHRIST HOSP-OAK LAWN,IL 1984
Residency and Year EDGEWATER HOSP-CHICAGO,IL 1986
License Expiration Date **6/30/2017**
Remarks **6/13/01-SETTLEMENT AGREEMENT**

License Number 4158
License Date 10/23/1967
Name **BOWER, HUGH P MD**
Address 718 SMYTH RD, MANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation ST BARTHOLOMENS HOSPITAL LONDON ENGLAND 1957
Internship and Year MT VERNON HOSPITAL - MIDDLESEX, ENGLAND 1958
Residency and Year ROYAL INFIRMARY HSPITAL - UNITED KINGDOM 1962
License Expiration Date **6/30/2002**
Remarks **Deceased 4/3/2012**

License Number 15338
License Date 8/3/2011
Name **BOWERS, BRIAN P DO**
Address APPLIEDORE MEDICAL GROUP, 155 BORTHWICK AVE STE 202WPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2001
Internship and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2002
Residency and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2004
License Expiration Date **6/30/2013**
Remarks

License Number 6059
License Date 6/11/1979
Name **BOXER, JEFFREY J MD**
Address MONADNOCK REGIONAL PEDIATRICS, 454 OLD STREET RD STE 106PETERBOROUGH, NH, 03458
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIV OF NY UPSTATE COLL MED SYRACUSE, NY USA 1975
Internship and Year WILMINGTON MEDICAL CENTER - WILMINGTON, DE 1976
Residency and Year WILMINGTON MEDICAL CENTER - WILMINGTON, DE 1979
License Expiration Date **6/30/2017**
Remarks

License Number 15284
License Date 7/6/2011
Name **BOYADZHIEV, IVAN Y MD**
Address DARTMOUTH-HITCHCOCK MILFORD, 14 ARMORY ROAD, RR3MILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL UNIVERSITY OF SOFIA BULGARIA 2004
Internship and Year UIC COLLEGE OF MEDICINE @ ROCKFORD, ROCKFORD, IL 2009
Residency and Year UIC COLLEGE OF MEDICINE @ ROCKFORD, ROCKFORD, IL 2011
License Expiration Date **6/30/2017**
Remarks

License Number 3760
License Date 2/2/1965
Name **BOYCE, THOMAS K MD**
Address MIDDLETOWN PSYCHIATRIC CTR, 150 NORTH BEACON STMIDDLETOWN, NY, 10940-
Specialty P
Board Certified P
School and Year of Graduation CATHOLIC UNIV OF LUUVAIN BELGIUM 1961
Internship and Year MEADOWBROOK HOSPITAL - HEMPTREAD, NY 1962
Residency and Year MIDDLETOWN STATE HOSPITAL - MIDDLETOWN, NY 1965
License Expiration Date **6/30/2007**
Remarks **DECEASED 3/4/07**

License Number 9939
License Date 3/5/1997
Name **BOYD, ANNE S MD**
Address GME, 400 W MINERAL KING AVEVISALIA, CA, 93291
Specialty FP
Board Certified FP
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED- OH USA 1994
Internship and Year BEVERLY HOSPITAL-MA 1997
Residency and Year BEVERLY HOSPITAL - MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 12864
License Date 9/7/2005
Name **BOYER, RICHARD P MD**
Address LOCUM TENEMS GENERAL SURGERY, 26 RESERVE PLACECONCORD, NH, 03301-7922
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1968
Internship and Year HARTFORD HOSPITAL, HARTFORD CT 1969
Residency and Year HARTFORD HOSPITAL, HARTFORD CT 1970
License Expiration Date **6/30/2017**
Remarks

License Number 17100
License Date 6/3/2015
Name **BOYLAN, MARIA T DO**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MED USA 2012
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2013
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 4588
License Date 7/29/1970
Name **BOYLE JR, WILLIAM E MD**
Address DHMC-PEDI, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE , MA USA 1963
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1964
Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1970
License Expiration Date **6/30/2016**
Remarks

License Number 12128
License Date 11/5/2003
Name **BOYMAN, KYM M MD**
Address VERMONT GYNECOLOGY P.C., 1775 WILLISTON RD STE 110SOUTH BURLINGTON, VT, 05403
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1999
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2000
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2003
License Expiration Date **6/30/2011**
Remarks

License Number 4159
License Date 10/26/1967
Name **BOYNTON, ROBERT D MD**
Address 988 RAY ST, MANCHESTER, NH, 03104-1620
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1945
Internship and Year ST FRANCIS HOSPITAL - HARTFORD, CT 1946
Residency and Year VA HOSPITAL - STATEN ISLAND, NY 1950
License Expiration Date **6/30/1998**
Remarks

License Number 16626
License Date 6/4/2014
Name **BOZORG, SARA MD**
Address 45 MYRTLE ST #18, BOSTON, MA, 02114
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF CALIFORNIA - SAN DIEGO, CA 2009
Residency and Year UNIVERSITY OF CALIFORNIA-SHIRLEY EYE CENTER - LA JOLLA, CA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 3244
License Date 3/12/1958
Name **BOZUWA, GERARD G MD**
Address 2717 WAKEFIELD RD, PO BOX 250 WAKEFIELD, NH, 03872
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF UTRECHT HOLLAND 1953
Internship and Year QUINCY CITY HOSPITAL QUINCY - MASSACHUSETTS 1956
Residency and Year MARY HITCHCOCK MEMORIAL HANOVER - NH 1958
License Expiration Date **6/30/2008**
Remarks

License Number 5113
License Date 12/3/1973
Name **BRABSON, WINSLOW MD**
Address 1 BOULTERS COVE ROAD, NORTH HAMPTON, NH, 03862
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/16/1992**
Remarks

License Number 15978
License Date 1/9/2013
Name **BRABSTON III, EUGENE W MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MED USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 10854
License Date 4/5/2000
Name **BRACK, VIRGINIA C MD**
Address DARTMOUTH COLLEGE HEALTH SERVICE, 7 ROPE FERRY RDHANOVER, NH, 03755
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1989
Internship and Year UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL NC 1993
Residency and Year UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL NC 1993
License Expiration Date **6/30/2016**
Remarks

License Number 9058
License Date 10/6/1993
Name **BRACKEN, ANN C MD**
Address DARTMOUTH COLLEGE HEALTH SERV, 7 ROPE FERRY RDHANOVER, NH, 03755
Specialty PD
Board Certified P
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 16700
License Date 8/6/2014
Name **BRACKETT, BESS E MD**
Address 1040 56TH ST, SACRAMENTO, CA, 95819
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1988
Internship and Year ST LUKES MEDICAL CENTER - CLEVELAND, OH 1989
Residency and Year ST LUKES MEDICAL CENTER - CLEVELAND, OH 1993
License Expiration Date **6/30/2016**
Remarks

License Number 12054
License Date 9/3/2003
Name **BRACKETT, CHARLES H MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1987
Internship and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1988
Residency and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 13237
License Date 9/6/2006
Name **BRADEEN, DAVID A MD**
Address 231 ATLANTIC ST APT 61, KEYPORT, NJ, 07735
Specialty PTH
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI USA 1977
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 1978
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 1980
License Expiration Date **6/30/2016**
Remarks

License Number 15863
License Date 10/3/2012
Name **BRADFIELD, HAROLD A MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1993
Internship and Year UPMC PRESBYTERIAN HOSPITAL-PITTSBURGH, PA 1994
Residency and Year WEST VIRGINIA UNIVERSITY HOSPITALS - MORGANTOWN, WV 1998
License Expiration Date **6/30/2014**
Remarks

License Number 7787
License Date 3/9/1988
Name **BRADFORD JR, JOHN C DO**
Address 620 KILBURN RD, WILMINGTON, DE, 19836
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL OF OSTEO PHIL PA USA 1955
Internship and Year HOSPS OF PA COLLEGE OF OSTEO MED 1956
Residency and Year 0000
License Expiration Date **6/30/1999**
Remarks

License Number 12021
License Date 8/6/2003
Name **BRADFORD, ANDREA C MD**
Address 2 PEACHTREE ST NW STE 22.396, ATLANTA, GA, 30303-3142
Specialty P
Board Certified P
School and Year of Graduation U OF ALABAMA, BIRMINGHAM AL US 1980
Internship and Year DWIGHT DAVID EISENHOWER ARMY MED CTR, FORT GORDON GA 1981
Residency and Year DWIGHT DAVID EISENHOWER ARMY MED CTR, FORT GORDON GA 1984
License Expiration Date **6/30/2005**
Remarks

License Number 14581
License Date 9/2/2009
Name **BRADFORD, LETITIA L MD**
Address 7485 RIVER DR, STE 7110-323SACRAMENTO, CA, 95831
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF CALIFORNIA, SAN FRANCISCO, CA USA 1997
Internship and Year UNIVERSITY OF CANIFORNIA AT SAN FRANCISCO, CA 1999
Residency and Year UNIVERSITY OF CANIFORNIA AT SAN FRANCISCO, CA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13310
License Date 11/1/2006
Name **BRADLEY, ELIZABETH P MD**
Address DHMC- LYME CLINIC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1993
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1995
Residency and Year DARTMOUTH HITCHCOCK MED CTR-LEBANON, NH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 4877
License Date 12/28/1971
Name **BRADLEY, JAMES J MD**
Address 109 SHORE RD, GILFORD, NH, 03246-
Specialty AN
Board Certified AN
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1966
Internship and Year ST ELIZABETH HOSPITAL - BRIGHTON, MA 1967
Residency and Year ST ELIZABETH HOSPITAL - BRIGHTON, MA 1969
License Expiration Date **6/30/2000**
Remarks **8/13/98 - SETTLEMENT AGREEMENT - RESTRICTIONS ON LICENSE**

License Number 15561
License Date 3/7/2012
Name **BRADLEY, KAREN A MD**
Address CHESHIRE MED CTR/DH - KEENE, 580-590 COURT STKEENE, NH, 03431
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2003
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 5265
 License Date 12/2/1974
 Name **BRADLEY, PETER S MD**
 Address NH HHS MEDICAID DISABILITY DETERMINATION, 29 HAZEN DR CONCORD, NH, 03301
 Specialty US
 Board Certified
 School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - MA USA 1971
 Internship and Year MOSES H CONE MEMORIAL - GREENSBORO, NC 1972
 Residency and Year MOSES H CONE MEMORIAL - GREENSBORO, NC 1973
 License Expiration Date **6/30/2016**
 Remarks **REQUESTED INACTIVE 6/30/2006. ORDER OF CONDITIONAL LICENSE ISSUED 6/28/2010 (NOT DISCIPLINE) - CONDITIONS PLACED ON LICENSE FOR FIRST 6 MONTHS OF PRACTICE.**

License Number 16153
 License Date 6/5/2013
 Name **BRADLEY, TIMOTHY P MD**
 Address ELLIOT HOSPITAL - MANCH/N.H. HOSPITAL FOR CHILDREN, 1 ELLIOT WAY MANCHESTER, NH, 03103
 Specialty PD
 Board Certified PD
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
 Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2006
 Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2010
 License Expiration Date **6/30/2017**
 Remarks

License Number 5547
 License Date 7/1/1976
 Name **BRADLEY, VOLKER E MD**
 Address 12 SNOWSHOE HILL RD, CLAREMONT, NH, 03743
 Specialty GS
 Board Certified
 School and Year of Graduation UNIVERSITY OF ALABAMA-BIRMINGHAM AL USA 1972
 Internship and Year DETROIT GENERAL HOSPITAL-DETROIT MI 1973
 Residency and Year WAYNE STATE UNIVERSITY-DETROIT MI 1976
 License Expiration Date **6/30/2010**
 Remarks **RETIRED, EFFECTIVE 1/1/04----LICENSE REINSTATED 7/26/05**

License Number 7830
 License Date 5/4/1988
 Name **BRADLEY, WILLIAM A MD**
 Address CHAMPLAIN VALLEY CARDIOLOGY, 210 CORNELIA ST STE 101 PLATTSBURG, NY, 12901
 Specialty CD
 Board Certified CD
 School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1980
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1981
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983
 License Expiration Date **6/30/2016**
 Remarks

License Number 3494
License Date 3/14/1962
Name **BRADLEY, WILLIAM C MD**
Address 15721 LOCKMABEN AVE, FT MYERS, FL, 33912
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1956
Internship and Year WORCESTER CITY HOSPITAL- MA 1957
Residency and Year NEW YORK MEDICAL COLLEGE- METROPOLITAN MEDICAL CTR.- NY 1960
License Expiration Date **6/30/2006**
Remarks **Deceased 10/19/2012**

License Number 7112
License Date 6/6/1985
Name **BRADY, B EUGENE MD**
Address 288 GROVELAND ST, HAVERHILL, MA, 01830-6669
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1973
Internship and Year ST ELIZABETH HOSP-BOSTON,MA 1974
Residency and Year UNIV MA HOSP COORD PROG-WORCESTER,MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14056
License Date 7/9/2008
Name **BRADY, STEPHEN P MD**
Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NORTH ANDOVER, MA, 01845
Specialty PTH
Board Certified PTH
School and Year of Graduation NORTHWESTERN UNIV USA 1993
Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1994
Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13616
License Date 8/1/2007
Name **BRAESCU, OTILIA MD**
Address BOSTON MEDICAL CENTER, 85 EAST CONCORD ST 6TH FLBOSTON, MA, 02118
Specialty OBG
Board Certified
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE TIRGU-MURES ROMANIA 1993
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2004
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 7457
License Date 11/12/1986
Name **BRAESE, NANCY E DO**
Address EXETER HEALTH FAMILY PRACTICE, 21 HAMPTON RD BLDG 3EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO MEDICINE USA 1983
Internship and Year KENNEDY MEMORIAL HOSPITAL 1984
Residency and Year UNDERWOOD MEMORIAL HOSPITAL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 11863
License Date 4/2/2003
Name **BRAFF, GEORGE MD**
Address LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03565
Specialty R
Board Certified R
School and Year of Graduation MT SINAI SCH OF MED - NEW YORK, NY USA 1973
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1974
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1977
License Expiration Date **6/30/2009**
Remarks

License Number 10745
License Date 11/3/1999
Name **BRAFF, STEVEN P MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FT WAYNE, IN, 46898
Specialty R
Board Certified R
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1976
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1977
Residency and Year MONTEFIORE MEDICAL CTR - BRONX NY 1980
License Expiration Date **6/30/2017**
Remarks

License Number 12730
License Date 6/1/2005
Name **BRAGA, CHRISTOPHER C MD**
Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1998
Internship and Year DWIGHT D EISENHOWER ARMY MED CTR, FORT GORDON GA 1999
Residency and Year DWIGHT D EISENHOWER ARMY MED CTR, FORT GORDON GA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 14448
License Date 6/3/2009
Name **BRAGA, JULIE A MD**
Address DHMC - DEPT OF OB/GYN, 1 MED CTR DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2005
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13481
License Date 5/9/2007
Name **BRAGA, MATTHEW S MD**
Address DHMC/PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2001
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2002
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 10513
License Date 3/3/1999
Name **BRAIMAN, JONATHAN MD**
Address 106 W UTICA ST, SUITE AOSWEGO, NY, 13126
Specialty P
Board Certified N
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1987
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1988
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1993
License Expiration Date **6/30/2013**
Remarks

License Number 6893
License Date 6/7/1984
Name **BRAINARD, KAREN O MD**
Address 6120 53RD AVE E, BRADENTON, FL, 34203
Specialty FP
Board Certified FP
School and Year of Graduation MED COLL OF VIRGINIA COMMONWEALTH UNIV,VA USA 1981
Internship and Year ME DARTMOUTH FAM PRACTICE RES-AUGUSTA ,ME 1982
Residency and Year ME DARTMOUTH FAM PRACTICE RES-AUGUSTA,ME 1982
License Expiration Date **6/30/2008**
Remarks

License Number 6504
License Date 3/4/1982
Name **BRALOWER, MICHAEL MD**
Address LOWELL COMMUNITY HEALTH CTR, 585 MERRIMACK STLOWELL, MA, 01854
Specialty N
Board Certified N
School and Year of Graduation WAYNE STATE UNIV SCH MED-DETROIT,MI USA 1972
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1973
Residency and Year UNIV HOSP INC-BOSTON,MA 1976
License Expiration Date **6/30/2012**
Remarks

License Number 16209
License Date 7/3/2013
Name **BRANAM, DANIEL G MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year BALL MEMORIAL HOSPITAL - MUNCIE, IN 2004
Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2008
License Expiration Date **6/30/2017**
Remarks

License Number 10777
License Date 12/1/1999
Name **BRANCH JR, GEORGE L MD**
Address 675 EAST 2100 SOUTH, STE 390SALT LAKE CITY, UT, 84106
Specialty PD
Board Certified
School and Year of Graduation UNIV OF ROCHESTER SCH - ROCHESTER, NH USA 1962
Internship and Year UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1963
Residency and Year UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1965
License Expiration Date **12/17/1999**
Remarks **DECEASED 12/17/99**

License Number 13693
License Date 9/5/2007
Name **BRAND, JOHN D MD**
Address 26 ALDEN CIR, PO BOX 456CHOCORUA, NH, 03817
Specialty IM
Board Certified
School and Year of Graduation UNIV OF TORONTO CANADA 1962
Internship and Year SCARBOROUGH GENERAL HOSPITAL-SCARBOROUGH, ONTARIO CANADA 1963
Residency and Year SUNNYBROOK HEALTH SCIENCE-TORONTO, ONTARIO CANADA 1966
License Expiration Date **6/30/2015**
Remarks

License Number 15864
License Date 10/3/2012
Name **BRAND, STEPHEN J MD**
Address MASS TEX IMAGING, 100 CUMMINGS CTR STE 106BBEVERLY, MA, 01915
Specialty GE
Board Certified
School and Year of Graduation UNIVERSITY OF WESTERN AUSTRALIA USA 1975
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1984
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10985
License Date 7/5/2000
Name **BRANDENBERGER, WILLIAM B MD**
Address 5001 DEER VIEW RD, GRETNA, VA, 24557
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF OKLAHOMA COLL OF MED - OKLAHOMA CITY, OK USA 1984
Internship and Year UNIV OF MISSOURI-COLUMBIA - COLUMBIA, MO 1985
Residency and Year UNIV OF MISSOURI-COLUMBIA- COLUMBIA,MO 1987
License Expiration Date **6/30/2006**
Remarks

License Number 14830
License Date 5/5/2010
Name **BRANDON, WILLIAM R MD**
Address 30 ELM AVE, HYANNIS, MA, 02601
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 1984
Internship and Year UNIVERSITY OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 1985
Residency and Year UNIVERSITY OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 1987
License Expiration Date **6/30/2014**
Remarks

License Number 10581
License Date 6/2/1999
Name **BRANDWEIN, STEVEN L MD**
Address GI UNIT MASS GENERAL HOSP, BOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1990
Internship and Year BOSTON UNIV SCH OF MED - BOSTON, MA 1991
Residency and Year UNIV OF ALABAMA AT BIRMINGHAM - BIRMINGHAM, AL 1992
License Expiration Date **6/30/2000**
Remarks

License Number 7242
License Date 12/5/1985
Name **BRANN, KATHY L MD**
Address 14 ARMORY ROAD, MILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MISSOURI KS CITY MO USA 1982
Internship and Year FAMILY PRACTICE CUMH 1985
Residency and Year FAMILY PRACTICE CUMH 1985
License Expiration Date **6/30/2017**
Remarks

License Number 17101
License Date 6/3/2015
Name **BRANT, ELIZABETH J MD**
Address 7024 BURNETT WOMACK BLDG, CB 7155CHAPEL HILL, NC, 27599
Specialty NEP
Board Certified NEP
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA UNIV USA 2008
Internship and Year TULANE MEDICAL CENTER - NEW ORLEANS, LA 2008
Residency and Year TULANE MEDICAL CENTER - NEW ORLEANS, LA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 2313
License Date 3/12/1942
Name **BRASSARD, ROGER P MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks **DECEASED 11/12/03**

License Number 11554
License Date 4/3/2002
Name **BRAUER, CHRISTOPHER M MD**
Address ELLIOT HOSP HOSPITALIST, ONE ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty IM
Board Certified IM
School and Year of Graduation MT SINAI SCH OF MED UNIV OF NY - NY, NY USA 1999
Internship and Year BETH ISRAE DEACONESS MEDICAL CENTER - BOSTON, MA 2000
Residency and Year BETH ISRAE DEACONESS MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 15820
License Date 9/5/2012
Name **BRAUN, JOHN T MD**
Address DHMC - DEPT OF ORTHOPEDICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1989
Internship and Year NEW YORK & PRESBYTERIAN HOSP - NY, NY 1990
Residency and Year HOSPITAL FOR SPECIAL SURGERY CORNELL MEDICAL CENTER - NY, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12524
License Date 11/3/2004
Name **BRAUN, MARY F MD**
Address DARTMOUTH HITCHCOCK CLINIC, 87 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MINNESOTA, ST PAUL MN US 2001
Internship and Year HENNEPIN COUNTY MED CTR, MINNEAPOLIS MN 2002
Residency and Year HENNEPIN COUNTY MED CTR, MINNEAPOLIS, MN 2003
License Expiration Date **6/30/2016**
Remarks

License Number 16360
License Date 11/6/2013
Name **BRAUNSCHWEIG, IRA J MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation NY MEDICAL COLLEGE USA 1989
Internship and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1991
Residency and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1994
License Expiration Date **8/31/2015**
Remarks **Requested inactive effective 8/31/15.**

License Number 16896
License Date 1/21/2015
Name **BRAUNSTEIN, LARRY MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation HAHNEMANN UNIVERSITY USA 1993
Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1994
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16532
License Date 4/2/2014
Name **BRAY, EMILY L DO**
Address 49 DOVER ST APT 29, SOMERVILLE, MA, 02144
Specialty P
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 2009
Internship and Year ALBERT EINSTEIN HEALTHCARE NETWORK - PHILADELPHIA, PA 2010
Residency and Year ALBERT EINSTEIN HEALTHCARE NETWORK - PHILADELPHIA, PA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 14280
License Date 1/7/2009
Name **BRAYLAN, RAUL C MD**
Address 7131 ARLINGTON RD APT 404, BETHESDA, MD, 20814
Specialty
Board Certified PTH
School and Year of Graduation UNIV DE BUENOS AIRES ARGENTINA 1960
Internship and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 1964
Residency and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 1965
License Expiration Date **6/30/2013**
Remarks

License Number 16856
License Date 12/3/2014
Name **BRAZER, WILLIAM F MD**
Address 2 GLENBROOK DR, NEW MILFORD, CT, 06776
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2004
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2005
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2008
License Expiration Date **6/30/2016**
Remarks

License Number 15525
License Date 2/1/2012
Name **BREAZEAL, BRETTON H MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2001
Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2005
License Expiration Date **6/30/2014**
Remarks

License Number 12189
License Date 1/7/2004
Name **BRECHER, ERIC S MD**
Address NIGHTHAWK RADIOLOGY SERVICES, 601 E FRONT AVE STE 502 COEUR D'ALENE, ID, 83814
Specialty R
Board Certified R
School and Year of Graduation TEL AVIV UNIVERSITY, TEL AVIV-YAFO, ISRAEL ISRAEL 1995
Internship and Year ALBANY MEDICAL CTR HOSPITAL, ALBANY NY 1997
Residency and Year ALBANY MEDICAL CTR, ALBANY NY 1999
License Expiration Date **6/30/2010**
Remarks

License Number 6177
License Date 3/24/1980
Name **BREED II, R HUNTINGTON MD**
Address 308 MAIN ST, HOPKINTON, NH, 03229-2627
Specialty PS
Board Certified PS
School and Year of Graduation HARVARD MED SCH. BOSTON, MA USA 1970
Internship and Year PRESBYTERIAN HOSP. NY 1971
Residency and Year PRESBYTERIAN HOSP. NY 1974
License Expiration Date **6/30/2012**
Remarks

License Number 14372
License Date 4/1/2009
Name **BREEN JR, FRANCIS A MD**
Address 1461 N EAGLE HWY, LAKE LEELANAU, MI, 49653
Specialty HO
Board Certified HO
School and Year of Graduation THOMAS JEFFERSON UNIV USA 1963
Internship and Year MERCY FITZGERALD HOSPITAL - DARBY, PA 1964
Residency and Year MERCY FITZGERALD HOSPITAL - DARBY, PA 1966
License Expiration Date **6/30/2011**
Remarks

License Number 8912
License Date 4/7/1993
Name **BREEN, ANDREW J MD**
Address PEDIATRIC ASSOC. OF HAMPTON, 55 HIGH ST HAMPTON, NH, 03842-
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1987
Internship and Year HIGHLAND HOSPITAL - ROCHESTER NY 1988
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1991
License Expiration Date **6/30/2017**
Remarks

License Number 9011
License Date 8/4/1993
Name **BREEN, JOAN C MD**
Address WHITTIER REHABILITATION HOSP, 145 WARD HILL AVEBRADFORD, MA, 01835
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year MIRIAM HOSPITAL PROVIDENCE, RI 1989
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 12190
License Date 1/7/2004
Name **BREHIO, TERI L MD**
Address HILLSBORO FAMILY HEALTH, 15 ANTRIM RDHILLSBORO, NH, 03244
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 2001
Internship and Year NH DARTMOUTH FAMILY PRACTICE, CONCORD NH 2002
Residency and Year NH DARTMOUTH FAMILY PRACTICE, CONCORD NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 8509
License Date 4/3/1991
Name **BREITHOLTZ, TIMOTHY D MD**
Address ELLIOT BEHAVIORAL HEALTH SERVI, 445 CYPRESS STE 8MANCHESTER, NH, 03103
Specialty P
Board Certified P
School and Year of Graduation UNIV I UMEA MED FAK UMEA SWEDEN USA 1984
Internship and Year LENOX HILL HOSPITAL - NY,NY 1987
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 16030
License Date 3/6/2013
Name **BREITKOPF, DANIEL M MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty OBG
Board Certified OBG
School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CENTER USA 1993
Internship and Year UNIVERSITY OF VERMONT - BURLINGTON, VT 1994
Residency and Year UNIVERSITY OF VERMONT - BURLINGTON, VT 1997
License Expiration Date **6/30/2017**
Remarks

License Number 4150
License Date 10/10/1967
Name **BRENA, GUILLERMO P MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 13446
License Date 4/4/2007
Name **BRENNAN JR, FRED H DO**
Address SEACOAST ORTHO & SPORTS MED, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 1992
Internship and Year ALBANY MEDICAL CENTER-ALBANY, NY 1993
Residency and Year ALBANY MEDICAL CENTER-ALBANY, NY 1995
License Expiration Date **6/30/2017**
Remarks

License Number 15609
License Date 3/7/2012
Name **BRENNAN, ALISON R MD**
Address PORTSMOUTH HOSPITAL, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 2002
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2003
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2004
License Expiration Date **6/30/2016**
Remarks

License Number 11652
License Date 7/3/2002
Name **BRENNAN, JOHN H MD**
Address 468 OLD COUNTY RD, ROCKLAND, ME, 04841
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1960
Internship and Year UNIV OF CHICAGO - CHICAGO, IL 1961
Residency and Year BOSTON UNIV MED CTR - BOSTON, MA 1964
License Expiration Date **6/30/2014**
Remarks

License Number 13816
License Date 2/6/2008
Name **BRENNAN, JOHN P MD**
Address 9 BUZELL AVE, SALTONSTALL BLDGEXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV USA 2002
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2003
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2005
License Expiration Date **6/30/2016**
Remarks

License Number 16701
License Date 8/6/2014
Name **BRENNAN, PATRICK J MD**
Address 195R HIGH RD, NEWBURY, MA, 01951
Specialty PM
Board Certified
School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CENTER USA 1994
Internship and Year UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 1995
Residency and Year UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 8407
License Date 8/8/1990
Name **BRENNAN, STEPHEN R DO**
Address 26 BRICKYARD COURT, STE 7YORK, ME, 03909-
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED-BIDDEFORD,ME USA 1985
Internship and Year KENNEDY MEM HOSP-SADDLEBROOK,NJ 1986
Residency and Year MAYO GRAD SCH OF MED-ROCHESTER,MN 1989
License Expiration Date **6/30/2000**
Remarks

License Number 7025
License Date 1/10/1985
Name **BRENNAN, THOMAS E MD**
Address SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RDSRINGFIELD, VT, 05156
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MASS SCH OF MED- WORCESTER, MA USA 1977
Internship and Year NORTH CAROLINA BAPTIST HOSP - WINSTON-SALEM, NC 1978
Residency and Year UNIV OF MASS HOSPITAL - WORCESTER, MA 1980
License Expiration Date **6/30/2005**
Remarks

License Number 10229
License Date 2/4/1998
Name **BRENNER, ALAN S MD**
Address 184 TURKEY HILL RD, PO BOX 177ELKINS, NH, 03233
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF PA SCH OF MED - PHILADELPHIA, PA USA 1968
Internship and Year DUKE UNIV MEDICAL CENTER - NC 1969
Residency and Year DUKE UNIV MEDICAL CENTER - NC 1973
License Expiration Date **6/30/2008**
Remarks

License Number 10481
License Date 1/6/1999
Name **BRENNER, CHARLES S MD**
Address DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED- PITTSBURGH, PA USA 1974
Internship and Year UNIV OF CALIFORNIA MED CTR - ORANGE, CA 1975
Residency and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1976
License Expiration Date **6/30/2002**
Remarks

License Number 10604
License Date 7/7/1999
Name **BRENNICK, JEOFFRY B MD**
Address DARTMOUTH HITCHCOCK MED CRT, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty PTH
Board Certified DMP
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON,MA USA 1991
Internship and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON ,MA 1994
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON,MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 5892
License Date 4/26/1978
Name **BRENTON JR, CHARLES J MD**
Address VALLEY FAMILY PHYSICIANS, 55 TYLER STCLAREMONT, NH, 03743
Specialty FP
Board Certified FP
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MED WASHINGTON,DC USA 1975
Internship and Year ST JOSEPH'S HOSPITAL - HEALTH CENTER SYRACUSE, NY 1976
Residency and Year ST JOSEPH'S HOSPITAL - HEALTH CENTER SYRACUSE, NY 1978
License Expiration Date **6/30/2014**
Remarks

License Number 3798
License Date 6/10/1965
Name **BRESNAHAM, BARTHOLOMEW F MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1979**
Remarks **DECEASED 8/4/79**

License Number 5304
License Date 3/4/1975
Name **BRESS, JAMES H MD**
Address 60 ROCHESTER HILL RD, ROCHESTER, NH, 03867-3216
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1972
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1973
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1974
License Expiration Date **6/30/2017**
Remarks

License Number 6278
License Date 9/2/1980
Name **BRETHAUER, ROBERT C MD**
Address PULMONARY MEDICINE ASSOC PC, 706 RIVERWAY PLBEDFORD, NH, 03110-6743
Specialty PUD
Board Certified PUD
School and Year of Graduation OHIO STATE UNIV COLL MED - COLUMBUS , OH USA 1973
Internship and Year NORFOLK GENERAL HOSPITAL - NORFOLK, VA 1976
Residency and Year E VIRGINIA GRAD SHOOL MEDICAL HOSPITAL - NORFOLK, VA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 9445
License Date 6/7/1995
Name **BRETT, CRAIG M MD**
Address CARDIOVASCULAR CONSULTANTS, 96 CAMPUS DR STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT USA 1989
Internship and Year VIRGINIA MASON HOSPITAL, SEATTLE WA 1992
Residency and Year MAINE MEDICAL CENTER, PORTLAND ME 1995
License Expiration Date **6/30/2005**
Remarks

License Number 9537
License Date 9/6/1995
Name **BREUDER, ANDREW J MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty AM
Board Certified AM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1977
Internship and Year USAF MEDICAL CENTER/ WEST PATTSON AFB OHIO 1978
Residency and Year USAF SCHOOL AEROSPACE MEDICAL BROOKS AFB TX 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15472
License Date 12/7/2011
Name **BREWER, EDWARD S MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2002
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14650
License Date 11/4/2009
Name **BREWER, JEFFREY J MD**
Address UNIV AT BUFFALO SURGEONS LLC, 462 GRIDER STBUFFALO, NY, 14215
Specialty GS
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2005
Internship and Year WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 2006
Residency and Year WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 2009
License Expiration Date **6/30/2011**
Remarks

License Number 9978
License Date 5/7/1997
Name **BREWER, JOHN F MD**
Address SALEM RADIOLOGY, 23 STILES RDSALEM, NH, 03079
Specialty R
Board Certified DR
School and Year of Graduation UNIV OF MI SCH -ANN ARBOR USA 1976
Internship and Year MED CTR HOSP OF VT-BURLINGTON,VT 1977
Residency and Year CHILDRENS HOSP-MASS 1980
License Expiration Date **6/30/2005**
Remarks **DECEASED 8/24/2011**

License Number 11984
License Date 7/2/2003
Name **BREWINGTON, FLORA H MD**
Address CAPITAL REGION FAMILY HLTH CTR, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 2000
Internship and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE - CONCORD 2002
Residency and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE - CONCORD 2003
License Expiration Date **6/30/2005**
Remarks

License Number 9612
License Date 1/3/1996
Name **BREWSTER, THOMAS G MD**
Address 347 MAIN ST, GORHAM, ME, 04038-
Specialty PD
Board Certified MG
School and Year of Graduation UNIV OF NEBRASKA COLLEGE OF MEDICINE - OMAHA, NE USA 1971
Internship and Year CHILDRENS HOSPITAL - PHILADELPHIA, PA 1972
Residency and Year CHILDRENS HOSPITAL - PHILADELPHIA, PA 1973
License Expiration Date **6/30/2008**
Remarks

License Number 7537
License Date 4/1/1987
Name **BREWSTER, WILLIAM C MD**
Address HARVARD PILGRIM HEALTH CARE, 650 ELM ST 7TH FLOORMANCHESTER, NH, 03101-2596
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIV SCH MED - DC USA 1981
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1982
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1984
License Expiration Date **6/30/2017**
Remarks

License Number 9146
License Date 5/4/1994
Name **BRICCETTI, FREDERICK M MD**
Address NH ONCOLOGY-HEMATOLOGY PA, 200 TECHNOLOGY DRHOOKSETT, NH, 03106-2505
Specialty HO
Board Certified HO
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1988
Internship and Year NEW YORK HOSPITAL - NEW YORK NY 1991
Residency and Year NEW YORK HOSPITAL - NEW YORK NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 11346
License Date 8/1/2001
Name **BRICK, GREGORY W MD**
Address ORTHO SURG BRIGHAM & WOMENS HOSP, 75 FRANCIS ST BOSTON, MA, 02115
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF AUCKLAND SCH OF MED- AUCKLAND NEW ZEALAND NEW ZEALAND 1977
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1986
Residency and Year VANDERBILT UNIV MED CTR - NASHVILLE, TN 1987
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13 - reinstated 2/4/15**

License Number 13447
License Date 4/4/2007
Name **BRICK, STEVEN H MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation EMORY UNIV USA 1983
Internship and Year SUNY @ STONY BROOK UNIV HOSPITAL - STONY BROOK, NY 1984
Residency and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1987
License Expiration Date **6/30/2015**
Remarks

License Number 3586
License Date 1/14/1963
Name **BRICKER, GLENN W MD**
Address 1 PLEASANT ST, ASHLAND, NH, 03217-0135
Specialty LM
Board Certified LM
School and Year of Graduation JEFFERSON MEDICAL COLLEGE - PHILADELPHIA, PA USA 1952
Internship and Year HELENE FULD HOSPITAL - TRENTON, NJ 1953
Residency and Year HELENE FULD HOSPITAL - TRENTON, NJ 1953
License Expiration Date **6/30/2000**
Remarks **DECEASED 8/16/00**

License Number 5070
License Date 9/6/1973
Name **BRICKMAN, LAWRENCE H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 11015
License Date 8/2/2000
Name **BRICKMAN, MARC H DO**
Address AIKEN MEDICAL PC, 400 SOCIETY HILL DRAIKEN, SC, 29803
Specialty IM
Board Certified IM
School and Year of Graduation MIDWESTERN UNIV - DOWNERS GROVE, IL USA 1990
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1991
Residency and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1993
License Expiration Date **6/30/2010**
Remarks

License Number 10855
License Date 4/5/2000
Name **BRICOUT, PHILIPPE B MD**
Address 31 FREDHNA RD, WABAN, MA, 02468
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MONTREAL CANADA 1962
Internship and Year UNIVERSITE DE MONTREAL - MONTREAL CANADA 1965
Residency and Year ROSWELL PARK CANCER INSTITUTE - BUFFALO NY 1966
License Expiration Date **6/30/2002**
Remarks

License Number 11046
License Date 9/6/2000
Name **BRIDE JR, JOHN P MD**
Address DEPT OF INTERNAL MEDICINE, WOMACK ARMY MEDICAL CENTERFORT BRAGG, NC, 28310
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIV SCH - WASHINGTON, DC USA 1993
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1994
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date **6/30/2008**
Remarks

License Number L3398
License Date 6/24/2014
Name **BRIDE, SAMUEL H MD**
Address HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty CRS
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year BOSTON MEDICAL CENTER- BOSTON, MA 2009
Residency and Year
License Expiration Date **6/26/2014**
Remarks

License Number 3611
License Date 5/8/1963
Name **BRIDGE, CARL J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks **DECEASED 7/5/96**

License Number 10818
License Date 2/2/2000
Name **BRIDGES, BRYAN C MD**
Address 8 HALF PENNY LN, EXETER, NH, 03833
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTER,NY USA 1990
Internship and Year HIGHLAND HOSPITAL OF ROCHESTER - ROCHESTER, NY 1991
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 14406
License Date 5/6/2009
Name **BRIDGES, JONATHAN S MD**
Address SEACOAST CARDIOLOGY ASSOCIATES, 12 HOSPITAL DR STE 9YORK, ME, 03909
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF SOUTH CAROLINA USA 2002
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12731
License Date 6/1/2005
Name **BRIER, MATTHEW E MD**
Address BAYSTATE MEDICAL CTR, 759 CHESTNUT STSPRINGFIELD, MA, 01109
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1996
Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 2001
Residency and Year BAYSTATE MED CTR, SPRINGFIELD MA 2005
License Expiration Date **6/30/2007**
Remarks

License Number 13817
License Date 2/6/2008
Name **BRIGGS, EDWIN M MD**
Address 1316 HARRISON BLVD, BOISE, ID, 83702
Specialty U
Board Certified U
School and Year of Graduation STANFORD UNIV USA 1964
Internship and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1965
Residency and Year STANFORD UNIV SCHOOL OF MEDICINE - STANFORD, CA 1968
License Expiration Date **6/30/2010**
Remarks

License Number 16468
License Date 2/5/2014
Name **BRIGGS, JONATHAN E MD**
Address 605 QUEENSGROVE CRES, VIRGINIA BEACH, VA, 23452
Specialty IM
Board Certified IM
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 2002
Internship and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2003
Residency and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 9135
License Date 4/6/1994
Name **BRIGGS, LANCE L MD**
Address CARDIO CARE OF NH AND YORK HOSP, 12 HOSPITAL DR STE 9YORK, ME, 03909-1030
Specialty CD
Board Certified CD
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1986
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14701
License Date 1/6/2010
Name **BRIGGS, LAWRENCE J MD**
Address UCONN RADIOLOGY, 263 FARMINGTON AVEFARMINGTON, CT, 06030
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1995
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1996
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date **6/30/2012**
Remarks

License Number 11810
License Date 1/8/2003
Name **BRIGGS, STEPHANIE MD**
Address RUTLAND REGIONAL MED CTR, 160 ALLEN STRUTLAND, VT, 05701
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year ALAMEDA COUNTY MEDICAL CENTER - OAKLAND, CA 1992
Residency and Year ALAMEDA COUNTY MEDICAL CENTER - OAKLAND, CA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 5871
License Date 3/16/1978
Name **BRIGHT, JAMES F MD**
Address SEACOAST UROLOGY, 278 LAFAYETTE RDPORTSMOUTH, NH, 03801-5455
Specialty U
Board Certified U
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE OH USA 1971
Internship and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1972
Residency and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1978
License Expiration Date **6/30/2006**
Remarks

License Number 11300
License Date 7/11/2001
Name **BRIGNALL, DAVID B MD**
Address S J FAMILY MEDICAL, 208 ROBINSON RDHUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF OTTAWA CANADA 1987
Internship and Year MCGILL UNIVERSITY MONTREAL QUEBEC CANADA 1988
Residency and Year MCGILL UNIVERSITY MONTREAL QUEBEC CANADA 1989
License Expiration Date **6/30/2013**
Remarks

License Number 9764
License Date 7/3/1996
Name **BRILL, LESSA A MD**
Address UNH HEALTH SERVICES, 4 PETTEE BROOK LANEDURHAM, NH, 03824-
Specialty GYN
Board Certified
School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICINE, PITTSBURGH USA 1983
Internship and Year INDIANA UNIV HOSPITAL - INDIANA 1984
Residency and Year INDIANA UNIV HOSPITAL - INDIANA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 15865
License Date 10/3/2012
Name **BRINCKMAN, MARK A MD**
Address DIVERSIFIED RADIOLOGY, 1746 COLE BLVD STE 150LAKEWOOD, CO, 80401
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 2005
Internship and Year EXEMPLA ST JOSEPH HOSPITAL - DENVER, CO 2006
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER- AURORA, CO 2010
License Expiration Date **6/30/2016**
Remarks

License Number 12479
License Date 10/6/2004
Name **BRITO, JORGE L MD**
Address NAVAL HOSPITAL BREMERTON, 1 BOONE RDBREMERTON, WA, 98312
Specialty ORS
Board Certified ORS
School and Year of Graduation STANFORD UNIVERSITY, STANFORD CA US 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2016**
Remarks

License Number 8522
License Date 5/8/1991
Name **BRITTON, JOHN C MD**
Address FRISBIE MEDICAL BUILDING, 21 WHITEHALL RD STE 204ROCHESTER, NH, 03867-1935
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1986
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1991
License Expiration Date **6/30/2017**
Remarks

License Number 4165
License Date 12/12/1967
Name **BRITTON, JOSEPH F MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/10/1995**
Remarks

License Number 8114
License Date 6/7/1989
Name **BROADWATER, RALPH P MD**
Address 16 HOSPITAL ROAD, PLYMOUTH, NH, 03624
Specialty IM
Board Certified IM
School and Year of Graduation ST LOUIS UNIV SCH OF MED STLOUIS,MO USA 1986
Internship and Year ST JOSEPH HOSP-CHICAGO,IL 1987
Residency and Year NORTHWESTERN MEM HOSP-CHICAGO,IL 1988
License Expiration Date **6/30/2017**
Remarks

License Number 5138
License Date 2/11/1974
Name **BROADY, HAROLD MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1989**
Remarks

License Number 2656
License Date 5/12/1948
Name **BROCK, WARREN H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks **Deceased 5/17/02**

License Number 9614
License Date 1/3/1996
Name **BROCOUM, CONSTANTINE P MD**
Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1990
Internship and Year BROCKTON HOSPITAL - BROCKTON, MA 1991
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 4191
License Date 4/16/1968
Name **BROCOUM, JAMES C MD**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03060
Specialty IM
Board Certified
School and Year of Graduation LOUVAIN UNIV OF BELGIUM BELGIUM 1958
Internship and Year QUEEN ELIZABETH HOSPITAL - MONTREAL, CANADA 1966
Residency and Year QUEEN ELIZABETH HOSPITAL - MONTREAL, CANADA 1967
License Expiration Date **6/30/2016**
Remarks

License Number 11686
License Date 8/7/2002
Name **BRODERICK, ELISABETH C MD**
Address ELDER SERVICE PLAN - NORTH SHO, 9 BUFFUM STLYNN, MA, 01901
Specialty IM
Board Certified IM
School and Year of Graduation MT SINAI SCH OF MED - NEW YORK, NY USA 1991
Internship and Year MAYO GRADUATE SCH OF MED - ROCHESTER, MN 1992
Residency and Year MAYO GRADUATE SCH OF MED - ROCHESTER, MN 1994
License Expiration Date **6/30/2006**
Remarks

License Number 7599
License Date 5/6/1987
Name **BRODERICK, THOMAS F DO**
Address CORNER MEDICAL, BOX 83LYNDONVILLE, VT, 05851
Specialty EM
Board Certified EM
School and Year of Graduation MICHIGAN STATE UNIV COLL OF OST. MI USA 1981
Internship and Year GARDEN CITY HOSPITAL-GARDEN CITY ,MI 1982
Residency and Year GARDEN CITY HOSPITAL - GARDEN CITY, MI 1982
License Expiration Date **6/30/2017**
Remarks

License Number 15821
License Date 9/5/2012
Name **BRODSKY, IRWIN G MD**
Address MAINE MEDICAL PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty END
Board Certified END
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1984
Internship and Year EMORITY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1985
Residency and Year EMORITY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 12777
License Date 7/6/2005
Name **BRODY, JASON S MD**
Address EYESIGHT OPLTHALMIC SER, 330 BORTHWICK AVE STE # 307PORTSMOUTH, NH, 03801
Specialty OPH
Board Certified
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL USA 2001
Internship and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, CHICAGO IL 2002
Residency and Year COOK COUNTY HOSPITAL, CHICAGO IL 2005
License Expiration Date **6/30/2007**
Remarks

License Number 16965
License Date 3/4/2015
Name **BRODY, SCOTT P MD**
Address 2808 SCOTT MILL ESTATES DR, JACKSONVILLE, FL, 32257
Specialty OBG
Board Certified OBG
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 1990
Internship and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1991
Residency and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 3646
License Date 9/11/1963
Name **BRODY, SPENCER J MD**
Address LAKES REGION NURSING CARE & COMFORT LLC, PO BOX 7624, 22 SAWMILL RD., UNIT 2GILFORD,
Specialty PD
Board Certified PD
School and Year of Graduation YALE MEDICAL SCHOOL - NEW HAVEN, CT USA 1962
Internship and Year GRACE-NEW HAVEN COMMUNITY HOSPITAL - NEW HAVEN, CT 1963
Residency and Year GRACE -NEW HAVEN COMM HOSPITAL - NEW HAVEN, CT 1965
License Expiration Date **6/30/2017**
Remarks

License Number 6689
License Date 5/5/1983
Name **BROGADIR, STUART P MD**
Address 9 WASHINGTON PL, SUITE 204BEDFORD, NH, 03110
Specialty GE
Board Certified GE
School and Year of Graduation CORNELL UNIV MED COLL NY, NY USA 1975
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1976
Residency and Year HOSPITAL UNIV OF PA - PHILADELPHIA, PA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 8152
License Date 7/12/1989
Name **BROKAW, FRANCES C MD**
Address 4 STONEHURST COMMON, HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation MICHIGAN STATE UNIV -EAST LANSING, MI USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12959
License Date 12/7/2005
Name **BROKETA, GORAN MD**
Address VA MEDICAL CTR, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ZAGREB, ZAGREB CROATIA CROATIA 1992
Internship and Year STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1994
Residency and Year STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1996
License Expiration Date **6/30/2017**
Remarks **lapsed for non-renewal 6/30/07...**
Reinstated 2/2/11

License Number 13657
License Date 9/5/2007
Name **BRONFINE, BORIS I MD**
Address DARTMOUTH HITCHCOCK/ NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty GS
Board Certified GS
School and Year of Graduation OMSK STATE MEDICAL ACADEMY RUSSIA 1992
Internship and Year BERKSHIRE MEDICAL CENTER-PITTSFIELD, MA 1998
Residency and Year BERSHIRE MEDICAL CENTER-PITTSFIELD, MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 8547
License Date 6/5/1991
Name **BRONSON, JAMES P MD**
Address LAKES REGION RADIOLOGY PA, 87 SPRING ST STE 101LACONIA, NH, 03246
Specialty DR
Board Certified DR
School and Year of Graduation UNIF OF ROCHESTER SCH OF MED-ROCHESTER,NY USA 1986
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1987
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 7831
License Date 5/4/1988
Name **BRONSTEIN, ERIC L MD**
Address ROBERT A MESROPION CENTER, 15 ALICE PECK DAY DRLEBANON, NH, 03766-1133
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF COLORADO SCH MED - DENVER, CO USA 1985
Internship and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY PROGRAM - AUGUSTA, ME 1986
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY PROGRAM - AUGUSTA, ME 1988
License Expiration Date **6/30/2016**
Remarks

License Number 6609
License Date 9/9/1982
Name **BROOKS JR, THEODORE T MD**
Address DERRY MEDICAL CENTER, 6 TSIENNETO RDDERRY, NH, 03038-
Specialty FP
Board Certified FP
School and Year of Graduation BOWMAN GRAY SCH MED OF WAKE FORREST, NC USA 1978
Internship and Year CENTRAL MAINE MEDICAL CENTER, LEWISTON, ME 1979
Residency and Year CENTRAL MAINE MEDICAL CENTER, LEWISTON, ME 1981
License Expiration Date **6/30/2016**
Remarks

License Number 15432
License Date 11/2/2011
Name **BROOKS, JANICE W MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MED USA 1987
Internship and Year UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE - LITTLE ROCK, AR 1988
Residency and Year UNIV OF ARKANSAS FOR MEDICAL SCIENCES - LITTLE ROCK, AR 1992
License Expiration Date **6/30/2017**
Remarks

License Number 9181
License Date 6/1/1994
Name **BROOKS, JOHN G MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1969
Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1970
Residency and Year MOFFITT HOSPITAL UNIVERSITY OF CALIFORNIA - SAN FRANCISCO CA 1974
License Expiration Date **6/30/2004**
Remarks

License Number 8709
License Date 5/6/1992
Name **BROOKS, MARY ELLEN MD**
Address SOUTHERN NH INT MEDICAL ASSOC, 6 TSIENNETO RD STE 300DERRY, NH, 03038-
Specialty IM
Board Certified IM
School and Year of Graduation NY UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year UNIVERSITY HOSPITAL OF CLEVELAND 1985
Residency and Year UNIVERSITY HOSPITAL OF CLEVELAND 1987
License Expiration Date **6/30/2016**
Remarks **5/7/04 - Settlement Agreement**

License Number 10699
License Date 10/6/1999
Name **BROOKS, THOMAS R MD**
Address PPO BOX 235, SALISBURY, NH, 03268-0235
Specialty OBG
Board Certified
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1948
Internship and Year PENNSYLVANIA HOSPITAL 1955
Residency and Year ROBERT PACKER HOSPITAL 1950
License Expiration Date **6/30/2000**
Remarks

License Number 8115
License Date 6/7/1989
Name **BROOKS, WILLIAM B MD**
Address DHMC-GIM, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL HANOVER, NH USA 1979
Internship and Year UNIV OF VIRGINIA HOSPITAL CHARLOTTESVILLE, VA 1980
Residency and Year UNIV OF VIRGINIA HOSPITAL CHARLOTTESVILLE, VA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 12689
License Date 5/4/2005
Name **BROUHA, ANNE K MD**
Address 243 ELM STREET, CLAREMONT, NH, 03743
Specialty IM
Board Certified IM
School and Year of Graduation STANFORD UNIVERSITY, STANFORD CA US 2001
Internship and Year CAMBRIDGE HOSP, CAMBRIDGE MA 2002
Residency and Year CAMBRIDGE HOSP, CAMBRIDGE MA 2002
License Expiration Date **6/30/2015**
Remarks

License Number 10114
License Date 9/10/1997
Name **BROWER, KATHERINE M MD**
Address RUTLAND FREE CLINIC, 145 N STATE STRUTLAND, VT, 05701
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1995
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL-NH 1998
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date **6/30/2015**
Remarks

License Number 8292
License Date 4/4/1990
Name **BROWN JR, GALE G MD**
Address 250 FIRST AVE, UNIT 318CHARLESTOWN, MA, 02129
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED FARMINGTON USA 1980
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1981
Residency and Year UNIV HOSPITAL - BOSTON, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 16102
License Date 5/1/2013
Name **BROWN JR, ROBERT A DO**
Address ACAS, 25033 HANGER ACCESS ROADFORT DRUM, NY, 13603
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE USA 2010
Internship and Year CARL R DARNALL ARMY MEDICAL CENTER - FORT HOOD, TX 2011
Residency and Year CARL R DARNALL ARMY MEDICAL CENTER - FORT HOOD, TX 2013
License Expiration Date **6/30/2017**
Remarks

License Number 15786
License Date 8/1/2012
Name **BROWN JR, ROBERT D MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty N
Board Certified N
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1987
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1988
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10019
License Date 6/4/1997
Name **BROWN, ANDREW O MD**
Address 100 LIBERTY WAY, DOVER, NH, 03820-5808
Specialty P
Board Certified P
School and Year of Graduation ALBANY MEDICAL COLLEGE-NY USA 1993
Internship and Year LEMUEL SHATTUCK HOSPITAL-MA 1994
Residency and Year BRIGHAM & WOMEN'S HOSPITAL-MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 8341
License Date 6/6/1990
Name **BROWN, ANDREW P MD**
Address SCOTLAND MEMORIAL HOSP, 500 LAUCHWOOD DRIVE LAURINBURG, NC, 28352
Specialty RO
Board Certified RO
School and Year of Graduation UNIV OF LONDON FAC MED - LONDON ENGLAND 1978
Internship and Year ROYAL COLLEGE OF PHYSICIANS - UNITED KINGDOM 1981
Residency and Year ROYAL COLLEGE OF RADIOLOGIST - UNITED KINGDOM 1985
License Expiration Date **6/30/2016**
Remarks **Lapsed for non-renewal 6/30/10...**
Reinstated 6/1/11

License Number 10020
License Date 6/4/1997
Name **BROWN, ANNIKA M MD**
Address NORTH MEADOW FAMILY HEALTH, 154 HANCOCK RD PETERBOROUGH, NH, 03458
Specialty FP
Board Certified FP
School and Year of Graduation YALE UNIVERSITY-CT USA 1994
Internship and Year UNIVERSITY OF UTAH-UT 1997
Residency and Year UNIVERSITY OF UTAH-UT 1997
License Expiration Date **6/30/2017**
Remarks

License Number 12094
License Date 10/1/2003
Name **BROWN, ARTHUR S MD**
Address 205 EAGLE CT, MOORESTOWN, NJ, 08057
Specialty PS
Board Certified PS
School and Year of Graduation UNIVERSITY OF PA, PHILADELPHIA PA US 1970
Internship and Year UNIVERSITY OF PA, PHILADELPHIA PA 1971
Residency and Year UNIVERSITY OF PA, PHILADELPHIA PA 1976
License Expiration Date **6/30/2015**
Remarks

License Number 10895
License Date 5/3/2000
Name **BROWN, CHARLES I MD**
Address AVH PATHOLOGY, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF UTAH - SALT LAKE CITY, UT USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12191
License Date 1/7/2004
Name **BROWN, CLARENCE D MD**
Address MERCY MEDICAL CTR, 1301 15TH AVE WWILLISTON, ND, 58801
Specialty AN
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF GA, AUGUSTA, GA US 1971
Internship and Year RIVERSIDE METHODIST HOSPITAL, COLUMBUS OH 1972
Residency and Year UNIVERSITY OF MIAMI, MIAMI FL 1976
License Expiration Date **6/30/2012**
Remarks

License Number 5525
License Date 6/14/1976
Name **BROWN, DANIEL J MD**
Address PEDIATRIC ASSOC OF HAMPTON & PORTSMOUTH, 330 BORTHWICK AVE STE 202PORTSMOUTH, N
Specialty PD
Board Certified PD
School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PHILADELPHIA PA USA 1973
Internship and Year CHILDREN'S OF PHILADELPHIA HOSP-PHILADELPHIA PA 1974
Residency and Year CHILDREN'S OF PHILADELPHIA HOSP-PHILADELPHIA PA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 10640
License Date 8/4/1999
Name **BROWN, DARIN C MD**
Address MEMORIAL HOSPITAL, RTE 16NORTH CONWAY, NH, 03860
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED -CHICAGO, IL USA 1996
Internship and Year YORK HOSPITAL - YORK, PA 1997
Residency and Year YORK HOSPITAL - YORK, PA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 11725
License Date 9/4/2002
Name **BROWN, DAVID J MD**
Address DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA-DAVIS, CA USA 2000
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2002
License Expiration Date **6/30/2006**
Remarks

License Number 10151
License Date 11/5/1997
Name **BROWN, DERYCK W MD**
Address 125 CENTER ST, TROY, PA, 16947
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF WEST INDIES-JAMAICA JAMAICA 1980
Internship and Year MCKEEPOT HOSPITAL-PA 1988
Residency and Year MCKEEPOT HOSPITAL-PA 1988
License Expiration Date **6/30/2003**
Remarks

License Number 4613
License Date 9/1/1970
Name **BROWN, DEWI R MD**
Address ST JOSEPH BUSINESS & HEALTH, 166 KINSLEY ST STE 203NASHUA, NH, 03060
Specialty OM
Board Certified
School and Year of Graduation CHARING CROSS HOSPITAL MEDICAL SCHOOL - LONDON ENGLAND 1960
Internship and Year CHARING CROSS HOSPITAL - LONDON, ENGLAND 1961
Residency and Year CHARING CROSS HOSPITAL - LONDON, ENGLAND 1962
License Expiration Date **6/30/2016**
Remarks

License Number 10115
License Date 9/10/1997
Name **BROWN, DOUGLAS T MD**
Address DOUGLAS BROWN NEUROLOGY, PO BOX 1382PORTSMOUTH, NH, 03802
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH-HITCHCOCK MEDICAL CENTER USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- NH 1988
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - NH 1991
License Expiration Date **6/30/2013**
Remarks **Lapsed for non-renewal 6/30/01 - Reinstated 4/6/11**

License Number 15526
License Date 2/1/2012
Name **BROWN, ERICA R MD**
Address PARKLAND MEDICAL CENTER, 1 PARKLAND DRIVEDERRY, NH, 03038
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 2005
Internship and Year OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2007
Residency and Year OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 4110
License Date 7/17/1983
Name **BROWN, FORST E MD**
Address VA HOSPITAL-DEPT OF SURGERY, N HARTLAND RDWHITE RIVER JCT, VT, 05001
Specialty PS
Board Certified PS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year UNIV HOSPITAL - CLEVELAND, OH 1960
Residency and Year UNIV HOSPITAL - CLEVELAND, OH 1967
License Expiration Date **6/30/2009**
Remarks

License Number 5548
License Date 7/1/1976
Name **BROWN, HENRY MD**
Address BRINGHAM WOMENS HOSPITAL, 75 FRANICS STBOSTON, MA, 02115
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA-PHILA, PA USA 1944
Internship and Year ST VINCENT HOSPITAL-ERIE PA 1945
Residency and Year UNIVERSITY OF WISCONSIN-MADISON WI 1956
License Expiration Date **6/30/2001**
Remarks

License Number 12778
License Date 7/6/2005
Name **BROWN, JAMES M DO**
Address MUNSON ARMY HLTH CTR, 550 POPE AVEFORT LEAVENWORTH, KS, 66027
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD, ME USA 2002
Internship and Year ST VINCENT HOSPITAL, WORCESTER MA 2003
Residency and Year ST VINCENT HOSPITAL, WORCESTER MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15079
License Date 12/1/2010
Name **BROWN, JANET L MD**
Address PO BOX 207, PADEN, OK, 74860
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF OKLAHOMA USA 1988
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1989
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1992
License Expiration Date **6/30/2012**
Remarks

License Number 10929
License Date 6/7/2000
Name **BROWN, JEFFREY L MD**
Address 280 MAIN ST STE 441, NASHUA, NH, 03062-2919
Specialty VS
Board Certified GS
School and Year of Graduation HAHNEMANN MED COLL - PHILA, PA USA 1992
Internship and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1993
Residency and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1999
License Expiration Date **6/30/2010**
Remarks

License Number 9851
License Date 10/2/1996
Name **BROWN, KENNETH M MD**
Address HAMPSTEAD HOSP, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty CHP
Board Certified CHP
School and Year of Graduation TULANE UNIV SCHOOL OF MEDICINE - NEW ORLEANS, LA USA 1991
Internship and Year MEDICAL UNIV SOUTH CAROLINA COLLEGE OF MEDICINE - CHARLESTON, SC 1994
Residency and Year UNIV MIAMI/JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1996
License Expiration Date **6/30/2016**
Remarks

License Number 14831
License Date 5/5/2010
Name **BROWN, KHALILAH M MD**
Address DHMC- DEPT OF NEUROLOGY, 1 MEDICAL CTR CRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation HOWARD UNIVERSITY USA 2006
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2007
Residency and Year UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO, IL 2009
License Expiration Date **6/30/2012**
Remarks

License Number 13311
License Date 11/1/2006
Name **BROWN, KIRK M MD**
Address VIRTUAL RADIOLOGIC CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified R
School and Year of Graduation BROWN UNIV USA 1994
Internship and Year ROGER WILLIAMS HOSPITAL-PROVIDENCE, RI 1995
Residency and Year HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 1999
License Expiration Date **6/30/2012**
Remarks

License Number 6472
License Date 12/3/1981
Name **BROWN, LIN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty RHU
Board Certified RHU
School and Year of Graduation MED COLL OF PENNSYLVANIA,PA USA 1979
Internship and Year DARTMOUTH MED SCH AFFIL HOSP-HANOVER,NH 1980
Residency and Year DARTMOUTH MEDICAL SCH AFFIL HOSP - HANOVER, NH 1980
License Expiration Date **6/30/2017**
Remarks

License Number 3167
License Date 9/12/1956
Name **BROWN, MARVIN J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks **DECEASED 4/2/2012**

License Number 10445
License Date 11/4/1998
Name **BROWN, MELISSA R MD**
Address 527 W INTERLAKEN RD, FAIRMONT, MN, 56031
Specialty U
Board Certified U
School and Year of Graduation UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1993
Internship and Year UNIV OF UTAH - SALT LAKE CITY, UT 1995
Residency and Year UNIV OF UTAH - SALT LAKE CITY, UT 1998
License Expiration Date **6/30/2006**
Remarks

License Number 8792
License Date 9/2/1992
Name **BROWN, PAUL J MD**
Address 105 PLEASANT ST, CONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE USA 1983
Internship and Year ROGER WILLIAMS GENERAL HOSPITAL PROVIDENCE - RI 1984
Residency and Year BUTLER HOSPITAL PROVIDENCE - RI 1987
License Expiration Date **6/30/2016**
Remarks

License Number 6551
License Date 6/24/1982
Name **BROWN, RANDALL L MD**
Address NH EYE ASSOCIATES, PA, 1415 ELM ST MANCHESTER, NH, 03101-1325
Specialty OPH
Board Certified OPH
School and Year of Graduation LOUISIANA UNIV SCH OF MED - NEW ORLEANS, LA USA 1978
Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1979
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1982
License Expiration Date **6/30/2016**
Remarks

License Number 16573
License Date 5/7/2014
Name **BROWN, RANDOLPH E MD**
Address 10510 AVENUE J, BROOKLYN, NY, 11236
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF THE WEST INDIES JAMAICA 2005
Internship and Year JERSEY CITY MEDICAL CENTER - JERSEY CITY, NJ 2012
Residency and Year JERSEY CITY MEDICAL CENTER - JERSEY CITY, NJ 2014
License Expiration Date **6/30/2016**
Remarks

License Number 17255
License Date 9/2/2015
Name **BROWN, SAMUEL L DO**
Address DHMC - DEPT OF EMERGENCY MED, 1 MEDICAL CTR DR LEBANON, NH, 03766
Specialty EM
Board Certified
School and Year of Graduation UNIV OF NE COLL OF OSTEOPATHIC MED- BIDDEFORD, ME USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 8438
License Date 10/10/1990
Name **BROWN, STEVEN L MD**
Address 18 CONSTITUTION DR, STE 4BEDFORD, NH, 03110-6000
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED-PITTSBURG,PA USA 1982
Internship and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1983
Residency and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1987
License Expiration Date **6/30/2016**
Remarks

License Number 3238
License Date 3/12/1958
Name **BROWN, THOMAS S MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **2/2/1996**
Remarks

License Number 11191
License Date 3/7/2001
Name **BROWN, TIMOTHY D MD**
Address 850 HARRISON AVE, DOWLING 2NBOSTON, MA, 02118
Specialty ORS
Board Certified ORS
School and Year of Graduation TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1984
Internship and Year CHARITY HOSPITAL - NEW ORLEANS, LA 1985
Residency and Year TULANE UNIV SCHOOL OF MEDICINE - NEW ORLEANS, LA 1989
License Expiration Date **6/30/2017**
Remarks **7/11/06 - Settlement Agreement** **7/30/07 - Order Terminating Conditions in Settlement Agreement.**

License Number 10641
License Date 8/4/1999
Name **BROWN, WILLIAM F MD**
Address , RD 2 BOX 244LOWVILLE, NY, 13367
Specialty AN
Board Certified AN
School and Year of Graduation PENNSYLVANIA STATE UNIV COLL OF MED - PA USA 1988
Internship and Year YORK HOSPITAL - YORK, PA 1989
Residency and Year MERCY HOSPITAL - PITTSBURGH, PA 1992
License Expiration Date **6/30/2000**
Remarks

License Number 8377
License Date 6/6/1990
Name **BROWNE, DEBORAH S MD**
Address PARTNERS FOR WOMEN'S HEALTH, 3 ALUMNI DR STE 401EXETER, NH, 03833
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ALABAMA SCH OF MED -BIRMINGHAM,AL USA 1986
Internship and Year UNIV ALABAMA HOSPITAL - BIRMINGHAM, AL 1987
Residency and Year UNIV ALABAMA HOSPITAL - BIRMINGHAM, AL 1989
License Expiration Date **6/30/2016**
Remarks

License Number 14215
License Date 11/5/2008
Name **BROWNE, MARCIA J MD**
Address NASHUA ONCOLOGY/HEMATOLOGY, 10 PROSPECT ST STE 202NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV USA 1979
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1980
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 9470
License Date 7/5/1995
Name **BROZEN, REED MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1992
Internship and Year EHS CHRISTIAN HOSPITAL MEDICAL CENTER - OAK LAWN IL 1995
Residency and Year EHS CHRISTIAN HOSPITAL MEDICAL CENTER - OAK LAWN IL 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9077
License Date 10/6/1993
Name **BRUCE, JULIA J MD**
Address 46 LONG HALL DR, BERWICK, ME, 03901
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE USA 1985
Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE WA 1986
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1993
License Expiration Date **6/30/2017**
Remarks

License Number 8486
License Date 2/6/1991
Name **BRUCH JR, FREDERICK R MD**
Address CROTCHED MTN REHAB CTR, 1 VERNEY DRGREENFIELD, NH, 03047
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MED COLL - ALBANY, NY USA 1983
Internship and Year NAVAL HOSPITAL - BETHESDA, MD 1984
Residency and Year EAST VIRGINIA GRADUATE SCHOOL MEDICINE - NORFOLK , VA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 6391
License Date 6/4/1981
Name **BRUEN, MARIAN A MD**
Address JUNIPER HILL, 420 QUECHEE RDHARTLAND, VT, 05048
Specialty N
Board Certified N
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS NY, NY USA 1973
Internship and Year ST LUKES HOSPITAL CENTER - NY, NY 1974
Residency and Year PRESBYTERIAN HOSPITAL - NY, NY 1979
License Expiration Date **6/30/2017**
Remarks

License Number 12290
License Date 5/5/2004
Name **BRULL, JAMES DO**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF KANSAS CITY, KANSAS CITY MO US 1995
Internship and Year ST LUKES HOSPITAL, KANSAS CITY MO 1996
Residency and Year ST LUKES HOSPITAL, KANSAS CITY MO 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11481
License Date 1/2/2002
Name **BRUMFIELD, AMY S MD**
Address DARTMOUTH HITCHCOCK, 294 DANIEL WEBSTER HGWYMERRIMACK, NH, 03054
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KENTUCKY COLL OF MED - LEXINGTON, KY USA 1995
Internship and Year UNIV OF MISSOURI- KANSAS CITY, MO 1996
Residency and Year UNIV OF MISSOURI- KANSAS CITY, MO 1999
License Expiration Date **6/30/2016**
Remarks

License Number 7604
License Date 6/3/1987
Name **BRUMLEY, DAVID W MD**
Address OXFORD HEALTH PLANS, 10 TARA BLVD NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation ST LOUIS UNIV SCH MED ST LOUIS, MO USA 1984
Internship and Year ST JOSEPH HOSPITAL - STAMFORD, CT 1985
Residency and Year UNIV MISSOURI HOSPITAL - COLUMBIA, MO 1987
License Expiration Date **6/30/2000**
Remarks

License Number 11985
License Date 7/2/2003
Name **BRUMMETT II, RUSSELL S MD**
Address CONCORD ORTHOPAEDICS PA, 264 PLEASANT ST CONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF TEXAS MEDICAL SCHOOL - SAN ANTONIO, TX USA 1997
Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA- PHILADELPHIA, PA 1998
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA- PHILADELPHIA, PA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 6938
License Date 8/2/1984
Name **BRUNDAGE, BARBARA A MD**
Address DERRY PEDIATRICS, 43B BIRCH ST DERRY, NH, 03038-2718
Specialty PD
Board Certified PD
School and Year of Graduation WAYNE STATE UNIV SCH MED-DETROIT, MI USA 1981
Internship and Year UNIV CINCINNATI HSOP-MED CTR-CINCINNATI, OH 1982
Residency and Year CHILDRENS HOSP MED CTR-CINCINNATI, OH 1984
License Expiration Date **6/30/2016**
Remarks

License Number 8408
License Date 8/8/1990
Name **BRUNELLE, KERMIT B MD**
Address FAMILY HEALTH & WELLNESS, 188 RTE 101 BEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1987
Internship and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1988
Residency and Year UNIV HOSPITAL - SALT LAKE CITY, UT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 13448
License Date 4/4/2007
Name **BRUNELLI, WILLIAM J MD**
Address NORTH COUNTRY HOSPITAL, 109 PROVTY DRNEWPORT, VT, 05855
Specialty IM
Board Certified IM
School and Year of Graduation UNIV CENTRAL DEL ESTE DOMINICAN REPUBLIC 1983
Internship and Year RARITAN BAY MEDICAL CENTER-PERTH AMBOY, NJ 1985
Residency and Year RARITAN BAY MEDICAL CENTER-PERTH AMBOY, NJ 1987
License Expiration Date **6/30/2017**
Remarks

License Number 9030
License Date 8/4/1993
Name **BRUNETTE, MARY F MD**
Address 105 PLEASANT ST, CONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation OREGON HEALTH SCIENCE UNIVERSITY SCHOOL OF MED USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 6260
License Date 8/7/1980
Name **BRUNO, FRANCIS E MD**
Address 225 PORTOFINO DR, NOKOMIS, FL, 34275
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCHOOL MEDICINE - BOSTON, MA USA 1970
Internship and Year USAF MEDICAL CENTER - W PATTSON AFB, OH 1971
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 12192
License Date 1/7/2004
Name **BRUNO, RODERICK J MD**
Address ACCESS SPORTS MEDICINE, ONE HAMPTON RDEXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1994
Internship and Year LINCOLN MEDICAL CTR, BRONX NY 1995
Residency and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IL 1999
License Expiration Date **6/30/2016**
Remarks

License Number 9012
License Date 8/4/1993
Name **BRUTON, WILLIAM J MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1960
Internship and Year YALE NEW HAVEN HOSPITAL NEW HAVEN CT 1961
Residency and Year YALE NEW HAVEN HOSPITAL NEW HAVEN CT 1962
License Expiration Date **6/30/2017**
Remarks

License Number 11264
License Date 6/6/2001
Name **BRYAN III, HUGH M MD**
Address , PO BOX 646GLOUCESTER, VA, 23061
Specialty ORS
Board Certified ORS
School and Year of Graduation PENNSYLVANIA STATE UNVIERSITY USA 1980
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1981
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1985
License Expiration Date **6/30/2002**
Remarks

License Number 13032
License Date 4/5/2006
Name **BRYAN, DAVID J MD**
Address LAHEY CLINIC - PLASTIC SURG, 41 MALL RDBURLINGTON, MA, 01803
Specialty PS
Board Certified PS
School and Year of Graduation HARVARD MEDICAL, BOSTON MA USA 1981
Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1982
Residency and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 9899
License Date 1/8/1997
Name **BRYAN, JOHN A MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty ATP
Board Certified PTH
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE, DC USA 1992
Internship and Year GEORGETOWN UNIV HOSPITAL-WASHINGTON,DC 1996
Residency and Year GEORGETOWN UNIV HOSPITAL - WASHINGTON, DC 1996
License Expiration Date **6/30/2017**
Remarks

License Number 16300
License Date 9/4/2013
Name **BRYANT, CRAIG A MD**
Address EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2001
Internship and Year UNIVERSITY HOSPITAL - SUNY UPSTATE - SYRACUSE, NY 2002
Residency and Year UNIVERSITY HOSPITAL - SUNY UPSTATE - SYRACUSE, NY 2004
License Expiration Date **6/30/2015**
Remarks

License Number 14120
License Date 8/6/2008
Name **BRYANT, JENNIFER E MD**
Address VIRTUAL RADIOLOGIC PROFESSIONALS, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation MT SINAI SCHOOL USA 1994
Internship and Year MT SINAI SCHOOL OF MEDICINE-NY, NY 1995
Residency and Year MT SINAI HOSPITAL-NY, NY 1996
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/12 - reinstated 5/1/13**

License Number 11086
License Date 10/4/2000
Name **BRYANT, KAREN M MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED- CHICAGO, IL USA 1995
Internship and Year UNIV OF ILLINOIS MEDICAL CENTER - CHICAGO, IL 1996
Residency and Year UNIV OF ILLINOIS MEDICAL CENTER - CHICAGO, IL 1999
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03...
REINSTATED 4/4/07**

License Number 16627
License Date 6/4/2014
Name **BRYANT, PAUL A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL USA 2010
Internship and Year NEW HANOVER REGIONAL MEDICAL CENTER - WILMINGTON, NC 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14487
License Date 7/1/2009
Name **BRYS, AGATA K MD**
Address ENT ASSOC OF NH, 85 SPRING STLACONIA, NH, 03246
Specialty OTO
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 2004
Internship and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2005
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2009
License Expiration Date **6/30/2011**
Remarks

License Number 16154
License Date 6/5/2013
Name **BUCAL, ALMARIO A MD**
Address QUEST DIAGNOSTICS INC, 200 FOREST STMARLBOROUGH, MA, 01752
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1961
Internship and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1964
Residency and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1966
License Expiration Date **6/30/2017**
Remarks

License Number 11162
License Date 2/7/2001
Name **BUCHANAN, ALEC W MD**
Address INSTITUTE OF PSYCHIATRY, DE CRESPIGNY PARKLONDON, UK, SE5 8AF
Specialty P
Board Certified
School and Year of Graduation UNIV OF EDINBURGH MED SCH - EDINBURGH UK UNITED KINGDON 1981
Internship and Year SOUTH LONDON AND MAUDSLEY HOSPITAL- DENMARK HILL, LONDON 1988
Residency and Year SOUTH LONDON AND MAUDSLEY HOSPITAL - DENMARK HILL, LONDON 1990
License Expiration Date **6/30/2003**
Remarks

License Number 15907
License Date 11/7/2012
Name **BUCHANAN, BENNION D MD**
Address MED REVIEW INST OF AMERICA, 2875 S DECKER LAKE DR STE 550SALT LAKE CITY, UT, 84119
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 1977
Internship and Year GORGAS HOSPITAL - ANCON, US CANAL ZONE IN PANAMA 1978
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 9107
License Date 2/2/1994
Name **BUCHANAN, ELIZABETH A MD**
Address CORE PHYSICIANS, LLC, 20 HAMPTON RDEXETER, NH, 03833-
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1989
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR ME 1993
License Expiration Date **6/30/2016**
Remarks

License Number 10321
License Date 7/1/1998
Name **BUCHANAN, JOHN T MD**
Address FOUNDATION MEDICAL PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1995
Internship and Year UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1996
Residency and Year UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9765
License Date 7/3/1996
Name **BUCHANAN, KEVIN L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTERLEBANON, NH, 03756-
Specialty P
Board Certified
School and Year of Graduation LOMA LINDA UNIV SCHOOL OF MEDICINE, LOMA LINDA, CA USA 1994
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1996
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1996
License Expiration Date **6/30/1998**
Remarks

License Number 16402
License Date 12/4/2013
Name **BUCK, ANA E MD**
Address CARING FOR WOMEN, 734 N MAIN STLACONIA, NH, 03246
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 2009
Internship and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 2010
Residency and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16061
License Date 4/3/2013
Name **BUCK, MATTHEW V MD**
Address LAKES REGION ANESTHESIOLOGY, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty AN
Board Certified AN
School and Year of Graduation ROSS UNIVERSITY USA 2008
Internship and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2009
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2012
License Expiration Date **6/30/2017**
Remarks

License Number 10413
License Date 10/7/1998
Name **BUCKEY JR, JAY C MD**
Address DHMC/INTERNAL MED DEPT, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MEDICAL COLL - NEW YORK, NY USA 1981
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1982
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 9766
License Date 7/3/1996
Name **BUCKLEY JR, DAVID I MD**
Address HITCHCOCK CLINIC, 590 COURT ST KEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIV IF NEW MEXICO SCHOOL OF MEDICINE, ALBUQUERQUE USA 1993
Internship and Year UNIV OF NEW MEXICO SCHOOL OF MEDICINE - NM 1994
Residency and Year UNIV OF NEW MEXICO SCHOOL OF MEDICINE- NM 1996
License Expiration Date **6/30/1999**
Remarks

License Number 15473
License Date 12/7/2011
Name **BUCKLEY, ABRAHAM K DO**
Address 230 JOHN ST, LAWRENCE, NY, 11559
Specialty FP
Board Certified FP
School and Year of Graduation WESTERN UNIVERSITY OF HEALTH SCIENCES USA 2003
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2005
Residency and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2007
License Expiration Date **6/30/2013**
Remarks

License Number 8487
License Date 2/6/1991
Name **BUCKLEY, PETER D MD**
Address MARSH BROOK PROF CENTER, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1984
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1985
Residency and Year UNIV FLORIDA HOSPITAL - GAINESVILLE, FL 1989
License Expiration Date **6/30/2017**
Remarks

License Number 15562
License Date 3/7/2012
Name **BUDDENSEE, MELISSA M MD**
Address AMMONOOSUC COMMUNITY HEALTH SRVCS, 155 MAIN ST FRANCONIA, NH, 03580
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2009
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 5875
License Date 4/6/1978
Name **BUDNITZ, ALBEE L MD**
Address DOWNTOWN MEDICAL ASSOC, 280 MAIN ST NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE DETROIT, MI USA 1973
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1974
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1978
License Expiration Date **6/30/2016**
Remarks

License Number 14057
License Date 7/9/2008
Name **BUENO, ELEANOR A DO**
Address PRIMARY CARE OF HUDSON, 300 DERRY RD HUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 2005
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2006
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 11347
License Date 8/1/2001
Name **BUENO, JACK THOMAS S MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF PHILIPPINES - MANILA, PHILIPPINES PHILIPPINES 1995
Internship and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1997
Residency and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1999
License Expiration Date **6/30/2017**
Remarks

License Number 4559
License Date 5/25/1970
Name **BUENO, MAZZINI MD**
Address , , ,
Specialty R
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 13422
License Date 3/7/2007
Name **BUFF, MICHAEL S MD**
Address NH ONCOLOGY/HEMATOLOGY, 200 TECHNOLOGY DR HOOKSETT, NH, 03106
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK USA 2001
Internship and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 2002
Residency and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 13029
License Date 4/5/2006
Name **BUFFINGTON, COLLEEN M DO**
Address LANCASTER GENERAL HOSPITAL, 555 NORTH DUKE ST LANCASTER, PA, 17604
Specialty R
Board Certified R
School and Year of Graduation UNIV OF NEW JERSEY, STRATFORD NJ USA 1998
Internship and Year ST LUKES HOSPITAL, BETHLEHEM PA 1999
Residency and Year CHRISTIANA CARE HEALTH SYSTEM, NEWARD DE 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15241
License Date 6/1/2011
Name **BUHAY, SARAH M MD**
Address UNIV OF ROCHESTER MED CTR, 601 ELMWOOD AVE BOX 604 ROCHESTER, NY, 14646
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2005
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2006
Residency and Year STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER-ROCHESTER, NY 2009
License Expiration Date **6/30/2013**
Remarks

License Number 14216
License Date 11/5/2008
Name **BUJARSKI, KRZYSZTOF A MD**
Address DHMC - NEUROLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation POZNAN UNIV OF MEDICAL SCIENCES POLAND 2000
Internship and Year LOYOLA UNIV OF CHICAGO - MAYWOOD, IL 2001
Residency and Year LOYOLA UNIV-STRITCH SCHOOL OF MEDICINE - MAYWOOD, IL 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14121
License Date 8/6/2008
Name **BULANOWSKI, MALGORZATA D MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAY MANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation AKADEMIA MEDYCZNA POLAND 1990
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2004
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14281
License Date 1/7/2009
Name **BULCZAK, DARIUSZ P MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation AKADEMIA MEDYCZNA, GDANSK POLAND 1993
Internship and Year CARITAS HEALTH CARE INC - JAMAICA, NY 1997
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 8116
License Date 6/7/1989
Name **BULL, THOMAS A MD**
Address GENERAL DELIVERY, HARBORSIDE, ME, 04642
Specialty P
Board Certified
School and Year of Graduation UNIV OF FL COLL OF MED GAINESVILLE FL USA 1964
Internship and Year ST ELIZABETHS HOSP WASHINGTON DC 1965
Residency and Year BOSTON CITY HOSP BOSTON MA 1967
License Expiration Date **6/30/2000**
Remarks **Deceased 3/5/13**

License Number 7168
License Date 8/1/1985
Name **BULLEY, JOANNE E MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT ST KEENE, NH, 03431
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLLEGE OF OHIO-TOLEDO, OH USA 1981
Internship and Year ST JOSEPH MERCY HOSPITAL-ANN ARBOR, MI 1982
Residency and Year ST JOSEPH MERCY HOSPITAL-ANN ARBOR, MI 1985
License Expiration Date **6/30/2015**
Remarks

License Number 7788
License Date 3/9/1988
Name **BULMER, DAVID R MD**
Address CATHOLIC MEDICAL CENTER, 100 MC GREGOR ST MANCHESTER, NH, 03102
Specialty P
Board Certified P
School and Year of Graduation FAC OF MED UNIV OF EDINBURG SCOTLAND 1967
Internship and Year PORTER MEM HOSP-DENVER 1969
Residency and Year PORTER MEMORIAL HOSP - DENVER, CO 1969
License Expiration Date **6/30/2016**
Remarks

License Number 13391
License Date 2/7/2007
Name **BULUCU, CAN MD**
Address THE WHITTIER PAVILION, 76 SUMMER ST HAVERHILL, MA, 01830
Specialty P
Board Certified P
School and Year of Graduation EGE UNIVERSITY TURKEY 1983
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER THE ZUCKER HILLSIDE HOSPITAL-GLEN OAKS, NY 1996
Residency and Year LONG ISLAND JEWISH MEDICAL CENTER THE ZUCKER HILLSIDE HOSPITAL-GLEN OAKS, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 9636
License Date 1/3/1996
Name **BUNCE, MAUREEN T MD**
Address 330 PORTSMOUTH AVE, GREENLAND, NH, 03840
Specialty FP
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1988
Internship and Year MEMORIAL HOSPITAL - PAWTUCKET, RI 1989
Residency and Year MEMORIAL HOSPITAL - PAWTUCKET, RI 1991
License Expiration Date **6/30/2016**
Remarks

License Number 6872
License Date 5/10/1984
Name **BUNDSCHUH, ALEXIS-ANN B MD**
Address 15 FOX DEN RD, HOLLIS, NH, 03039
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1981
Internship and Year GENESEE HOSP DEPT/IM-ROCHESTER,NY 1982
Residency and Year GENESEE HOSP DEPT/IM-ROCHESTER,NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13030
License Date 4/5/2006
Name **BUONO, DAVID P MD**
Address PORTSMOUTH FAMILY PRACTICE, 26 MANCHESTER SQUAREPORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV, BOSTON MA USA 2003
Internship and Year UNIV OF MASS MEDICAL SCHOOL, WORCESTER MA 2004
Residency and Year UNIV OF MASS MEDICAL SCHOOL, WORCESTER MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9369
License Date 3/1/1995
Name **BUONOMANO, JOANN MD**
Address GOODWIN COMMUNITY HEALTH CTR, 311 RTE 108SOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year CAPE FEAR VALLEY HOSPITAL - FAYETTEVILLE NC 1992
Residency and Year CAPE FEAR VALLEY HOSPITAL - FAYETTEVILLE NC 1992
License Expiration Date **6/30/2017**
Remarks

License Number 4634
License Date 11/16/1970
Name **BURACK, W RICHARD MD**
Address 86 PRESIDENTIAL RD, PO BOX 5JACKSON, NH, 03846
Specialty IM
Board Certified IM
School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE, NC USA]195
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1952
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1953
License Expiration Date **6/30/2012**
Remarks

License Number 17256
License Date 9/2/2015
Name **BURATYNSKI, THERESA J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty OCC
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED- CLEVELAND OH USA 1995
Internship and Year UNIV OF OKLAHOMA HEALTH SCIENCES CTR - OKLAHOMA CITY, OK 1996
Residency and Year NAVY MEDICINE OPERATIONALTRAINING CTR- PENSACOLA, FL 2000
License Expiration Date **6/30/2017**
Remarks

License Number 5763
License Date 6/20/1977
Name **BURBANK, ALAN I MD**
Address 16 W SHORE RD, WINDHAM, NH, 03087
Specialty GP
Board Certified GS
School and Year of Graduation STATE UNIVERSITY OF NEW YORK-BROOKLYN NY USA 1959
Internship and Year LONG ISLAND COLLEGE HOSPITAL-BROOKLYN NY 1960
Residency and Year BARNES HOSPITAL-ST LOUIS MO 1963
License Expiration Date **9/18/2008**
Remarks **DECEASED 9/18/2008**

License Number 13849
License Date 3/5/2008
Name **BURBANK, HEATHER N MD**
Address FACH-RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 2001
Internship and Year TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM - TUCSON, AZ 2002
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2006
License Expiration Date **6/30/2010**
Remarks

License Number 14373
License Date 4/1/2009
Name **BURCH, JOHN W MD**
Address AMERICAN RED CROSS, 825 JOHN STW HENRIETTA, NY, 14586
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1971
Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1972
Residency and Year WASHINGTON UNIV - ST LOUIS, MO 1973
License Expiration Date **6/30/2011**
Remarks

License Number 8117
License Date 6/7/1989
Name **BURCHARD, KENNETH W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTER,NY USA 1973
Internship and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1974
Residency and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1980
License Expiration Date **6/30/2017**
Remarks

License Number 12865
License Date 9/7/2005
Name **BURCHMAN, COREY A MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY WASHINGTON DC US 1983
Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1984
Residency and Year NASS GENERAL HOSPITAL, BOSTON MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 14751
License Date 3/3/2010
Name **BURDETTE, TODD E MD**
Address CONCORD PLASTIC SURGERY, 246 PLEASANT ST STE 210CONCORD, NH, 03301
Specialty PS
Board Certified PS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year KARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10642
License Date 8/4/1999
Name **BURDICK, JULIA F MD**
Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND,OH USA 1996
Internship and Year UNIV OF NEW MEXICO HLTH SCI CTR SCH OF MED - ALBUQUERQUE, NM 1997
Residency and Year UNIV OF NEW MEXICO HLTH SCI CTR SCH OF MED - ALBUQUERQUE, NM 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7113
License Date 6/6/1985
Name **BURGEE, G BRENT MD**
Address 1201 HARLOW HILL RD, RANDOLPH, VT, 05060
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MARYLAND-BALTIMORE, MD USA 1977
Internship and Year THE WILLIAMSPORT HOSPITAL-WILLIAMSPORT, PA 1980
Residency and Year UNIVERSITY OF MASSACHUSETTS HOSPITAL MEDICAL CENTER-WORCESTER, MA 1985
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13-reinstated 4/1/15**

License Number 10700
License Date 10/6/1999
Name **BURGER, FRANCES L MD**
Address ANDOVER MENTAL HEALTH, ONE ELM SQUAREANDOVER, MA, 01810
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY COLLEGE UNIV OF LONDON ENGLAND 1966
Internship and Year FELLOWSHIP
Residency and Year WASHINGTON UNIV DEPT OF PSY 1972
License Expiration Date **6/30/2005**
Remarks

License Number 16628
License Date 6/4/2014
Name **BURGESS, CAROL J MD**
Address 275 E 200 S, SALT LAKE CITY, UT, 84111
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL SCHOOL USA 1982
Internship and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS, MN 1983
Residency and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS, MN 1984
License Expiration Date **6/30/2016**
Remarks

License Number 9979
 License Date 5/7/1997
 Name **BURKE, BRIAN F MD**
 Address MEMORIAL HOSPITAL, 3073 MAIN STN CONWAY, NH, 03860
 Specialty IM
 Board Certified IM
 School and Year of Graduation MT SINAI SCH MED OF THE CIYT UNIV OF NY USA 1994
 Internship and Year UNIV OF MI HOSPITALS-MICHIGAN 1997
 Residency and Year UNIV OF MI HOSP-MICHIGAN 1997
 License Expiration Date **6/30/2000**
 Remarks

License Number 6491
 License Date 2/8/1982
 Name **BURKE, CHARLES R MD**
 Address NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
 Specialty U
 Board Certified U
 School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1967
 Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1968
 Residency and Year UNIV HOSP INC-BOSTON,MA 1976
 License Expiration Date **6/30/2008**
 Remarks

License Number 8775
 License Date 8/5/1992
 Name **BURKE, FRANK A MD**
 Address BLUEGRASS ORTHOPEDICS, 120 N EAGLE CREEK DR STE 440LEXINGTON, KY, 40509-
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 1981
 Internship and Year GEISINGER MEDICAL CENTER DANVILLE - PENNSYLVANIA 1982
 Residency and Year GEISINGER MEDICAL CENTER DANVILLE - PENNSYLVANIA 1986
 License Expiration Date **6/30/2001**
 Remarks

License Number 11348
 License Date 8/1/2001
 Name **BURKE, JANE L MD**
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
 Specialty EM
 Board Certified EM
 School and Year of Graduation UNIV OF COLORADO SCH OF MED- DENVER,CO USA 1995
 Internship and Year UNIV HEALTH CENTER OF PITTSBURGH- PITTSBURGH, PA 1996
 Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1997
 License Expiration Date **6/30/2017**
 Remarks

License Number 9767
License Date 7/3/1996
Name **BURKE, LILLIAN P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MINNEAPOLIS MEDICAL SCHOOL USA 1979
Internship and Year UNIV OF ALABAMA HOSPITAL - AL 1980
Residency and Year UNIV OF ALABAMA HOSPITAL - AL 1982
License Expiration Date **6/30/2003**
Remarks

License Number 10986
License Date 7/5/2000
Name **BURKE, M BARBARA MD**
Address DARTMOUTH HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431
Specialty GS
Board Certified GS
School and Year of Graduation BROWN UNIV SCH OF MED- PROVIDENCE, RI USA 1995
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1997
License Expiration Date **6/30/2003**
Remarks

License Number 15822
License Date 9/5/2012
Name **BURKE, MONICA A DO**
Address CONCORD HOSP NEUROLOGY ASSOC, 248 PLEASANT ST STE G200CONCORD, NH, 03301
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1998
Internship and Year UNIVERSITYOF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1999
Residency and Year RHODE ISLAND HOSPITAL - BROWN UNIVERSITY - PROVIDENCE, RI 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11473
License Date 12/5/2001
Name **BURKE, ROBERT M MD**
Address 17 BELMONT AVE, BRATTLEBORO, VT, 05301
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1988
Internship and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1989
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 16261
License Date 8/7/2013
Name **BURKETT, DONNA L MD**
Address PLANNED PARENTHOOD NORTHERN NEW ENGLAND, 128 LAKESIDE AVE, SUITE 301BURLINGTON,
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL USA 1995
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1996
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10526
License Date 4/7/1999
Name **BURKEY, DAVID C MD**
Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified CD
School and Year of Graduation NORTHEASTERN OHIO UNIV - ROOTSTOWN, OH USA 1986
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1990
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1993
License Expiration Date **6/30/2017**
Remarks

License Number 13701
License Date 10/3/2007
Name **BURKHOLZ, KIMBERLY J MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRIARIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation LOMA LINDA UNIV USA 2001
Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2002
Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11301
License Date 7/11/2001
Name **BURKLEY, CARLA A MD**
Address WOMEN'S HEALTH ASSOCIATES, 330 SABATTUS STLEWISTON, ME, 04240
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1997
Internship and Year MAINE MEDICAL CENTER PORTLAND ME 1998
Residency and Year MAINE MEDICAL CENTER PORTLAND ME 2000
License Expiration Date **6/30/2009**
Remarks

License Number 9271
 License Date 9/7/1994
 Name **BURLESON, NANCY L MD**
 Address AVH SURGICAL ASSOCIATES, 7 PAGE HILL RDBERLIN, NH, 03581
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation UNIVERSITY OF TEXAS MEDICAL SCHOOL USA 1985
 Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITAL - GALVESTON TX 1989
 Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITAL - GALVESTON TX 1989
 License Expiration Date **6/30/2014**
 Remarks **LAPSED FOR NON RENEWAL 6/30/03--REINSTATED 11/2/05**

License Number 15433
 License Date 11/2/2011
 Name **BURMAN, HARRISON E MD**
 Address CHESHIRE MED CTR/D H, 580 COURT STKEENE, NH, 03431
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1996
 Internship and Year UNIVERSITY OF TENNESSEE, MEMPHIS, TN 1997
 Residency and Year UNIVERSITY OF TENNESSEE, MEMPHIS, TN 2001
 License Expiration Date **6/30/2017**
 Remarks

License Number 13193
 License Date 8/2/2006
 Name **BURNETT, KAREN L MD**
 Address 4231 W 16TH AVE, KUHLMAN BLDG #317DENVER, CO, 80204
 Specialty FP
 Board Certified
 School and Year of Graduation SABA UNIV SCHOOL OF MEDICINE NETHERLANDS 2004
 Internship and Year ST ANTHONY CENTRAL HOSPITAL-DENVER, CO 2005
 Residency and Year ST ANTHONY CENTRAL HOSPITAL-DENVER, CO 2006
 License Expiration Date **6/30/2008**
 Remarks

License Number 8929
 License Date 5/5/1993
 Name **BURNS, CHRISTOPHER M P MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
 Specialty RHU
 Board Certified RHU
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1982
 Internship and Year UNIVERRSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER MA 1983
 Residency and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER MA 1985
 License Expiration Date **6/30/2017**
 Remarks

License Number 9672
License Date 4/3/1996
Name **BURNS, DAVID L MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty GE
Board Certified NTR
School and Year of Graduation BOSTON UNIVERSITY USA 1990
Internship and Year NEW ENGLAND DEACONESS HOSPITAL-BOSTON MA 1993
Residency and Year LAHEY-HITCHCOCK CLINIC-BURLINGTON MA 1996
License Expiration Date **6/30/2001**
Remarks

License Number 11265
License Date 6/6/2001
Name **BURNS, EMILY A MD**
Address 25 SOUTH RIVER RD, BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation U OF MED & DENT NJ ROBERT WOOD JOHNSON MED SCHOOL USA 1998
Internship and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX VA 1999
Residency and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX VA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 7042
License Date 2/7/1985
Name **BURNS, JAY P MD**
Address SEACOAST REDICARE, 396 HIGH STSOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VT COLL OF MED-BURLINGOTN.VT USA 1982
Internship and Year CENTRAL ME MED CTR-LEWISTON,ME 1983
Residency and Year CENTRAL ME MED CTR-LEWISTON,ME 1985
License Expiration Date **6/30/2017**
Remarks

License Number 4079
License Date 6/5/1967
Name **BURNS, PADRAIC MD**
Address 7 ORCHARD RD, BROOKLINE, MA, 02445-2114
Specialty P
Board Certified P
School and Year of Graduation YALE UNIV SCHOOL OF MED - NEW HAVEN, CT USA 1955
Internship and Year PENNSYLVANIA HOSPITAL - PHIL, PA 1956
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1963
License Expiration Date **6/30/2003**
Remarks

License Number 10414
License Date 10/7/1998
Name **BURNS, SEAN M MD**
Address CORE PHYSICIANS, BUZZEL AVEEXETER, NH, 03833
Specialty AN
Board Certified IM
School and Year of Graduation COLL OF MED ST LOUIS UNIV BAGUIO CITY PHILIPPINES 1987
Internship and Year JAMAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 1988
Residency and Year JAMAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 1989
License Expiration Date **6/30/2016**
Remarks

License Number 15618
License Date 4/4/2012
Name **BURNS, SEAN T MD**
Address CONCORD ORTHOPEDICS PROF ASSOC, 264 PLEASANT STCONCORD, NH, 03301
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS USA 2006
Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 2007
Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 2011
License Expiration Date **6/30/2016**
Remarks

License Number 17102
License Date 6/3/2015
Name **BURRAGE, PETER S MD**
Address DHMC - DEPT OF ANESTHESIOLOGY, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2009
Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2010
Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 6552
License Date 6/24/1982
Name **BURROUGHS, JONATHAN H MD**
Address MEMORIAL HOSP, EMERGENCY DEPTNORTH CONWAY, NH, 03860
Specialty EM
Board Certified EM
School and Year of Graduation CASE WESTERN UNIV USA 1977
Internship and Year UC DAVIS MED CENTER-SACRAMENTO,CA 1978
Residency and Year BERKSHIRE MED CTR,PITTSFIELD,MA 1981
License Expiration Date **6/30/2010**
Remarks

License Number 6894
License Date 6/7/1984
Name **BURSTEIN, SANDERS F MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation CASE WESTERN UNIV SCH MED-CLEVELAND,OH USA 1979
Internship and Year ME DARTMOUTH FAM PRACTICE-AUGUSTA,ME 1980
Residency and Year ME DARTMOUTH FAM PRACTICE-AUGUSTA,ME 1982
License Expiration Date **6/30/2016**
Remarks

License Number 6572
License Date 6/24/1982
Name **BURSZTAJN, HAROLD J MD**
Address 96 LARCHWOOD DR, CAMBRIDGE, MA, 02138-4639
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1977
Internship and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1978
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2014**
Remarks

License Number 10482
License Date 1/6/1999
Name **BURZON, EDWARD C MD**
Address 1 SARAH PAUL HILL, MADBURY, NH, 03823
Specialty AN
Board Certified AN
School and Year of Graduation FAC OF MED AUTONOMOUS UNIV GUADALAJARA MEXICO 1985
Internship and Year SUNY DOWNSTATE MED CTR HLTH SCI CTR- BROOKLYN, NY 1987
Residency and Year SUNY DOWNSTATE MED CTR HLTH SCI CTR - BROOKLYN, NY 1988
License Expiration Date **6/30/2017**
Remarks

License Number 4690
License Date 6/12/1972
Name **BUSCH, HAL J MD**
Address , PO BOX 637LACONIA, NH, 03247-
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI COLLEGE OF MEDICINE, OH USA 1966
Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1967
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1969
License Expiration Date **6/30/2002**
Remarks

License Number 12095
License Date 10/1/2003
Name **BUSEMAN, SANDRA K MD**
Address CITY OF MANCHESTER HEALTH DEPT, 1528 ELM STMANCHESTER, NH, 03101-1350
Specialty PH
Board Certified PH
School and Year of Graduation UNIVERSITY OF SO DAKOTA, VERMILLION SD US 1996
Internship and Year GUNDERSON LUTHERAN MED FOUNDATION, LA CROSSE WI 1997
Residency and Year UNIVERSITY OF COLORADO, DENVER CO 2000
License Expiration Date **6/30/2007**
Remarks

License Number D0004
License Date
Name **BUSH JR, HARRY L MD**
Address 525 EAST 68 STREET STE F-2003, NEW YORK, NY, 10021
Specialty GS
Board Certified GS
School and Year of Graduation COLUMBIA UNIVERSITY - NY USA 1968
Internship and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1969
Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1970
License Expiration Date **2/17/2000**
Remarks **2/17/00 - Order of Conditional Denial. License denied based on action taken by the New York Board.**

License Number 6470
License Date 11/16/1981
Name **BUSHEY, MICHAEL J MD**
Address MAINE GENERAL MED CTR/ANESTH, NORTH STWATERVILLE, ME, 04901
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VT COLL MED-BURLINGTON,VT USA 1976
Internship and Year MED CTR HOSP-BURLINGTON,VT 1977
Residency and Year MED CTR HOSP-BURLINGTON,VT 1978
License Expiration Date **6/30/2017**
Remarks

License Number 13449
License Date 4/4/2007
Name **BUSSE, PAUL M MD**
Address MGH, COX 3 100 BLOSSOM STBOSTON, MA, 02114
Specialty R
Board Certified R
School and Year of Graduation ST LOUIS UNIV USA 1982
Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1983
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 14407
License Date 5/6/2009
Name **BUSTAMANTE, CHRISTOPHER D MD**
Address FAMILY CARE OF SOMERSWORTH, 353 HIGH STSOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES PHILIPPINES 1997
Internship and Year PENN STATE UNIVERSITY/GOOD SAMARITAN HOSPITAL-LEBANON, PA 2007
Residency and Year PENN STATE UNIVERSITY/GOOD SAMARITAN HOSPITAL-LEBANON, PA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 4647
License Date 1/11/1971
Name **BUTLER, JAMES S MD**
Address 63 PINNACLE PARK, MEREDITH, NH, 03253
Specialty OTO
Board Certified OTO
School and Year of Graduation GEORGE WASHINGTON UNIV, DC USA 1963
Internship and Year JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 1964
Residency and Year WASHINGTON HOSPITAL CENTER HOSPITAL - WASHINGTON, DC 1968
License Expiration Date **6/30/2007**
Remarks **5/29/01 - ORDER OF THE BOARD, 7/27/01 Order Vacating Rulings of Law #3 on the Board's Order of May 30, 2001**
9/11/01 - ORDER GRANTING MOTION TO SEAL
9/11/01 - BOARD ORDER-REPRIMAND

License Number 5769
License Date 7/7/1977
Name **BUTLER, PAUL W MD**
Address 196A DOVER POINT ROAD, DOVER, NH, 03820
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1970
Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT-BURLINGTON VT 1971
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT-BURLINGTON VT 1977
License Expiration Date **6/30/2017**
Remarks **RETIRED**

License Number 13087
License Date 6/7/2006
Name **BUTTERFIELD, REBECCA C MD**
Address DOVER PEDIATRICS, 17 OLD ROCHESTER RD DOVER, NH, 03820
Specialty PD
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 2003
Internship and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 2004
Residency and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 2006
License Expiration Date **6/30/2008**
Remarks

License Number 5156
License Date 4/16/1974
Name **BUTTERICK, JAMES D MD**
Address CHARLTON MEMORIAL HOSPITAL, 363 HIGHLAND AVE FALL RIVER, MA, 02720-
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MICHIGAN-ANN ARBOR MI USA 1970
Internship and Year UNIVERSITY OF MICHIGAN-ANN ARBOR MI 1971
Residency and Year UNIVERSITY OF MICHIGAN-ANN ARBOR MI 1973
License Expiration Date **6/30/2000**
Remarks

License Number 10527
License Date 4/7/1999
Name **BUTTERLY, JOHN R MD**
Address DHMC-CARDIOLOGY, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF CALIFORNIA - SAN FRANCISCO, CA USA 1977
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1978
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 10549
License Date 5/5/1999
Name **BUTTERLY, LYNN F MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1979
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 7941
License Date 8/10/1988
Name **BUTTLAR, CONSTANCE A MD**
Address NASHUA PATHOLOGY PA, 1 PROSPECT ST 2ND FL NASHUA, NH, 03060-3921
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MASS MED SCH-WORCHESTER, MA USA 1980
Internship and Year ST VINCENTS HOSP-WORCHESTER, MA 1981
Residency and Year ST VINCENT HOSP-WORCHESTER, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 16533
License Date 4/2/2014
Name **BUTURLA, SEAN A MD**
Address 2 WAYSIDE DR, EXETER, NH, 03833
Specialty EM
Board Certified
School and Year of Graduation JAGIELLONIAN UNIV MEDICAL COLLEGE POLAND 2010
Internship and Year UNIVERSITY OF TOLEDO MEDICAL CENTER - TOLEDO, OH 2011
Residency and Year UNIVERSITY OF TOLEDO MEDICAL CENTER - TOLEDO, OH 2013
License Expiration Date **6/30/2016**
Remarks

License Number 13238
License Date 9/6/2006
Name **BUTZEL, DAVID W MD**
Address MMP - MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER USA 1996
Internship and Year STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1997
Residency and Year STRONG MEMORIAL HOSPITAL-ROCHESTER NY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13528
License Date 6/6/2007
Name **BUYUK, ARZU MD**
Address 222 STATION PLAZA STE 618, MINEOLA, NY, 11501
Specialty PTH
Board Certified
School and Year of Graduation HACETTEPE UNIV TURKEY 1994
Internship and Year WINTHROP-UNIV HOSPITAL - MINEOLA, NY 2004
Residency and Year WINTHROP-UNIV HOSPITAL - MINEOLA, NY 2006
License Expiration Date **6/30/2009**
Remarks

License Number 13482
License Date 5/9/2007
Name **BUZDON, MOLLY M MD**
Address ATLANTIC SURGICAL ASSOCIATES, 330 BORTHWICK AVE STE308PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MICHIGAN USA 1994
Internship and Year UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 1995
Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 2002
License Expiration Date **6/30/2017**
Remarks

License Number 14615
License Date 10/7/2009
Name **BUZNEY, SHELDON M MD**
Address BOSTON RETINA, 422 WORCESTER ST., SUITE 301WELLESLEY, MA, 02482
Specialty OPH
Board Certified OPH
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1972
Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 1973
Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 4522
License Date 12/10/1969
Name **BUZZELL, KEITH A DO**
Address 44 PORTLAND ST STE 2, FRYEBURG, ME, 04037
Specialty FP
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1960
Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1961
Residency and Year
License Expiration Date **6/30/2013**
Remarks **lapsed 6/30/81 - reinstated 12/7/11**

License Number 9392
License Date 4/5/1995
Name **BUZZELL, STEPHEN H MD**
Address MONADNOCK COMMUNITY HOSPITAL, 452 OLD STPETERBOROUGH, NH, 03458
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1990
Internship and Year RIVERSIDE MEDICAL CENTER - MINNEAPOLIS MN 1993
Residency and Year RIVERSIDE MEDICAL CENTER - MINNEAPOLIS MN 1993
License Expiration Date **6/30/2017**
Remarks

License Number 7268
License Date 2/6/1986
Name **BYER, JEFFREY B MD**
Address EAR NOSE & THROAT PHY & SUR, 130 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty OTO
Board Certified OTO
School and Year of Graduation BAYLOR COLLEGE OF MED HOUSTON TX USA 1979
Internship and Year NEW BRITAIN GEN HOSP NEW BRITAIN CT 1980
Residency and Year ALBANY MED CTR HOSP ALBANY NY 1985
License Expiration Date **6/30/2016**
Remarks **8/7/09 - Settlement Agreement**

License Number 10930
License Date 6/7/2000
Name **BYNUM, JULIE P MD**
Address DHMC-GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation JOHN HOPKINS UNIV - BALTIMORE, MD USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12193
License Date 1/7/2004
Name **BYOCK, IRA R MD**
Address DHMC-FAMILY PRACTICE/PALLIATIVE MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF COLORADO, DENVER CO US 1978
Internship and Year UNIVERSITY MEDICAL CTR, FRESNO CA 1979
Residency and Year UNIVERSITY MEDICAL CTR, FRESNO CA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 15823
License Date 9/5/2012
Name **BYRNE, ASHLEIGH A MD**
Address PAIN CARE, 255 ROUTE 108SOMERSWORTH, NH, 03878
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ USA 2007
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2014**
Remarks

License Number 13194
License Date 8/2/2006
Name **BYRNE, THOMAS G MD**
Address 425 REVERE ST, REVERE, MA, 02151
Specialty FP
Board Certified FP
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1985
Internship and Year NAVAL HOSPITAL-JACKSONVILLE, FL 1986
Residency and Year NAVAL HOSPITAL-JACKSONVILLE, FL 1989
License Expiration Date **6/30/2016**
Remarks

License Number 10357
License Date 8/5/1998
Name **BYRNE, TRACY S MD**
Address OBGYN ASSOC OF N INDIANA, 6301 UNIVERSITY STE 310SOUTH BEND, IN, 46635
Specialty OBG
Board Certified OBG
School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1994
Internship and Year UNIV OF ROCHESTER STRONG MEMORIAL HOSP- ROCHESTER, NY 1995
Residency and Year UNIV OF ROCHESTER STRONG MEMORIAL HOSP - ROCHESTER, NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 16629
License Date 6/4/2014
Name **CABALONA, WILHELMINA D MD**
Address THE HEMATOLOGY & ONCOLOGY CTR, 155 BORTHWICK AVE, STE 301PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1997
Internship and Year ST ELIZABETHS MEDICAL CENTER - BRIGHTON, MA 2012
Residency and Year ST ELIZABETHS MEDICAL CENTER - BRIGHTON, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 13195
License Date 8/2/2006
Name **CABOT, ANN C DO**
Address CONCORD NEUROLOGY ASSOC, 248 PLEASANT ST STE G200CONCORD, NH, 03301
Specialty N
Board Certified N
School and Year of Graduation UNIV OF NEW ENGLAND USA 1998
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 1999
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 15652
License Date 5/2/2012
Name **CABRAL, CHAD M DO**
Address EXETER HOSPITAL, 3 ALUMNI DR STE 201EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MED USA 2005
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2006
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 9183
License Date 6/1/1994
Name **CADORETTE, TERESA M MD**
Address TERESA MARY CADORETTE MD P.A., 45 MAIN ST STE 101PETERBOROUGH, NH, 03458
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF TEXAS SCHOOL OF MEDICINE USA 1987
Internship and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS TX 1991
Residency and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS TX 1991
License Expiration Date **6/30/2016**
Remarks

License Number 12732
License Date 6/1/2005
Name **CADY, ROBERT S MD**
Address MAINE EYE CENTER, 15 LOWELL STPORTLAND, ME, 04102
Specialty OPH
Board Certified OPH
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, SYRACUSE NY US 1999
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 2000
Residency and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 2003
License Expiration Date **6/30/2009**
Remarks

License Number 15402
License Date 10/5/2011
Name **CAESAR, RICHARD E MD**
Address 55 BROADWAY, BANGOR, ME, 04401
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year MALDEN HOSPITAL - MALDEN MA 1986
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 4446
License Date 6/30/1969
Name **CAHILL JR, GEORGE F MD**
Address , P O BOX 367STODDARD, NH, 03464-0367
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV - NY, NY USA 1953
Internship and Year PETER BENT BRIGHAM HOSPITAL - BOSTON, MA 1954
Residency and Year PETER BENT BRIGHAM HOSPITAL - BOSTON, MA 1958
License Expiration Date **6/30/2002**
Remarks

License Number 6829
License Date 1/5/1984
Name **CAHILL, JAMES D MD**
Address 212 PERKINS HILL RD, PERKINSVILLE, VT, 05151
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT COLL MED- BURLINGTON, VT USA 1969
Internship and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1970
Residency and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 13945
License Date 5/7/2008
Name **CAI, JIAN-PING MD**
Address DIANON SYSTEM/LABCORP, 5610 W LASALLE STTAMPA, FL, 33607
Specialty DMP
Board Certified DMP
School and Year of Graduation ZHEJIANG MEDICAL UNIV CHINA 1983
Internship and Year UNIV OF TENNESSEE - MEMPHIS TN 2000
Residency and Year UNIV OF TENNESSEE - MEMPHIS TN 2003
License Expiration Date **6/30/2016**
Remarks

License Number 10643
License Date 8/4/1999
Name **CALABRO, JOHN R MD**
Address OVERLOOK HOSPITAL, MAC BLDGSUMMIT, NJ, 07901
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MED & DENTISTRY OF NEW JERSEY USA 1975
Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1976
Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1977
License Expiration Date **6/30/2005**
Remarks

License Number 11016
License Date 8/2/2000
Name **CALAMIA, MICHAEL H MD**
Address FARMINGTON FAMILY PRACTICE, 316 NH ROUTE 11FARMINGTON, NH, 03835
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MED COLL - PHILADELPHIA, PA USA 1997
Internship and Year WEST JERSEY HEALTH SYSTEM - VOORHEES, NJ 1999
Residency and Year WEST JERSEY HEALTH SYSTEM- VOORHEES, NJ 2000
License Expiration Date **6/30/2014**
Remarks

License Number 14058
License Date 7/9/2008
Name **CALCAGNI JOHNSON, KRISTEN W MD**
Address EXETER PEDIATRICS, 9 BUZZELL AVEEXETER, NH, 03833
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VT USA 2000
Internship and Year STRONG MEMORIAL HOSPITAL-ROCHESTER,NY 2001
Residency and Year STRONG MEMORIAL HOSPITAL-ROCHESTER,NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 6492
License Date 2/8/1982
Name **CALCAGNI, DAVID C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03657
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 1977
Internship and Year
Residency and Year
License Expiration Date **10/1/1984**
Remarks

License Number 13702
License Date 10/3/2007
Name **CALDEMEYER, KAREN S MD**
Address VIRTUAL RADIOLOGIC PROF, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified R
School and Year of Graduation INDIANA UNIV USA 1988
Internship and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1990
Residency and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14449
License Date 6/3/2009
Name **CALDERON-DUJARRIC, FERMIN MD**
Address 11 WHITEHALL RD, ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation UNIV NACIONAL PEDRO HENRIQUEZ URENA DOMINICAN REPUBLIC 1993
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 1998
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2000
License Expiration Date **6/30/2013**
Remarks

License Number 14488
License Date 7/1/2009
Name **CALDWELL, CHARLES G MD**
Address MAYO CLINIC HEALTH SYSTEM - DIV OF ORTHOPEDICS, 305 PINEVIEW STWAYCROSS, GA, 31501
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF TEXAS USA 1972
Internship and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1973
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1976
License Expiration Date **6/30/2015**
Remarks

License Number 13737
License Date 11/7/2007
Name **CALEGA, VIRGINIA C MD**
Address HIGHMARK INC, 120 FIFTH AVE #P4105PITTSBURGH, PA, 15222
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1987
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1988
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1990
License Expiration Date **6/30/2017**
Remarks

License Number 10673
License Date 9/1/1999
Name **CALEGARI, JEFFREY T DO**
Address GRANITE STATE INTERNAL MEDICINE, 188 ROUTE 101BEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED - ME USA 1995
Internship and Year BAYSTATE MEDICAL CENTER- SPRINGFIELD, MA 1996
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10701
License Date 10/6/1999
Name **CALEGARI, KAREN M DO**
Address 100 MCGREGOR ST, MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF N.E. COLL OF OSTEO USA 1996
Internship and Year BAYSTATE MEDICAL CENTER 1997
Residency and Year BAYSTATE MEDICAL CENTER 1999
License Expiration Date **6/30/2017**
Remarks **7/8/10 - Settlement Agreement**

License Number 12779
License Date 7/6/2005
Name **CALESTINO, MATTHEW T MD**
Address NORTH FLORIDA REGIONAL MEDICAL CENTER, 6500 W NEWBERRY ROADGAINSVILLE, FL, 32605
Specialty IM
Board Certified IM
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN, ST MAARTEN NETHERLANDS ANTILLES 2000
Internship and Year PROVIDENCE HOSPITAL, SOUTHFIELD MI 2002
Residency and Year PROVIDENCE HOSPITAL, SOUTHFIELD MI 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11266
License Date 6/6/2001
Name **CALHOUN, CHRISTOPHER S MD**
Address GLEN LAKE FAMILY PRACTICE, 89 SOUTH MAST RDGOFFSTOWN, NH, 03045
Specialty FP
Board Certified FP
School and Year of Graduation VANDERBILT UNIVERSITY USA 1998
Internship and Year ST MARGARET'S MEMORIAL HOSPITAL - PITTSBURGH PA 2000
Residency and Year ST MARGARET'S MEMORIAL HOSPITAL - PITTSBURGH PA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 14913
License Date 7/7/2010
Name **CALHOUN, SHANNON P DO**
Address 383 INVERNESS PKWY #280, ENGLEWOOD, CO, 80112
Specialty DR
Board Certified DR
School and Year of Graduation OKLAHOMA STATE UNIVERSITY USA 1998
Internship and Year COLUMBIA TULSA REGIONAL MEDICAL CENTER-TULSA, OK 1999
Residency and Year COLUMBIA TULSA REGIONAL MEDICAL CENTER-TULSA, OK 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13791
License Date 1/11/2008
Name **CALL, KENNETH D MD**
Address NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03757
Specialty EM
Board Certified
School and Year of Graduation E CAROLINA UNIV USA 1991
Internship and Year E CAROLINA UNIV SCHOOL OF MEDICAL - GREENVILLE, NC 1992
Residency and Year E CAROLINA UNIV SCHOOL OF MEDICAL - GREENVILLE, NC 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16062
License Date 4/3/2013
Name **CALL, LINDA P MD**
Address NEW HAMPSHIRE HOSPITAL - APC, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2017**
Remarks

License Number 9615
License Date 1/3/1996
Name **CALLAGHAN, JOHN W MD**
Address BELKNAP FAMILY HEALTH CTR, 34 MAIN ST PO BOX 719BELMONT, NH, 03220
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY COLLEGE CORK USA 1975
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 9330
License Date 12/7/1994
Name **CALLAHAN JR, BRIAN T MD**
Address WALDEN SURGICAL ASSOC, 131 ORNAC STE 500 JCBCONCORD, MA, 01742
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1984
Residency and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1988
License Expiration Date **6/30/2014**
Remarks

License Number 10528
License Date 4/7/1999
Name **CALLAHAN, KEVIN J DO**
Address EXECUTIVE MEWS STE V107, 1930 E RTE 70CHERRY HILL, NJ, 08003
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF MED - BIDDEFORD,ME USA 1987
Internship and Year UMDNJ- SCHOOL OF OSTEOPATHIC MED - STRATFORD, NJ 1988
Residency and Year UMDNJ- SCHOOL OF OSTEOPATHIC MED - STRATFORD, NJ 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15787
License Date 8/1/2012
Name **CALLER, TRACIE A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 15742
License Date 7/11/2012
Name **CALONE, JOHN M MD**
Address 1406 JEFF DAVIS DR, TYLER, TX, 75703
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 2000
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 2001
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2011
License Expiration Date **6/30/2016**
Remarks

License Number 9422
License Date 5/3/1995
Name **CALORAS, DANIEL MD**
Address MAIN ST, PO BOX 1118CHARLESTOWN, NH, 03603
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1990
Internship and Year SHADYSIDE HOSPITAL 1993
Residency and Year SHADYSIDE HOSPITAL 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12291
License Date 5/5/2004
Name **CAMACHO, CANDICE L MD**
Address MEDICINE - PEDIATRICS OF NASHUA, 17 PROSPECT ST N 103NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 2000
Internship and Year MASS GENERAL HOSP, BOSTON MA 2001
Residency and Year MASS GENERAL HOSP, BOSTON MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 17145
License Date 6/3/2015
Name **CAMACHO, VICTOR M MD**
Address 1460 OLD RIVERSIDE RD, PO BOX 767429ROSWELL, GA, 30076
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSIDAD CENTRAL DEL ESTE UCE DOMINICAN REPUBLIC 1980
Internship and Year SUMMA HEALTH SYSTEM - AKRON, OH 1981
Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1982
License Expiration Date **6/30/2017**
Remarks

License Number 13423
License Date 3/7/2007
Name **CAMBARERI, RICHARD J MD**
Address RAVENEL ONCOLOGY CTR-MEM HOSP, 320 HOSPITAL DRMARTINSVILLE, VA, 24112
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV USA 1975
Internship and Year WORCESTER CITY HOSPITAL(CLOSED) UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCES
Residency and Year GEORGETOWN UNIV MEDICAL CTR - WASHINGTON, DC 1978
License Expiration Date **6/30/2009**
Remarks

License Number 16630
License Date 6/4/2014
Name **CAMBIO, CORINNE E MD**
Address 8 COWELL CT, PAWCATUCK, CT, 06379
Specialty AN
Board Certified AN
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2002
Internship and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2003
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9240
License Date 8/3/1994
Name **CAMERON, CAROL L MD**
Address 84 WARREN ST, CONCORD, NH, 03301-3806
Specialty N
Board Certified
School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICIN OF WAKE FOREST UNIV USA 1989
Internship and Year MONTEFIORE UNIVERSITY HOSPITAL/UPMC - PITTSBURGH PA 1990
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS - BOSTON MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 12733
License Date 6/1/2005
Name **CAMERON, JOHN D MD**
Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF TEXAS, DALLAS TX US 1999
Internship and Year BAYLOR UNIVERSITY, DALLAS TX 2000
Residency and Year UNIVERSITY OF MIAMI, MIAMI FL 2004
License Expiration Date **6/30/2015**
Remarks

License Number 8342
License Date 6/6/1990
Name **CAMERON, PAUL F MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation DARTMOUTH-HITCHCOCK MEDICAL SCHOOL USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1989
Residency and Year
License Expiration Date **6/30/1996**
Remarks **12/5/97 - SETTLEMENT AGREEMENT**

License Number 8735
License Date 6/3/1992
Name **CAMMILLERI JR, THOMAS J DO**
Address 207 STAGE RD, PO BOX 458HAMPSTEAD, NH, 03841
Specialty FP
Board Certified FP
School and Year of Graduation OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE USA 1989
Internship and Year ALBANY MEDICAL CENTER-ALBANY,NY 1992
Residency and Year ALBANY MEDICAL CENTER- ALBANY NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10175
License Date 12/3/1997
Name **CAMPANELLI, CRAIG P MD**
Address , PO BOX 788SCOTTSVILLE, VA, 24590-0788
Specialty IM
Board Certified
School and Year of Graduation BOSTON UNIV SCH OF MED BOSTON,MA USA 1991
Internship and Year BOSTON UNIV MED CTR-BOSTON,MA 1994
Residency and Year BOSTON UNIV MED CTR-BOSTON,MA 1994
License Expiration Date **6/30/2011**
Remarks

License Number 10483
 License Date 1/6/1999
 Name **CAMPBELL JR, JAMES L MD**
 Address DERMATOLOGY & SKIN HEALTH, 784 CENTRAL AVEDOVER, NH, 03820
 Specialty D
 Board Certified D
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL -HANOVER, NH USA 1993
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1994
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
 License Expiration Date **6/30/2017**
 Remarks

License Number 13850
 License Date 3/5/2008
 Name **CAMPBELL, ALAIN L MD**
 Address CONCORD FEMINIST HEALTH CTR, 38 SOUTH MAIN STCONCORD, NH, 03301
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation MCGILL UNIV USA 1976
 Internship and Year MCGILL UNIV-FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 1977
 Residency and Year UNIV DE MONTREAL - MONTREAL, QUEBEC CANADA 1980
 License Expiration Date **5/16/2015**
 Remarks **Requested inactive 5-16-2015.**

License Number 3477
 License Date 10/2/1961
 Name **CAMPBELL, ALEXANDER C MD**
 Address 26 SOUTH MAIN ST 164, CONCORD, NH, 03301
 Specialty EM
 Board Certified
 School and Year of Graduation DALHAUSIE UNIVERSITY -NOVA SCOTIA, CANADA CANADA 1951
 Internship and Year VICTORIA GENERAL HOSPITAL- HALIFAX, NOVA SCOTIA 1951
 Residency and Year VICTORIA GENERAL HOSPITAL- HALIFAX, NOVA SCOTIA 1955
 License Expiration Date **6/30/1999**
 Remarks **DECEASED 6/30/99**

License Number 16661
 License Date 7/2/2014
 Name **CAMPBELL, CALEB R MD**
 Address RI HOSP/UNIV ORTHO, 2 DUDLEY ST MOC STE 200PROVIDENCE, RI, 02905
 Specialty ORS
 Board Certified
 School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2008
 Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2009
 Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2013
 License Expiration Date **6/30/2016**
 Remarks

License Number 11047
License Date 9/6/2000
Name **CAMPBELL, CARRIE M MD**
Address MANCHESTER HEALTH DEPT, 1528 ELM STMANCHESTER, NH, 03101
Specialty PD
Board Certified PD
School and Year of Graduation MED UNIV OF SC - CHARLESTON, SC USA 1996
Internship and Year E CARILINA UNIV SCH OF MEDICINE - GREENVILLE, NC 1996
Residency and Year UNIV HEALTH SYSTEMS OF EASTERN CAROLINA - GREENVILLE, NC 1999
License Expiration Date **6/30/2006**
Remarks **REINSTATED 10/1/03**

License Number 10856
License Date 4/5/2000
Name **CAMPBELL, CONNIE J MD**
Address NH SURGICAL SPEC AT THE PAVILION, 9 WASHINGTON PL STE 203BEDFORD, NH, 03110-6750
Specialty GS
Board Certified GS
School and Year of Graduation TEMPLE UNIVERSITY USA 1993
Internship and Year TEMPLE UNIVERSITY - PHILADELPHIA PA 1994
Residency and Year TEMPLE UNIVERSITY - PHILADELPHIA PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 13063
License Date 5/3/2006
Name **CAMPBELL, CRAWFORD C MD**
Address ESSEX ORTHOPEDICS, 16 PELHAM RD STE 1SALEM, NH, 03079
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1987
Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1988
Residency and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 7458
License Date 11/12/1986
Name **CAMPBELL, DAVID G MD**
Address DHMC/OPHTHALMOLOGY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation YALE MEDICAL SCHOOL USA 1965
Internship and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE VA 1966
Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON MA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 9720
License Date 6/5/1996
Name **CAMPBELL, PATRICIA I DO**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED. USA 1992
Internship and Year COMMUNITY HOSPITAL -LANCASTER PA 1993
Residency and Year UNIVERSITY OF NEW MEXICO-ALBUQUERQUE 1996
License Expiration Date **6/30/2016**
Remarks

License Number 15210
License Date 5/4/2011
Name **CAMPBELL, SHAWN A MD**
Address FRISBIE MEM HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty AN
Board Certified AN
School and Year of Graduation WRIGHT STATE UNIVERSITY USA 2004
Internship and Year WRIGHT STATE UNIVERSITY - KETTERING, OH 2005
Residency and Year WRIGHT STATE UNIVERSITY - KETTERING, OH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15866
License Date 10/3/2012
Name **CANACCI, ANASTASIA M MD**
Address 25 SCOTT RD, BEDFORD, NH, 03110
Specialty PTH
Board Certified PTH
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 2003
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2005
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2008
License Expiration Date **6/30/2014**
Remarks

License Number 14489
License Date 7/1/2009
Name **CANAPARI, CRAIG A MD**
Address 275 CAMBRIDGE ST POB 5, BOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 2001
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2015**
Remarks

License Number 5604
License Date 6/24/1983
Name **CANDITO, LOUIS F MD**
Address THE ORTHOPEDIC CTR, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MED WASHINGTON USA 1969
Internship and Year NASSUA CO MED CENTER 1970
Residency and Year NASSAU CO MED CENTER 1974
License Expiration Date **6/30/2011**
Remarks

License Number 11615
License Date 6/5/2002
Name **CANELLAKIS, GEORGE E MD**
Address NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
Specialty U
Board Certified U
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1996
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 1997
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 10264
License Date 5/6/1998
Name **CANERIS, ONASSIS A MD**
Address 220 SUTTON ST, N ANDOVER, MA, 01845
Specialty N
Board Certified N
School and Year of Graduation UNIV OF CINCINNATI COLLEGE OF MEDICINE USA 1989
Internship and Year MERCY HOSPITAL OF PITTSBURG-PA 1990
Residency and Year UNIV OF CHICAGO HOSPITAL-IL 1993
License Expiration Date **6/30/2006**
Remarks

License Number 14059
License Date 7/9/2008
Name **CANES, DAVID MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty U
Board Certified U
School and Year of Graduation CORNELL UNIV USA 2001
Internship and Year LAHEY CLINIC MEDICAL CENTER-BURLINGTON, MA 2002
Residency and Year LAHEY CLINIC MEDICAL CENTER-BURLINGTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 8281
License Date 3/7/1990
Name **CANFIELD, JAMES A MD**
Address 797 GREENVILLE ROAD, MASON, NH, 03048
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICNE - PITTSBURGH USA 1969
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1970
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1974
License Expiration Date **4/12/2010**
Remarks **4/12/10 - Voluntary Surrender of License**

License Number 7516
License Date 3/4/1987
Name **CANNING, SUZANNE B MD**
Address 469 243RD PLACE SE, SAMMAMISH, WA, 98074
Specialty P
Board Certified P
School and Year of Graduation WEST VIRGINIA UNIV SCH MED-MORGANTOWN,WV USA 1981
Internship and Year CAMBRIDGE HOSP-CAMBRIDGE,MA 1982
Residency and Year CAMBRIDGE HOSP-CAMBRIDGE,MA 1985
License Expiration Date **6/30/2000**
Remarks

License Number 15619
License Date 4/4/2012
Name **CANTO, CHRISTOPHER C DO**
Address 50 BROAD COVE RD, CAPE ELIZABETH, ME, 04107
Specialty EM
Board Certified EM
School and Year of Graduation KANSAS CITY UNIVERSITY OF MEDICINE USA 2000
Internship and Year ST MICHAELS MEDICAL CENTER - NEWARK, NJ 2001
Residency and Year ST MICHAELS MEDICAL CENTER - NEWARK, NJ 2004
License Expiration Date **6/30/2014**
Remarks

License Number 11653
License Date 7/3/2002
Name **CANTU, ROBERT V MD**
Address DHMC-DEPT OF ORTHO SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1994
Internship and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1995
Residency and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 8603
License Date 7/17/1991
Name **CANVER, CHARLES C MD**
Address DUKE CARDIOVASCULAR SRGY-DANVILLE/DUKE UNIV HEALTH, 201 S MAIN ST., STE 1100DANVILLE,
Specialty TS
Board Certified TS
School and Year of Graduation UNIVERSITY OF TURKEY, TURKEY TURKEY 1981
Internship and Year SUNY BUFFALO, BUFFALO NY 1984
Residency and Year SUNY BUFFALO, BUFFALO NY 1988
License Expiration Date **6/30/2017**
Remarks **3/10/06 - Settlement Agreement**
8/14/14 - Order Lifting License Restrictions.

License Number 17207
License Date 8/5/2015
Name **CANZANELLO, ERIC J DO**
Address 580 COURT ST, KEENE, NH, 03431
Specialty FP
Board Certified
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2012
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE EDUCATION - ROCHESTER, MN 2013
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE EDUCATION - ROCHESTER, MN 2015
License Expiration Date **6/30/2017**
Remarks

License Number 16301
License Date 9/4/2013
Name **CAPAMPANGAN, DAN J MD**
Address MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation WAKE FOREST SCHOOL OF MEDICINE USA 2006
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - SCOTTSDALE, AZ 2008
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - SCOTTSDALE, AZ 2010
License Expiration Date **6/30/2015**
Remarks

License Number 17151
License Date 7/1/2015
Name **CAPARELLI, DAVID J MD**
Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty VS
Board Certified VS
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1997
Internship and Year JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 1999
Residency and Year JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 2004
License Expiration Date **6/30/2017**
Remarks

License Number 15434
License Date 11/2/2011
Name **CAPECCI, KENDALL L MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1987
Internship and Year MACNEAL HOSPITAL - BERWYN, IL 1988
Residency and Year MICHAEL REESE HOSPITAL - EULESS, TX 1992
License Expiration Date **6/30/2017**
Remarks

License Number 8410
License Date 8/8/1990
Name **CAPINO, JOHN G MD**
Address MERRIMACK EYE CLINIC, 1230 BRIDGE STLOWELL, MA, 01850-
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF PHILIPPINES - MANILA PHILIPPINES PHILIPPINES 1978
Internship and Year UNIV OF PHILIPPINES - PHILIPPINES 1982
Residency and Year UNIV HOSPITAL - BOSTON, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 9917
License Date 2/5/1997
Name **CAPLE, JOCELYN F MD**
Address SALMON FALLS PATHOLOGY, 15 WHITEHALL RDROCHESTER, NH, 03867
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MA MED SCHOOL - WORCESTER, MA USA 1992
Internship and Year CLEVELAND CLINIC FOUNDATION -OH 1996
Residency and Year CLEVELAND CLINIC FOUNDATION - OH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 6592
License Date 7/15/1982
Name **CAPOBIANCO, JOSEPH J MD**
Address DARTMOUTH HITCHCOCK-WALPOLE, PO BOX 758WALPOLE, NH, 03608
Specialty FP
Board Certified FP
School and Year of Graduation CREIGHTON UNIV SCH MED - OMAHA, NE USA 1979
Internship and Year CREIGHTON UNIV AFFIL HOSPITAL - OMAHA, NE 1980
Residency and Year CREIGHTON UNIV AFFIL HOSPITAL - OMAHA, NE 1982
License Expiration Date **6/30/2016**
Remarks **Lapsed for non-renewal 6/30/04..**
Reinstated 3/2/11

License Number 12644
License Date 4/6/2005
Name **CAPODILUPO, ROBERT C MD**
Address 100 MCGREGOR ST, MANCHESTER, NH, 03101
Specialty CD
Board Certified CD
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1991
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER, BOSTON MA 1992
Residency and Year BOSTON UNIVERSITY, BOSTON MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 13764
License Date 12/5/2007
Name **CAPPELLO, RICHARD DO**
Address ROCHESTER HILL FAMILY PRACTICE, 245 ROCHESTER HILL ROAD UNIT 1AROCHESTER, NH, 03867
Specialty FP
Board Certified FP
School and Year of Graduation DES MOINES UNIV OSTEOPATHIC MED CTR USA 1985
Internship and Year MICHIANA COMMUNITY HOSPITAL - SOUTH BEND, IN 1986
Residency and Year SOUTHSIDE HOSPITAL - BAY SHORE, NY 1988
License Expiration Date **6/30/2017**
Remarks

License Number 8886
License Date 2/3/1993
Name **CAPPETTA, CHARLES T MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063-1818
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF LONDON LONDON 1988
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 10499
License Date 2/3/1999
Name **CAPRIOLA, MICHAEL J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty U
Board Certified
School and Year of Graduation UNIV OF COLORADO SCH OF MED - BOULDER, CO USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2001**
Remarks

License Number 7074
License Date 5/2/1985
Name **CAPRON, THEODORE H MD**
Address BELKNAP FAMILY HLTH CTR, 238 DANIEL WEBSTER HWYMEREDITH, NH, 03253
Specialty FP
Board Certified FP
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY-WASHINGTON, DC USA 1980
Internship and Year ANDERSON MEMORIAL HOSPITAL-ANDERSON SC 1981
Residency and Year ANDERSON MEMORIAL HOSPITAL-ANDERSON SC 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11163
License Date 2/7/2001
Name **CAPUTO, GARRETT C MD**
Address GRAND RIVER HOSPITAL DISTRICT, 501 AIRPORT RDRIFLE, CO, 81650
Specialty FP
Board Certified FP
School and Year of Graduation ORAL ROBERTS UNIV - TULSA, OK USA 1989
Internship and Year UNITED HOSPITAL CENTER - CLARKSBURG, WV 1990
Residency and Year UNITED HOSPITAL CENTER - CLARKSBURG, WV 1992
License Expiration Date **6/30/2015**
Remarks

License Number 10073
License Date 8/6/1997
Name **CARAGHER, JOAN E MD**
Address CENTRAL MAINE MEDICAL CENTER, 310 MAIN STLEWISTON, ME, 04240
Specialty EM
Board Certified
School and Year of Graduation UNIV OF CT SCH OF MED FARMINGTON, CT USA 1985
Internship and Year FAULKNER HOSPITAL - MA 1986
Residency and Year EMORY UNIV SCHOOL OF MEDICINE - GA 1995
License Expiration Date **6/30/1998**
Remarks

License Number 16339
License Date 10/2/2013
Name **CARAMAGNA, JOHN B DO**
Address JOHN B CARAMAGNA, DO, PLLC, 73 FLOYD PL - 1AE NORWICH, NY, 11732-1310
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE USA 1996
Internship and Year NYCOM - MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 1997
Residency and Year NYCOM - MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 6895
License Date 6/7/1984
Name **CARANDANG, ELIZARDO P MD**
Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty PM
Board Certified PM
School and Year of Graduation FAC OF MED AND SURG UNIV OF SANTO TOMAS PHILIPPINES 1977
Internship and Year MONTEFIORE HOSP MED CTR-NY 1984
Residency and Year MONTEFIORE HOSP MED CTR-NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 3893
License Date 2/3/1966
Name **CARANTIT, CONRAD M MD**
Address CONCORD PATHOLOGISTS PROF ASSN, 25 MANCHESTER ST CONCORD, NH, 03301-
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF SANTO TOMAS - MANILA, PHILIPPINES PHILIPPINES 1957
Internship and Year ST JOHN'S HOSPITAL - LOWELL, MA 1958
Residency and Year ORANGE MEMORIAL - ORANGE, NJ 1963
License Expiration Date **6/30/2012**
Remarks

License Number 8550
License Date 6/5/1991
Name **CARBONNEAU, ROBERT J MD**
Address ASSOCIATED RADIOLOGISTS, 8 E PEARL ST NASHUA, NH, 03060-9029
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1981
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1982
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 5056
License Date 7/24/1973
Name **CARD, DENNIS J MD**
Address 50 TENNEY HILL RD, DUNBARTON, NH, 03046-4115
Specialty U
Board Certified U
School and Year of Graduation GEORGETOWN UNIVERSITY-WASHINGTON DC USA 1966
Internship and Year PRESBYTERIAN UNIVERSITY HOSP-PITTSBURGH PA 1967
Residency and Year YALE-NEW HAVEN HOSP-NEW HAVEN CT 1971
License Expiration Date **6/30/2007**
Remarks

License Number 15563
License Date 3/7/2012
Name **CARD, LEIA L MD**
Address GYNECOLOGY & INFERTILITY ASSOC, 15 OLD ROLLINSFORD RD, STE 102DOVER, NH, 03820
Specialty OBG
Board Certified OBG
School and Year of Graduation FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2008
Internship and Year STONY BROOK UNIVERSITY MEDICAL CENTER - STONY BROOK, NY 2009
Residency and Year STONY BROOK UNIVERSITY MEDICAL CENTER - STONY BROOK, NY 2012
License Expiration Date **6/30/2016**

Remarks

License Number 10896
License Date 5/3/2000
Name **CARDEIRO, JOSEPH W MD**
Address SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation HAHNEMANN MED COLL- PHILADELPHIA, PA USA 1991
Internship and Year UNIV OF MASS MED CENTER - WORCESTER, MA 1992
Residency and Year UNIV OF MASS MED CENTER - WORCESTER,MA 1994
License Expiration Date **6/30/2016**

Remarks

License Number 9980
License Date 5/7/1997
Name **CARDEIRO, WENDI A MD**
Address FOUNDATION CARDIOLOGY, 8 PROSPECT STNASHUA, NH, 03061
Specialty CD
Board Certified CD
School and Year of Graduation HAHNEMANN UNIV SCH MED -PHIL,PA USA 1991
Internship and Year MIRIAM HOSP - RI 1997
Residency and Year MIRIAM HOSP-RI 1997
License Expiration Date **6/30/2017**

Remarks

License Number 13517
License Date 5/9/2007
Name **CARDENAS, JAVIER D MD**
Address ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF DEL NORTE COLOMBIA 1984
Internship and Year UNIV OF WISCONSIN FOX VALLEY FAMILY PRACTICE - APPLETON, WI 2003
Residency and Year UNIV OF WISCONSIN FOX VALLEY FAMILY PRACTICE - APPLETON, WI 2005
License Expiration Date **6/30/2017**

Remarks

License Number 9673
License Date 4/3/1996
Name **CARDI, GAETANO MD**
Address THOMAS JEFFERSON UNIVERSITY, 1025 WALNUT ST STE 1010PHILADELPHIA, PA, 19107
Specialty ON
Board Certified IM
School and Year of Graduation UNIVERSITY DI ROMA-LA SAPIENZA ITALY 1981
Internship and Year UNIV OF ROME-ROME ITALY 1983
Residency and Year UNIVERSITY OF ROME-ROME ITALY 1983
License Expiration Date **6/30/2003**
Remarks

License Number 10074
License Date 8/6/1997
Name **CARDINI, ELENA L MD**
Address 39 CENTRAL SQUIRE, STE 222KEENE, NH, 03431
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VT COLL OF MED BURLINGTON, VT USA 1992
Internship and Year MEDICAL CENTER HOSPITAL - VT 1995
Residency and Year MEDICAL CENTER HOSPITAL - VT 1995
License Expiration Date **6/30/2013**
Remarks

License Number 9313
License Date 11/2/1994
Name **CARDONE, VITO R MD**
Address CARDONE REPRODUCTION MEDICINE, 2 MAIN ST STE 150STONEHAM, MA, 02180
Specialty OBG
Board Certified OBG
School and Year of Graduation LAVAL UNIVERSITY CANADA 1974
Internship and Year LAVAL UNIVERSITY - CANADA 1975
Residency and Year MCGILL UNIVERSITY HOSPITAL - CANADA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 5266
License Date 12/2/1974
Name **CARDOZO, JOHN B MD**
Address VALLEY OB-GYN PROF ASSN, DUNNING STCLAREMONT, NH, 03743
Specialty OBG
Board Certified OBG
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1959
Internship and Year NATIONAL UNIV OF IRELAND - IRELAND 1960
Residency and Year ST DAVIDS HOSPITAL - BANGOR, NORTH WALES 1962
License Expiration Date **6/30/2001**
Remarks

License Number 3286
License Date 3/11/1959
Name **CARDOZO, RICHARD H MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation 1942
Internship and Year
Residency and Year
License Expiration Date **6/30/1986**
Remarks **Deceased 4/29/14**

License Number 10075
License Date 8/6/1997
Name **CARELLA, JANET MD**
Address 1555 ELM, MANCHESTER, NH, 03101
Specialty P
Board Certified PYG
School and Year of Graduation CREIGHTON UNIV SCH OF MED OMAHA, NE USA 1995
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1999
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11524
License Date 3/6/2002
Name **CAREY, CHRISTINE S MD**
Address INTERNAL MEDICINE, 248 PLEASANT ST STE 2800CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1998
Internship and Year BOSTON MEDICAL CENTER - BOSTON, MA 1999
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date **6/30/2006**
Remarks

License Number 4807
License Date 7/9/1971
Name **CAREY, DONALD E MD**
Address 198 GUNSTOCK HILL RD, GILFORD, NH, 03249-7560
Specialty PD
Board Certified PD
School and Year of Graduation JOHNS HOPKINS USA 1955
Internship and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1956
Residency and Year COLUMBIA PRESBYTERIAN HOSPITAL, NEW YORK CITY NY 1960
License Expiration Date **6/30/2005**
Remarks

License Number D0005

License Date

Name **CAREY, PETER MD**

Address , , ,

Specialty

Board Certified

School and Year of Graduation

Internship and Year

Residency and Year

License Expiration Date

Remarks **HAVE NO LICENSE INFORMATION ON THIS DOCTOR.**

License Number 10605

License Date 7/7/1999

Name **CAREY, WILFRED MD**

Address 750 EAST ADAMS ST, SYRACUSE, NY, 13210

Specialty DR

Board Certified

School and Year of Graduation TEMPLE UNIVERSITY - PHILADELPHIA PA USA 1992

Internship and Year ORLANDO REGIONAL MEDICAL CENTER - ORLANDO FL 1995

Residency and Year SUNY HEALTH SCIENCE CENTER - SYRACUSE NY 1999

License Expiration Date **6/30/2000**

Remarks

License Number 14337

License Date 3/4/2009

Name **CARIASO, CRIZELDO D MD**

Address 59 PAGE HILL ROAD, BERLIN, NH, 03570

Specialty N

Board Certified N

School and Year of Graduation UNIV OF THE EAST PHILIPPINES 1990

Internship and Year UNIV OF PITTSBURGH MEDICAL CENTER-PITTSBURGH, PA 2002

Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH-PITTSBURGH, PA 2004

License Expiration Date **6/30/2017**

Remarks

License Number 7430

License Date 9/4/1986

Name **CARIGLIA, NICHOLAS J MD**

Address AKUREYRI GENERAL HOSP, AKUREYRI ICELAND, , 600

Specialty IM

Board Certified IM

School and Year of Graduation BOLOGNA UNIVERSITY ITALY 1974

Internship and Year LONG ISLAND COLL HOSPITAL BROOKLYN - NEW YORK 1975

Residency and Year LONG ISLAND COLL HOSPITAL BROOKLYN - NEW YORK 1977

License Expiration Date **6/30/2003**

Remarks

License Number 10987
License Date 7/5/2000
Name **CARIGNAN, ALLEN E MD**
Address SEACOAST PAIN INSTITUTE OF NE, 7 MARSH BROOK DR STE 10SOMERSWORTH, NH, 03878
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 14188
License Date 10/1/2008
Name **CARLE, TIMOTHY R MD**
Address LAKE AFTER HOURS, 3333 DRUSILLA LN BATON ROUGE, LA, 70809
Specialty FP
Board Certified FP
School and Year of Graduation DUKE UNIV USA 2004
Internship and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2005
Residency and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2007
License Expiration Date **6/30/2014**
Remarks

License Number 11525
License Date 3/6/2002
Name **CARLIN, DANIEL J MD**
Address 176 NEWPORT RD, NEW LONDON, NH, 03257
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIV - BOSTON, MA USA 1985
Internship and Year NATIONAL NAVAL MEDICAL CENTER- BETHESDA, MD 1986
Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1990
License Expiration Date **6/30/2016**
Remarks

License Number 15692
License Date 6/6/2012
Name **CARLONI, STACEY B MD**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON ST CONCORD, NH, 03301
Specialty P
Board Certified
School and Year of Graduation MERCER UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12055
License Date 9/3/2003
Name **CARLSEN, ANDREW B MD**
Address 66 RAM ISLAND DR, PO BOX 612SHELTER ISLAND HTS, NY, 11965
Specialty IM
Board Certified IM
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA CANADA 1965
Internship and Year VANDERBILT UNIVERSITY, NASHVILLE TN 1966
Residency and Year ROYAL VICTORIA HOSP, MONTREAL QUEBEC CANADA 1971
License Expiration Date **6/30/2005**
Remarks

License Number 2821
License Date 6/28/1950
Name **CARLSON, BERGER H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 9638
License Date 2/7/1996
Name **CARLSON, CARL W MD**
Address 225 HEMP HILL RD, PO BOX 513BRISTOL, NH, 03222-0513
Specialty R
Board Certified R
School and Year of Graduation UNIV OF IL COLL OF MEDICINE - CHICAGO IL USA 1968
Internship and Year WILFORD HALL USAF MEDICAL CTR - LACKLAND AFB, TX 1969
Residency and Year CA PACIFIC MEDICAL CENTER - SA FRANCISCO CA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 3502
License Date 3/28/1962
Name **CARLSON, DENNIS J MD**
Address 160 HIGHLAND CIRCLE RD, SWANZEY, NH, 03441
Specialty PTH
Board Certified PTH
School and Year of Graduation WESTERN RESERVE UNIVERSITY - CLEVELAND OH USA 1959
Internship and Year UNIVERSITY HOSPITAL- CLEVELAND OH 1960
Residency and Year UNIV HOSPITAL - CLEVELAND, OH 1960
License Expiration Date **6/30/1999**
Remarks **Deceased 9/28/2012**

License Number 12567
License Date 1/5/2005
Name **CARLSON, JOHN F DO**
Address VA MANCHESTER, 718 SMYTH RDMANCHESTER, NH, 03104-4048
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 1996
Internship and Year COMMUNITY HOAPITAL, LANCASTER PA 1997
Residency and Year COMMUNITY HOSPITAL, LANCASTER PA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12866
License Date 9/7/2005
Name **CARLSON, LISA K MD**
Address SOMMERVILLE PRIMARY CARE, 26 CENTRAL STSOMMERVILLE, MA, 02143
Specialty IM
Board Certified IM
School and Year of Graduation JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2007**
Remarks

License Number 9184
License Date 6/1/1994
Name **CARLSON, LYNN B MD**
Address LAPSED LICENSE, , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation PENNSYLVANIA MEDICAL COLLEGE USA 1981
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 10857
License Date 4/5/2000
Name **CARLSON, RICHARD G MD**
Address 800 CONNECTICUT AVE, NORWALK, CT, 06856
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIVERSITY USA 1970
Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX NY 1971
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX NY 1976
License Expiration Date **6/30/2001**
Remarks

License Number 6995
License Date 11/1/1984
Name **CARLTON, LYNN N MD**
Address KPM(ATTN: K.WILKINS OR J.WARD), 2003 E SUNSHINE STSPRINGFIELD, MO, 65804
Specialty DR
Board Certified DR
School and Year of Graduation WASHINGTON UNIV SCH MED-ST LOUIS,MO USA 1968
Internship and Year MADIGAN ARMY MED CTR-TACOMA,WA 1969
Residency and Year TRIPLER ARMY MED CTR-TRIPLER AMC HI 1975
License Expiration Date **6/30/2012**
Remarks **12/12/07 - Settlement Agreement**

License Number 8343
License Date 6/6/1990
Name **CARMAN, MEGAN W MD**
Address NORTHERN HUMAN SERVICES, 29 MAPLE ST- PO BOX 599LITTLETON, NH, 03561
Specialty P
Board Certified P
School and Year of Graduation UMDNJ-ROBT WOOD JOHNSON MED SCH-NJ USA 1986
Internship and Year INST OF LIVING HOSP-HARTFORD,CT 1987
Residency and Year INST OF LIVING HOSP-HARTFORD,CT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 12525
License Date 11/3/2004
Name **CARNEY, BRIAN T MD**
Address VAMC, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009-0001
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CALIFORNIA, IRVINE CA US 1981
Internship and Year DAVID GRANT MED CTR, TRAVIS AFB CA 1982
Residency and Year UCLA, LOS ANGELES CA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 10322
License Date 7/1/1998
Name **CARNEY, DANIEL C DO**
Address BOSTON MEDICAL CENTER, 88 E NEWTON STBOSTON, MA, 02118
Specialty PM
Board Certified
School and Year of Graduation NOVA SOUTHEASTERN COLL OF OSTEO MED - FL USA 1995
Internship and Year PALMETTO GENERAL HOSPITAL - HIALEAH, FL 1996
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date **6/30/2003**
Remarks

License Number 8793
License Date 9/2/1992
Name **CARNEY, MARK D MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year CHILDRENS MEDICAL CENTER DALLAS - TX 1983
Residency and Year DALLAS COUNTY HOSPITAL - PARKLAND MEDICAL CENTER DALLAS - TX 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10155
License Date 11/5/1997
Name **CARO, JOSE J MD**
Address 870 LAKESHORE DR, APT Z-3DORVAL CANADA, , H95 5X7
Specialty PUD
Board Certified
School and Year of Graduation UNIV NAC DE COLUMBIA FAC DE MED - BOGOTA COLOMBIA 1960
Internship and Year NORTHWESTERN MEMORIAL HOSPITAL - IL 1966
Residency and Year NORTHWESTERN MEMORIAL HSOPITAL - IL 1966
License Expiration Date **6/30/2009**
Remarks

License Number 14832
License Date 5/5/2010
Name **CARON, EVELYNE C MD**
Address PARTNERS FOR WOMENS HEALTH, 3 ALUMNI DR STE 401EXETER, NH, 03833
Specialty OBG
Board Certified OBG
School and Year of Graduation MCGILL UNIVERSITY CANADA 2001
Internship and Year MCGILL UNIVERSITY - FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 2003
Residency and Year MCGILL UNIVERSITY - FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 3192
License Date 3/13/1957
Name **CARON, MARCEL J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1991**
Remarks

License Number 4959
License Date 2/12/1973
Name **CARON, NORMAN A MD**
Address 1016 MEADOW LN DUNBARTON NH, PO BOX 72GOFFSTOWN, NH, 03045
Specialty GS
Board Certified
School and Year of Graduation UNIV OF LAUSANNE SWITZERLAND 1971
Internship and Year NEW YORK MEDICAL COLLEGE - NY, NY 1972
Residency and Year NEW YORK MEDICAL COLLEGE - NY, NY 1973
License Expiration Date **6/30/2017**
Remarks

License Number 16993
License Date 4/1/2015
Name **CARPENTER II, GENE A MD**
Address 1302 WHEATLAND AVE, LANCASTER, PA, 17603
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2000
Internship and Year OAKWOOD HOSPITAL - DEARBORN, MI 2001
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16505
License Date 3/5/2014
Name **CARPENTIER, DOMINIQUE A MD**
Address 11 HUBBARD RD, DOVER, NH, 03820-4273
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 1994
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1995
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1997
License Expiration Date **6/30/2016**
Remarks

License Number 7990
License Date 11/9/1988
Name **CARR, CHARLES F MD**
Address DHMC-ORTHOPAEDICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1981
Internship and Year MERCY HOSPITAL MEDICAL CENTER - SAN DIEGO CA 1982
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13007
License Date 3/1/2006
Name **CARR, MICHAEL J DO**
Address FAMILY HEALTH CENTER - CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2000
Internship and Year CONCORD HOSPITAL, CONCORD NH 2001
Residency and Year CONCORD HOSPITAL, CONCORD NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 7980
License Date 10/5/1988
Name **CARR, REX G MD**
Address 45 LYME RD STE 102, HANOVER, NH, 03755
Specialty PM
Board Certified PM
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE USA 1983
Internship and Year REHABILITATION INSTITUTE - CHICAGO IL 1984
Residency and Year REHABILITATION INSTITUTE - CHCAGO IL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 15743
License Date 7/11/2012
Name **CARR, ZYAD J MD**
Address DARTMOUTH HITCHCOCK MEDICAL CENTER, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERISTY COLLEGE CORK, NAT'L UNIV OF IRELAND IRELAND 2005
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2007
Residency and Year COOPER HOSPITAL - CAMDEN, NJ 2010
License Expiration Date **6/30/2014**
Remarks

License Number 16994
License Date 4/1/2015
Name **CARREGAL, RICHARD J DO**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty R
Board Certified R
School and Year of Graduation DES MOINES UNIVERSITY USA 2007
Internship and Year HURON VALLEY SINAI HOSPITAL - COMMERCE TOWNSHIP, MI 2008
Residency and Year HURON VALLEY SINAI HOSPITAL - COMMERCE TOWNSHIP, MI 2012
License Expiration Date **6/30/2017**
Remarks

License Number 16506
License Date 3/5/2014
Name **CARRICK, MATTHEW M MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER USA 1999
Internship and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - EL PASO, TX 2002
Residency and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - EL PASO, TX 2004
License Expiration Date **6/30/2016**
Remarks

License Number 6857
License Date 4/10/1984
Name **CARRIER, CHARLES F MD**
Address QUEEN CITY MEDICAL ASSOC, 769 SOUTH MAIN ST STE 300MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE COLL-NY USA 1981
Internship and Year THE GRADUATE HOSP-PHIL,PA 1982
Residency and Year THE GRADUATE HOSP-PHIL,PA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16210
License Date 7/3/2013
Name **CARRIER, JOHN P MD**
Address CONCENTRA, 59 EAST AVELEWISTON, ME, 04240
Specialty
Board Certified FP
School and Year of Graduation UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEM MED CTR PHILIPPINES 1979
Internship and Year EASTERN MAINE MEDICAL CENTER, BANGOR, ME 1981
Residency and Year EASTERN MAINE MEDICAL CENTER, BANGOR, ME 1983
License Expiration Date **6/30/2015**
Remarks

License Number 14450
License Date 6/3/2009
Name **CARROLL JR, JAMES L MD**
Address DHMC/5C PULMONARY SECTION, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified PCC
School and Year of Graduation UNIVERSITY OF IOWA USA 1994
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 1995
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 4903
License Date 2/29/1972
Name **CARROLL, BRIAN C MD**
Address 813 DOLLY RD, HOPKINTON, NH, 03229
Specialty FP
Board Certified
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1963
Internship and Year RHODE ISLAND HOSP-PROVIDENCE RI 1964
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2008**
Remarks

License Number 11616
License Date 6/5/2002
Name **CARROLL, JAMES F MD**
Address MERCY MEDICAL CENTER, 271 CAREW STSPRINGFIELD, MA, 01102
Specialty EM
Board Certified EM
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1999
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 11164
License Date 2/7/2001
Name **CARROLL, KEVIN W MD**
Address 3680 BROADWAY, FT MYERS, FL, 33901
Specialty R
Board Certified R
School and Year of Graduation GEORGETOWN UNIV SCH OF MED- WASHINGTON, DC USA 1990
Internship and Year VETERANS AFFAIRS MEDICAL CENTER -WASHINGTON, DC 1991
Residency and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1997
License Expiration Date **6/30/2002**
Remarks

License Number 3949
License Date 10/3/1966
Name **CARROLL, NOEL MD**
Address GRACE COTTAGE HOSPITAL, TOWNSHEND, VT, 05353
Specialty DR
Board Certified
School and Year of Graduation TRINITY COLLEGE, UNIV OF DUBLIN IRELAND 1962
Internship and Year MEATH HOSPITAL - DUBLIN, IRELAND 1962
Residency and Year ST RAPHAEL'S HOSPITAL - NEW HAVEN, CT 1964
License Expiration Date **6/30/2006**
Remarks

License Number 8523
License Date 5/8/1991
Name **CARROLL, PATRICK H MD**
Address FAMILY CARE OF CONCORD, 248 PLEASANT ST STE 2600CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1984
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1985
Residency and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1987
License Expiration Date **6/30/2011**
Remarks

License Number 11813
License Date 1/8/2003
Name **CARROLL, PHILIP D MD**
Address 31 TAGGARD RD, WALPOLE, NH, 03608
Specialty FP
Board Certified
School and Year of Graduation MCGILL UNIV FAC OF MED- MONTREAL QUEBEC CANADA CANADA 2000
Internship and Year ST MARY'S HOSPITAL CENTRE - MONTREAL, CANADA 2001
Residency and Year ST MARY'S HOSPITAL CENTRE - MONTREAL, CANADA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 15564
License Date 3/7/2012
Name **CARROLL, WILLIAM N MD**
Address BARTLETT REGIONAL HOSPITAL - DEPT OF PSYCHIATRY, 3260 HOSPITAL DRIVEJUNEAU, AK, 99801
Specialty P
Board Certified P
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1970
Internship and Year METROPOLITAN HOSPITAL CENTER - VALHALLA, NY 1971
Residency and Year METROPOLITAN HOSPITAL CENTER - VALHALLA, NY 1972
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENWAL 6/30/14 RENEWED 9/23/14**

License Number 14246
License Date 12/3/2008
Name **CARROZZELLA II, JOHN C MD**
Address JCMD MED SVS INC, 10006 CROSS CREEK BLVD STE 416TAMPA, FL, 33647
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF CINCINNATI USA 1982
Internship and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1983
Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1987
License Expiration Date **6/30/2010**
Remarks

License Number 13946
License Date 5/7/2008
Name **CARTER III, WILLIAM P MD**
Address PORTSMOUTH REGIONAL HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03802
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIV USA 2005
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 11687
License Date 8/7/2002
Name **CARTER, ANDREW W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DR OB/GYNLEBANON, NH, 03856
Specialty OBG
Board Certified
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINEAPOLIS,MN USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 2002
License Expiration Date **6/30/2004**
Remarks

License Number 3025
License Date 6/2/1954
Name **CARTER, FRANK H MD**
Address 16 SAWMILL DR, SWANZEY CTR, NH, 03446-2300
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS COLLEGE USA 1951
Internship and Year US NAVAL HOSPITAL- CHELSEA, MA 1952
Residency and Year US NAVAL HOSPITAL - CHELSEA, MA 1952
License Expiration Date **6/30/2004**
Remarks **DECEASED 6/2/2012**

License Number 13851
License Date 3/5/2008
Name **CARTER, JENNIFER M MD**
Address PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVENUEPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV USA 2005
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 17152
License Date 7/1/2015
Name **CARTER, JOI B MD**
Address DHMC - DERMATOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2005
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 16897
License Date 1/21/2015
Name **CARTER, JONATHAN L MD**
Address MAYO CLINIC, 13400 E SHEA BLVDSCOTTSDALE, AZ, 85259
Specialty N
Board Certified N
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1981
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1982
Residency and Year BRIGHAM & WOMEN'S HOSPITAL/MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 12253
License Date 4/7/2004
Name **CARTER, LESLIE A MD**
Address DHMC-SECTION DERMATOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty D
Board Certified
School and Year of Graduation OREGON UNIVERSITY, PORTLAND OR US 2000
Internship and Year GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 2001
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2006**
Remarks

License Number 6896
License Date 6/7/1984
Name **CARTER, PETER K MD**
Address 278 LAFAYETTE RD STE 6, PORTSMOUTH, NH, 03801-
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCH MED -BOSTON,MA USA 1978
Internship and Year MAINE MED CTR-PORTLAND,ME 1979
Residency and Year MAINE MED CTR-PORTLAND,ME 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11482
License Date 1/2/2002
Name **CARTER, ROBIN E DO**
Address 3078 VICTOR ST, AURORA, CO, 80011
Specialty FP
Board Certified FP
School and Year of Graduation DES MOINES UNIV - DES MOINES, IA USA 1994
Internship and Year GARDEN CITY HOSPITAL - GARDEN CITY, MI 1995
Residency and Year GARDEN CITY HOSPITAL - GARDEN CITY, MI 1997
License Expiration Date **6/30/2006**
Remarks

License Number 12022
License Date 8/6/2003
Name **CARTIER, MARK P MD**
Address 1 BRICKYARD LN, UNIT EYORK, ME, 03909
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 1985
Internship and Year MADIGAN ARMY MED CTR, TACOMA WA 1986
Residency and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 16340
License Date 10/2/2013
Name **CARTIN-CEBA, RODRIGO MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty CCM
Board Certified CCM
School and Year of Graduation UNIVERSITY OF DE COSTA RICA COSTA RICA 1997
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2004
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2006
License Expiration Date **6/30/2015**
Remarks

License Number 9272
License Date 9/7/1994
Name **CARTON, BARBARA C MD**
Address MERCY HOSP, 271 CAREW ST SPRINGFIELD, MA, 01102
Specialty RO
Board Certified RO
School and Year of Graduation DALHOUSIE MEDICAL SCHOOL CANADA 1982
Internship and Year ST JOSEPH HOSPITAL - LONDON ONTARIO CANADA 1983
Residency and Year PRINCESS MARGARET HOSPITAL - TORONTO ONTARIO CANADA 1992
License Expiration Date **6/30/1999**
Remarks

License Number 17208
 License Date 8/5/2015
 Name **CARUANA, NICHOLAS B MD**
 Address 4000 TUNLAW RD NW #318, WASHINGTON, DC, 20007
 Specialty DR
 Board Certified DR
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2009
 Internship and Year GEORGETOWN UNIVERSITY HOSPITAL/WASHINGTON HOSPITAL - WASHINGTON, DC 2010
 Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 2014
 License Expiration Date **6/30/2017**
 Remarks

License Number 10746
 License Date 11/3/1999
 Name **CARUANA, VINCENT D MD**
 Address 47 BRACKEN CIRCLE, BEDFORD, NH, 03110
 Specialty R
 Board Certified R
 School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISRY OF NJ USA 1986
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1987
 Residency and Year MORRISTOWN MEMORIAL HOSP - MORRISTOWN NJ 1991
 License Expiration Date **6/30/2017**
 Remarks

License Number 13483
 License Date 5/9/2007
 Name **CARUSO, CHRISTIAN D MD**
 Address FOUNDATION MED PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
 Specialty IM
 Board Certified IM
 School and Year of Graduation TEMPLE UNIV USA 1998
 Internship and Year BOSTON UNIV-BOSTON, MA 1999
 Residency and Year BOSTON UNIV-BOSTON, MA 2000
 License Expiration Date **6/30/2017**
 Remarks

License Number 8818
 License Date 10/7/1992
 Name **CARUSO, DON MD**
 Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-1798
 Specialty FP
 Board Certified FP
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1984
 Internship and Year UNIVERSITY OF MASS MEDICAL CENTER WORCESTER - MASSACHUSETTS 1985
 Residency and Year UNIVERSITY OF MASS MEDICAL CENTER WORCESTER - MASSACHUSETTS 1987
 License Expiration Date **6/30/2016**
 Remarks

License Number 5035
License Date 7/12/1973
Name **CARVALHO, RICHARD S MD**
Address MONADNOCK RADIOLOGY, 24 LONGVIEW DRIVE PETERBOROUGH, NH, 03458
Specialty R
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC USA 1964
Internship and Year WALTER REED GENERAL HOSP-WASHINGTON DC 1965
Residency and Year BROOKE GENERAL HOSP-SAN ANTONIO TX 1968
License Expiration Date **6/30/2007**
Remarks

License Number 7832
License Date 5/4/1988
Name **CARWELL, MARK A MD**
Address CONCORD OTOLARYNGOLOGY, 194 PLEASANT ST STE 2 CONCORD, NH, 03301
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF OKLAHOMA COLL MED - OKLAHOMA, OK USA 1983
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1984
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 6341
License Date 2/23/1981
Name **CARY, PETER C MD**
Address SALEM RADIOLOGY, 23 STILES RD STE 102 SALEM, NH, 03079
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MARYLAND SCH OF MED USA 1976
Internship and Year WILFORD HALL USAF MED CTR-LACKLAND, TX 1977
Residency and Year WILFORD HALL USAF MED CTR-LACKLAND, TX 1980
License Expiration Date **6/30/2017**
Remarks

License Number 16898
License Date 1/21/2015
Name **CASALE, CHARLES V MD**
Address 113 HOLLAND AVE, ALBANY, NY, 12208-3410
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITY OF ANTWERPEN BELGIUM 1982
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1987
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 10778
License Date 12/1/1999
Name **CASAS, ANA M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty
Board Certified IM
School and Year of Graduation LOMA LINDA UNIV SCH OF MED - LOMA LINDA, CA USA 1996
Internship and Year MOUNT SINAI MEDICAL CENTER - MIAMI BEACH, FL 1997
Residency and Year MOUNT SINAI MEDICAL CENTER - MIAMI BEACH, FL 1999
License Expiration Date **6/30/2002**
Remarks

License Number 14833
License Date 5/5/2010
Name **CASCIANO, JONATHAN D MD**
Address B G S MEDICAL EYE CENTER, 250 RIVER RDMANCHESTER, NH, 03104
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF ARKANSAS USA 2005
Internship and Year UNIVERSITY OF ARKANSAS SCHOOL OF MEDICAL - LITTLE ROCK, AR 2006
Residency and Year UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - LITTLE ROCK, AR 2009
License Expiration Date **6/30/2016**
Remarks

License Number 11410
License Date 10/3/2001
Name **CASELLA, SAMUEL J MD**
Address DHMC-PEDIATRICS DEPT, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIV OF NEW YORK- SYRACUSE, NY USA 1981
Internship and Year SUNY HEALTH SCI CENTER AT SYRACUSE - SYRACUSE, NY 1982
Residency and Year SUNY HEALTH SCI CENTER AT SYRACUSE - SYRACUSE, NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 16063
License Date 4/3/2013
Name **CASENAS, RITCHE L MD**
Address 275 MAMMOTH RD, STE 4, MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation SOUTHWESTERN UNIV-MATIAS H AZNAR MED COLLEGE OF ME PHILIPPINES 2004
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2011
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2013
License Expiration Date **6/30/2017**
Remarks

License Number 4692
License Date 6/12/1972
Name **CASEY, BERNARD M MD**
Address 12 WILLEY CREEK, DURHAM, NH, 03824
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1969
Internship and Year LETTERMAN GENERAL HOSP-SAN FRANCISCO CA 1970
Residency and Year LETTERMAN GENERAL HOSP-SAN FRANCISCO CA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 11898
License Date 5/7/2003
Name **CASEY, JENNIFER M MD**
Address 2 WASHINGTON STREET, #321DOVER, NH, 03820
Specialty P
Board Certified P
School and Year of Graduation MAYO MEDICAL SCHOOL - ROCHESTER, NY USA 1997
Internship and Year KARL MENNINGER SCH OF PSYCHIATRY - TOPEKA, KS 1999
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9314
License Date 11/2/1994
Name **CASEY, JOSEPH E MD**
Address PLYMOUTH GENERAL SURGERY, 2 HOSPITAL RDPLYMOUTH, NH, 03264-
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE USA 1988
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1989
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 11899
License Date 5/7/2003
Name **CASEY, PATRICK J MD**
Address CONCORD ORTHOPAEDICS PA, 264 PLEASANT STCONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1997
Internship and Year EMORY UNIVERSITY - ATLANTA, GA 1998
Residency and Year EMORY UNIVERSITY - ATLANTA, GA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16403
License Date 12/4/2013
Name **CASEY, PETRA M MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1991
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1992
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1995
License Expiration Date **6/30/2017**
Remarks

License Number 11864
License Date 4/2/2003
Name **CASEY, SEAN O MD**
Address VRC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1990
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1991
Residency and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1995
License Expiration Date **6/30/2009**
Remarks

License Number 6106
License Date 9/6/1979
Name **CASHERO, THOMAS E MD**
Address , PO BOX 1720 CLINTON, OK, 73601-1318
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MICHIGAN MEDICAL SCHOOL - ANN ARBOR, MI USA 1972
Internship and Year HARLEM HOSPITAL - NEW YORK, NY 1973
Residency and Year HARLEM HOSPITAL - NEW YORK, NY 1978
License Expiration Date **6/30/2017**
Remarks

License Number 12368
License Date 7/7/2004
Name **CASHMAN, MAUREEN E MD**
Address ROCHESTER HILL FAMILY PRACTICE, 245 ROCHESTER HILL RD ROCHESTER, NH, 03867
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CT, FARMINGTON CT US 2001
Internship and Year MIDDLESEX HOSPITAL, MIDDLETOWN CT 2002
Residency and Year MIDDLESEX HOSPITAL, MIDDLETOWN CT 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12480
License Date 10/6/2004
Name **CASIO, JACINTO P MD**
Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation CEBU INSTITUTE OF MED, PHILIPPINES PHILIPPINES 1992
Internship and Year METROPOLITAN HOSPITAL CTR, NEW YORK NY 1995
Residency and Year METROPOLITAN HOSPITAL CTR, NEW YORK NY 1997
License Expiration Date **6/30/2016**
Remarks

License Number 6916
License Date 7/5/1984
Name **CASKEY, HERBERT T MD**
Address 401 CITY AVE STE 820, BALA CYNWYD, PA, 19004-
Specialty IM
Board Certified
School and Year of Graduation JEFFERSON MEDICAL SCHOOL OF THOMAS JEFFERSON UNIV USA 1973
Internship and Year WILMINGTON MEDICAL CENTER WILMINGTON, DE 1973
Residency and Year HOSPITAL MEDICAL COLLEGE OF PA PHILADELPHIA, PA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 7191
License Date 9/10/1985
Name **CASS, PAUL R DO**
Address COASTAL NEUROLOGY SERVICES, 158 E NH ROUTE 108DOVER, NH, 03820
Specialty N
Board Certified N
School and Year of Graduation KANSAS CITY COLL OF OSTEO MEDICINE USA 1975
Internship and Year GARDEN HOSP-MICHIGAN 1976
Residency and Year UNIV OF CONNECTICUT-FARMINGTON.CT 1978
License Expiration Date **6/30/2017**
Remarks

License Number 9900
License Date 1/8/1997
Name **CASSADY, JAMES R MD**
Address 41 MALL RD, C/O TRUMP BLDGBURLINGTON, MA, 01805
Specialty RO
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1963
Internship and Year HARBORVIEW MEDICAL CENTER - WASHINGTON 1964
Residency and Year PRESBYTERIAN HOSPITAL - NY 1967
License Expiration Date **6/30/2001**
Remarks

License Number 16817
License Date 11/6/2014
Name **CASSAR, SCOTT E MD**
Address 22907 GOLDENROD DR, ASHBURN, VA, 20148
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2005
Internship and Year UNITY HEALTH SYSTEM - ROCHESTER, NY 2006
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 7759
License Date 1/6/1988
Name **CASELL JR, PATRICK F MD**
Address CARDIAC ASSOC OF NH, 246 PLEASANT STCONCORD, NH, 03301-2593
Specialty CD
Board Certified CD
School and Year of Graduation GEORG UNIV SCHO MED WASHINGTON DC USA 1978
Internship and Year WALTERREED ARMY MED CTR WASH DC 1979
Residency and Year WALTERREED ARMY MED CTR WASH DC 1981
License Expiration Date **6/30/2016**
Remarks

License Number 7605
License Date 6/3/1987
Name **CASSETTARI, JOAN L DO**
Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty AI
Board Certified AI
School and Year of Graduation OHIO UNIV COLL OF OSTEO MED - ATHENS, OH USA 1980
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1984
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1987
License Expiration Date **6/30/2017**
Remarks

License Number 16782
License Date 10/1/2014
Name **CASTANEDO TARDAN, MARI P MD**
Address DHMC-DERMATOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation UNIV ANAHUAC ESCUELA DE MEDICINA MEXICO 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14702
License Date 1/6/2010
Name **CASTELBUONO, ANTHONY C MD**
Address KRIEGER EYE INSTITUTE, 2411 W BELVEDERE AVE BALTIMORE, MD, 21215
Specialty OPH
Board Certified OPH
School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 1996
Internship and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 1997
Residency and Year JOHNS HOPKINS UNIVERSITY MEDICAL CENTER - BALTIMORE, MD 2000
License Expiration Date **6/30/2012**
Remarks

License Number 10702
License Date 10/6/1999
Name **CASTELLS, MARIA C MD**
Address 1 JIMMFUND WAY BWH, BOSTON, MA, 02115
Specialty AI
Board Certified
School and Year of Graduation AUTONOMOUS UNIV OF BARCELONA SPAIN 1979
Internship and Year UNIV OF KS MED CTR 1990
Residency and Year UNIV OF KS MED CTR 1993
License Expiration Date **6/30/2005**
Remarks

License Number 8705
License Date 5/6/1992
Name **CASTOR, BELINDA L MD**
Address QUEEN CITY MED ASSOC, 775 SOUTH MAIN ST MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation SUNY - SYRACUSE USA 1988
Internship and Year SUNY HEALTH CENTER 1989
Residency and Year SUNY HEALTH CENTER 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10415
License Date 10/7/1998
Name **CASTORINA, JOSEPH S MD**
Address CONCENTRA HEALTH SERVICES, 85 WESTERN AVES PORTLAND, ME, 04106
Specialty FP
Board Certified FP
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1983
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKETT, RI 1984
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKETT, RI 1986
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/01 - reinstated 12/1/10**

License Number 16031
License Date 3/6/2013
Name **CASTRO, CESAR M MD**
Address MGH, 55 FRUIT ST YAWKEY 9EBOSTON, MA, 02114
Specialty ON
Board Certified ON
School and Year of Graduation UNIVERSITY OF CA SAN FRANCISCO SCHOOL OF MED USA 2005
Internship and Year UNIVERSITY OF CALIFORNIA- SAN FRANCISCO, SAN FRANCISCO, CA 2006
Residency and Year UNIVERSITY OF CALIFORNIA- SAN FRANCISCO, SAN FRANCISCO, CA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 10200
License Date 1/7/1998
Name **CASTRO, RAYMOND A MD**
Address COHC, 21 GRAND STHARTFORD, CT, 06106
Specialty EM
Board Certified
School and Year of Graduation UNIV DE BUENOS AIRES FAC DE MED AIRES ARGENTINA 1966
Internship and Year RHODE ISLAND HOSPITAL - RI 1970
Residency and Year DANBURY HOSPITAL - CT 1976
License Expiration Date **6/30/2016**
Remarks

License Number 6587
License Date 7/15/1982
Name **CASTRO, ROBERT R MD**
Address 233 E 86TH ST APT 20-A, NEW YORK, NY, 10028
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITE DE PARIS VI-PARIS ENGLAND 1958
Internship and Year UNIV HOSPITAL - MADISON, WI 1966
Residency and Year UNIV HOSPITAL-MADISON,WI 1966
License Expiration Date **6/30/2003**
Remarks

License Number 5157
License Date 4/16/1974
Name **CASWELL JR, H TAYLOR MD**
Address 580 ST JOHNSBURY RD STE F, LITTLETON, NH, 03561
Specialty ORS
Board Certified ORS
School and Year of Graduation TEMPLE UNIVERSITY-PHILADELPHIA PA USA 1968
Internship and Year GEISINGER MEDICAL CTR-DANVILLE PA 1969
Residency and Year TEMPLE UNIVERSITY-PHILADELPHIA PA 1973
License Expiration Date **10/3/2001**
Remarks **DECEASED 10/3/2001**

License Number 8411
License Date 8/8/1990
Name **CATALDO, JOSEPH R MD**
Address DDS, 21 FRUIT ST STE 30CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1958
Internship and Year MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 1959
Residency and Year CALIFORNIA DEPT OF HEALTH SERVICE - SACRAMENTO, CA 1964
License Expiration Date **6/30/2012**
Remarks **Deceased 2/17/2014**

License Number 14408
License Date 5/6/2009
Name **CATANIA, ROBERT A MD**
Address THE SURGICAL CARE GROUP, 87 MCGREGOR ST STE 3100MANCHESTER, NH, 03102-3731
Specialty GS
Board Certified GS
School and Year of Graduation TEMPLE UNIVERSITY USA 1994
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 16748
License Date 9/3/2014
Name **CATAPANO, CHRISTOPHER M DO**
Address 22 BUTLER DR, GOSHEN, NY, 10924
Specialty EM
Board Certified
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2009
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 9850
License Date 9/4/1996
Name **CATARAU, ELENA M MD**
Address 28 CHURCH ST, WINCHESTER, MA, 01890
Specialty APM
Board Certified AN
School and Year of Graduation UNIV OF TEXAS MEDICAL SCHOOL AT SAN ANTONIO USA 1991
Internship and Year FAULKNER HOSPITAL - MA 1992
Residency and Year MASS GENERAL HOSPITAL - MA 1996
License Expiration Date **6/30/2000**
Remarks

License Number 8635
License Date 10/2/1991
Name **CATCHER, CHARLES H MD**
Address NH ONCOLOGY-HEMATOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106-2505
Specialty ON
Board Certified ON
School and Year of Graduation UNIV OF MN MED SCH - MINNEAPOLIS, MN USA 1985
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1986
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1988
License Expiration Date **6/30/2017**
Remarks

License Number 11617
License Date 6/5/2002
Name **CATES, JUSTIN MERRILL M MD**
Address DHMC - PATHOLOGY, ONE MEDICAL CTR DR PATHOLOGYLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation TUFTS UNIV - BOSTON, MA USA 1997
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 2000
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 2001
License Expiration Date **6/30/2006**
Remarks

License Number 8118
License Date 6/7/1989
Name **CATHERWOOD, EDWARD MD**
Address DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PHIL,P USA 1975
Internship and Year HAHNEMANN UNIV-PHIL,PA 1976
Residency and Year HAHNEMANN UNIV -PHIL,PA 1980
License Expiration Date **6/30/2017**
Remarks

License Number R1936
License Date 6/26/2009
Name **CATINO, ANNA B MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF VERMONT USA 2009
Internship and Year
Residency and Year
License Expiration Date **6/25/2012**
Remarks

License Number 4624
License Date 10/16/1970
Name **CATINO, DONALD MD**
Address 62 HILLTOP PLACE, NEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE, NY USA 1964
Internship and Year BELLEVUE HOSPITAL - NY, NY 1965
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1970
License Expiration Date **6/30/2016**
Remarks

License Number 9981
License Date 5/7/1997
Name **CATLIN, BRIAN MD**
Address GEISEL SCHOOL OF MEDICINE, HINMAN BOX 7100 HANOVER, NH, 03755
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MED SCH-BOSTON, MA USA 1966
Internship and Year BOSTON CITY HOSP-MA 1967
Residency and Year BOSOTN CITY HSOP-MA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 9393
License Date 4/5/1995
Name **CAUBLE, STEVEN L MD**
Address NH HOSP, 36 CLINTON ST CONCORD, NH, 03301
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1986
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSP - RICHMOND VA 1990
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSP - RICHMOND VA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 5912
License Date 6/12/1978
Name **CAUDILL-SLOSBERG, MARGARET A MD**
Address DHMC-PAIN CLINIC, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE - OH USA 1975
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1976
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 7475
License Date 12/4/1986
Name **CAULKINS, ROBERT M MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/18/1989**
Remarks

License Number 11771
License Date 11/6/2002
Name **CAVALIERE, GUY S MD**
Address PO BOX 785, CLARKSVILLE, GA, 30523
Specialty AN
Board Certified AN
School and Year of Graduation WRIGHT STATE UNIV - DAYTON, OH USA 1992
Internship and Year MEDICAL COLLEGE OF OHIO HOSPITAL - TOLEDO, OH 1993
Residency and Year MEDICAL COLLEGE OF OHIO HOSPITAL - TOLEDO, OH 1996
License Expiration Date **6/30/2012**
Remarks

License Number 15120
License Date 2/2/2011
Name **CAVAZOS, CRISTINA M MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55377
Specialty DR
Board Certified DR
School and Year of Graduation DUKE UNIVERSITY USA 2001
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2002
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 8930
License Date 5/5/1993
Name **CAVENDER, JOHN C MD**
Address 546 SUGARTOP RD, PO BOX 1820NORWICH, VT, 05055
Specialty OPH
Board Certified OPH
School and Year of Graduation MC GILL UNIVERSITY SCHOOL OF MEDICINE USA 1959
Internship and Year ST JOSEPH HOSPITAL - FLINT MI 1960
Residency and Year SCENIC GENERAL HOSPITAL - MODESTO CA 1963
License Expiration Date **6/30/2011**
Remarks

License Number 8954
License Date 6/2/1993
Name **CAVERLY, WILLIAM H MD**
Address 44 WOODVUE RD, WINDHAM, NH, 03087-
Specialty GYN
Board Certified GYN
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1953
Internship and Year DETROIT RECEIVING HOSPITAL - DETROIT MI 1954
Residency and Year CRITTENTON HOSPITAL - DETROIT MI 1957
License Expiration Date **6/30/1998**
Remarks

License Number 12194
License Date 1/7/2004
Name **CAVIN, LILLIAN W MD**
Address REAL RADIOLOGY, LLC, 450 REGENCY PL #2000MAHA, NE, 68114
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF SC, CHARLESTON SC US 1982
Internship and Year UNIVERSITY OF ARKANSAS, LITTLE ROCK AR 1983
Residency and Year UNIVERSITY OF ARKANSAS, LITTLE ROCK AR 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13336
License Date 12/6/2006
Name **CAWLEY, JACQUELYN B DO**
Address UNIVERSITY OF NEW ENGLAND, 11 HILLS BEACH RDBIDDEFORD, ME, 04005-9599
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 1989
Internship and Year KENNEDY MEMORIAL HOSPITAL-STRATFORD, NJ 1990
Residency and Year KENNEDY MEMORIAL HOSPITAL-STRATFORD, NJ 1991
License Expiration Date **6/30/2010**
Remarks

License Number 9940
License Date 3/5/1997
Name **CAWLEY, ROBERT R DO**
Address MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF STEO MED - ME USA 1988
Internship and Year TEMPLE UNIV HOSP - PA 1990
Residency and Year TEMPLE UNIV HOSP - PA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 10043
License Date 7/2/1997
Name **CAYER, PATRICIA E MD**
Address PEDIATRIC HEALTH ASSOC, 275 MAMMOTH RDMANCHESTER, NH, 03109
Specialty
Board Certified PD
School and Year of Graduation UNIV OF VT COLL OF MED BURLINGTON, VT USA 1994
Internship and Year UNIV OF VT COLL MED -BURLINGTON,VT 1997
Residency and Year UNIV OF CALIFORINA IRVINE MEDICAL CENTER, CA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 6830
License Date 1/5/1984
Name **CAYER, ROGER P MD**
Address CHOCTAW NATION CARE CTR, 2012 CHOCTAW RIDGE RDTALIHINA, OK, 74571
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV DE MONTPELLIER-MONTPELLIER FRANCE 1973
Internship and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1977
Residency and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1977
License Expiration Date **6/30/2004**
Remarks

License Number 13008
License Date 3/1/2006
Name **CEAMITRU, DRAGOS MD**
Address ORANGE REGIONAL MEDICAL CENTER, 707 E MAIN STMIDDLETOWN, NY, 10924
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITATEA DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1997
Internship and Year NORWALK HOSPITAL, NORWALK CT 2005
Residency and Year NORWALK HOSPITAL, NORWALK CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11439
License Date 11/7/2001
Name **CECERE, JOSEPH A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CCA
Board Certified
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED- BAYSHORE, NY USA 1996
Internship and Year STAMFORD HOSPITAL/COLUMBIA UNIV COLL OF PHYSICIANS- STAMFORD, CT 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2005**
Remarks

License Number 5862
License Date 3/2/1978
Name **CEDENO, DOUGLAS A MD**
Address ALICE PECK DAY MEM HOSP, 125 MASCOMA STLEBANON, NH, 03766-1130
Specialty IM
Board Certified IM
School and Year of Graduation MOUNT SINAI SCHOOL OF MEDICINE NEW YORK, NY USA 1975
Internship and Year NEW YORK MEDICAL COLLEGE HOSPITAL CENTER - NEW YORK, NY 1976
Residency and Year NEW YORK MEDICAL COLLEGE HOSPITAL CENTER - NEW YORK, NY 1977
License Expiration Date **6/30/2016**
Remarks

License Number 15502
License Date 1/4/2012
Name **CELIS, ROLANDO I MD**
Address WENTWORTH HEALTH PARTNERS - CARDIOVASCULAR GROUP, 19 OLD ROLLINSFORD RD DOVER, N
Specialty GS
Board Certified
School and Year of Graduation UNIVERSIDAD PEPERUANA CAYETANO HEREDIA PERU 2002
Internship and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2005
Residency and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9299
License Date 10/5/1994
Name **CENDRON, MARC MD**
Address CHILDRENS HOSPITAL BOSTON, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year HOSPITAL UNIVERSITY OF PA - PHILADELPHIA PA 1985
Residency and Year HOSPITAL UNIVERSITY OF PA - PHILADELPHIA PA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 6634
License Date 12/6/1982
Name **CERIER, WILLIAM I MD**
Address , , ,
Specialty EM
Board Certified EM
School and Year of Graduation NY MEDICAL COLLEGE USA 1954
Internship and Year
Residency and Year
License Expiration Date **6/30/1989**
Remarks

License Number 11986
License Date 7/2/2003
Name **CERUNDOLO, AIDA MD**
Address 16 BIRCH POINT ROAD, GREENLAND, NH, 03840
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASSACHUSETTS - WORCESTER, MA USA 1999
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 6858
License Date 4/10/1984
Name **CERVENKA, ROBERT P MD**
Address YORK HOSP - OB/GYN, 16 HOSPITAL DR STE CYORK, ME, 04090
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MARYLAND SCH OF MED-BALITMORE,MD USA 1980
Internship and Year UNIV OF CHICAGO - CHICAGO IL 1981
Residency and Year UNIV OF CHAICAGO - CHICAGO, IL 1988
License Expiration Date **6/30/2016**
Remarks

License Number 10674
License Date 9/1/1999
Name **CESAR, ROSE L MD**
Address ONE BOSTON MEDICAL CTR PLACE, BOSTON, MA, 02118-2393
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1990
Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON,MA 1991
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1992
License Expiration Date **6/30/2000**
Remarks

License Number 7295
License Date 4/3/1986
Name **CETRULO, CURTIS L MD**
Address 210 WHITING PLACE STE 3, HINGHAM, MA, 02043
Specialty OBG
Board Certified OBG
School and Year of Graduation UMDNJ-NEW JERSEY MED SCH - NEWARK, NJ USA 1969
Internship and Year UNIV COLORADO HLTH SCI CTR - CO 1970
Residency and Year UNIV COLORADO HLTH SCI CTR - CO 1972
License Expiration Date **6/30/2002**
Remarks

License Number 16032
License Date 3/6/2013
Name **CETTA, FRANK MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty PD
Board Certified PD
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO USA 1987
Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 1988
Residency and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 1991
License Expiration Date **6/30/2017**

Remarks

License Number 6772
License Date 9/8/1983
Name **CHACE, RICHARD MD**
Address EYESIGHT, 155 BORTHWICK AVE STE 200 EASTPORTSMOUTH, NH, 03801
Specialty OPH
Board Certified OPH
School and Year of Graduation BROWN UNBIV -PROVIDENCE,RI USA 1979
Internship and Year NEWTON WELLESLEY HOSP-NEWTN LWR FALS,MA 1980
Residency and Year NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1983
License Expiration Date **6/30/2017**

Remarks

License Number 4326
License Date 10/22/1983
Name **CHAFFEE, BARBARA J MD**
Address , PO BOX 90WOLFEBORO, NH, 03894
Specialty PTH
Board Certified PTH
School and Year of Graduation COLUMBIA UNIV COLLEGE OF P&S - NEW YORK, NY USA 1963
Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1964
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1965
License Expiration Date **6/30/2005**

Remarks **DECEASED 12-20-11**

License Number 4161
License Date 11/24/1967
Name **CHAFFEE, BRUCE A MD**
Address , PO BOX 90WOLFEBORO, NH, 03894
Specialty N
Board Certified N
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1960
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1961
Residency and Year LAHEY CLINIC FOUNDATION - BURLINGTON, MA 1965
License Expiration Date **6/30/2003**

Remarks

License Number 8955
License Date 6/2/1993
Name **CHAFFEE, SARA MD**
Address DHMC/PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty PHO
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1980
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1981
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1983
License Expiration Date **6/30/2017**
Remarks

License Number 6723
License Date 7/7/1983
Name **CHAG, MARK A MD**
Address 155 GRIFFIN RD, PORTSMOUTH, NH, 03801-4101
Specialty OBG
Board Certified OBG
School and Year of Graduation MED COLL OF PENNSYLVANIA,PA USA 1979
Internship and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1980
Residency and Year TUFTS UNIV AFFIL HOSP-BOSTON,MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 2474
License Date 8/1/1946
Name **CHAGNON, MAURICE E MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1983**
Remarks **DECEASED 10/23/2006**

License Number 9331
License Date 12/7/1994
Name **CHHRABAN, PIERRE H MD**
Address NEW ENGLAND CARDIOLOGY, 25 MARSTON ST ATE 404LAWRENCE, MA, 01841
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF ALEPPO SYRIA 1982
Internship and Year OUR LADY OF MERCY MEDICAL CENTER - BRONX NY 1989
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET NY 1991
License Expiration Date **6/30/2016**
Remarks

License Number 12645
License Date 4/6/2005
Name **CHAI, JESSIE L MD**
Address COMPASS MEDICAL, 312 BEDFORD STWHITMAN, MA, 02382
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL, BOSTON MA US 1989
Internship and Year OVERLOOK HOSPITAL, SUMMIT NJ 1990
Residency and Year DUKE UNIVERSITY MEDICAL CENTER, DURHAM NC 1994
License Expiration Date **6/30/2007**
Remarks

License Number 14189
License Date 10/1/2008
Name **CH AidARUN, SUSHELA S MD**
Address DHMC-ENDOCRINE SECTION 5C, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified END
School and Year of Graduation CHULALONGKORN UNIV THAILAND 1988
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1999
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 10021
License Date 6/4/1997
Name **CHAIMBERG, KATHLEEN M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ILLINOIS-IL USA 1993
Internship and Year NORTHWESTERN UNIVERSITY MED SCHOOL-IL 1994
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14409
License Date 5/6/2009
Name **CHAIYARAT, WALAILUK MD**
Address 2255 BRAESWOOD PARK DR #192, HOUSTON, TX, 77030
Specialty IM
Board Certified IM
School and Year of Graduation MAHIDOL UNIVERSITY THAILAND 2000
Internship and Year ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2004
Residency and Year ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2006
License Expiration Date **6/30/2011**
Remarks

License Number 14675
License Date 12/2/2009
Name **CHAKRABARTI, DEBANJANA MD**
Address 301 S SEVENTH AVE, DOCTORS' OFFICE BLDGW READING, PA, 19611
Specialty FP
Board Certified
School and Year of Graduation AGRA UNIVERSITY INDIA 1996
Internship and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 2008
Residency and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 2009
License Expiration Date **6/30/2011**
Remarks

License Number 16966
License Date 3/4/2015
Name **CHALLAPALLI SRI, RAMA MOHANA RAO MD**
Address RENAL & TRANSPLANT ASSOC OF NE - FRANKLIN DIV, 115 WILDWOOD AVEGREENFIELD, MA, 0130
Specialty IM
Board Certified IM
School and Year of Graduation OSMANIA MEDICAL COLLEGE INDIA 2007
Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2010
Residency and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 14533
License Date 8/5/2009
Name **CHAMBERLAIN, JUDITH MD**
Address 10 SEA GRASS FARM RD, BRUNSWICK, ME, 04011
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1977
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1978
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1980
License Expiration Date **6/30/2015**
Remarks

License Number 10550
License Date 5/5/1999
Name **CHAMBERLAIN, TIMOTHY L MD**
Address 250 PLEASANT ST, CONCORD, NH, 03301
Specialty PTH
Board Certified PTH
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1991
Internship and Year TULANE UNIV - NEW ORLEANS, LA 1992
Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1996
License Expiration Date **6/30/2002**
Remarks

License Number 5158
License Date 4/16/1974
Name **CHAMBERLIN, JERRY R MD**
Address 280 MAIN ST STE 140, NASHUA, NH, 03060-2939
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF CINCINNATI, OH USA 1967
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1968
Residency and Year UNIV OF ROCHESTER - ROCHESTER, NY 1971
License Expiration Date **6/30/2002**
Remarks

License Number 12160
License Date 12/3/2003
Name **CHAMBERLIN, MARSHALL T MD**
Address PO BOX 807, NORTH BERWICK, ME, 03906
Specialty EM
Board Certified EM
School and Year of Graduation WAYNE STATE UNIVERSITY, DETROIT MI US 1971
Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL, SAYRE PA 1972
Residency and Year UNIVERSITY OF IOWA, IOWA CITY IA 1976
License Expiration Date **6/30/2009**
Remarks **REQUESTED INACTIVE 06/04/2008**

License Number 12056
License Date 9/3/2003
Name **CHAMBERLIN, MARY D MD**
Address DARTMOUTH - HITCHCOCK NORRIS COTTON CANCER CENTER, ONE MEDICAL CENTER DRIVELEBANO
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VT, BURLINGTON VT US 2000
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2001
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 7012
License Date 12/18/1984
Name **CHAMBERLIN, ROBERT W MD**
Address 1 GOODWIN RD, CANTERBURY, NH, 03224-
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MED SCH MED-BOSTON,MA USA 1956
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1957
Residency and Year MASS GEN HOSP-BOSTON,MA 1959
License Expiration Date **6/30/1999**
Remarks

License Number 11772
License Date 11/6/2002
Name **CHAMPION, MICHAEL K MD**
Address DEPT OF CORRECTIONS MED FORENS, PO BOX 2828CONCORD, NH, 03302-2828
Specialty P
Board Certified P
School and Year of Graduation UNIV OF NORTH CAROLINA - CHAPEL HILL, NC USA 1996
Internship and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2000
Residency and Year YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN, CT 2001
License Expiration Date **6/30/2006**
Remarks

License Number 14789
License Date 4/7/2010
Name **CHAN, BENJAMIN P MD**
Address DHMC - INFETIOUS DISEASE, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 6337
License Date 2/5/1981
Name **CHAN, DON P MD**
Address CARDIAC ASSOC OF NH, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF VT COLL OF MED-BURLINGTON,VT USA 1976
Internship and Year NEW ENGLAND DEACONESS HOSP-BOSTON,MA 1977
Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON, MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 15908
License Date 11/7/2012
Name **CHAN, MELINA D MD**
Address NHHC, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2005
Internship and Year ARKANSAS CHILDRENS HOSPITAL - LITTLE ROCK, AR 2006
Residency and Year ARKANSAS CHILDRENS HOSPITAL - LITTLE ROCK, AR 2008
License Expiration Date **6/30/2016**
Remarks

License Number 13196
License Date 8/2/2006
Name **CHAN, ROGER S MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF CALIF SAN DIEGO SCHOOL OF MEDICINE USA 2001
Internship and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO, IL 2002
Residency and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO, IL 2004
License Expiration Date **6/30/2008**
Remarks

License Number 11165
License Date 2/7/2001
Name **CHAN, SIMON C MD**
Address 126 E 12TH ST APT 6D, NEW YORK, NY, 10003
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1995
Internship and Year YALE-NEW HAVEN HOSPITAL - NW HAVEN, CT 1996
Residency and Year NEW YORK UNIV DOUWNTOWN HOSPITAL - NEW YORK, NY 1998
License Expiration Date **6/30/2001**
Remarks

License Number 15503
License Date 1/4/2012
Name **CHAN, VINCENT C MD**
Address 672 WALTHAM ST, LEXINGTON, MA, 02421
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TORONTO FACULTY OF MEDICINE CANADA 1996
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1997
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 14060
License Date 7/9/2008
Name **CHAN, VINCENT T MD**
Address FOUNDATION MEDICAL PARTNERS, 268 MAIN STNASHUA, NH, 03060
Specialty OTO
Board Certified
School and Year of Graduation UNIV OF CALIFORNIA USA 202
Internship and Year UNIV OF WASHINGTON SCHOOL OF MED - SEATTLE, WA 203
Residency and Year UNIV OF WASHINGTON SCHOOL OF MED - SEATTLE, WA 2008
License Expiration Date **6/30/2010**
Remarks

License Number 8776
License Date 8/5/1992
Name **CHANATRY, BRIAN J MD**
Address ST JOSEPHS HOSPITAL, 301 PROSPECT AVESYRACUSE, NY, 13203
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIVERSITY OF NEW YORK AT SYRACUSE USA 1980
Internship and Year MARY I BASSETT HOSPITAL COOPERSTOWN - NEW YORK 1981
Residency and Year MARY I BASSETT HOSPITAL COOPERSTOWN - NEW YORK 1984
License Expiration Date **6/30/2000**
Remarks

License Number 16064
License Date 4/3/2013
Name **CHAND, SUDHAM MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified
School and Year of Graduation CHANDKA MEDICAL COLLEGE, UNIV OF SIND PAKISTAN 2006
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2011
Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 13576
License Date 7/11/2007
Name **CHANDA, JYOTIRMAY MD**
Address NEW ENGLAND INPATIENT SPECIAL, 41 HIGHLAND AVEWINCHESTER, MA, 01890
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF RUSSIA RUSSIA 1986
Internship and Year JAMAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 2003
Residency and Year HAHNEMANN UNIV HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 14247
License Date 12/3/2008
Name **CHANDER, AMIT MD**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty FP
Board Certified
School and Year of Graduation ROSS UNIV DOMINICA 2004
Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD HOSPITAL-CONCORD,NH 2006
Residency and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD HOSPITAL-CONCORD,NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 6773
License Date 9/8/1983
Name **CHANDLER, JUDITH A MD**
Address 119B PORTLAND AVE, DOVER, NH, 03820
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF CALIFORNIA-LOS ANGELES USA 1977
Internship and Year LA CO HARBOR/UCLA MED CTR 1978
Residency and Year LA CO HAROBR/UCLA MED CTR 1980
License Expiration Date **6/30/2017**
Remarks

License Number 15788
License Date 8/1/2012
Name **CHANDRAMOULI, SADHANASREE MD**
Address SPRINGFIELD HEALTH CENTER, 100 RIVER STREET SUITE 3B FMASPRINGFIELD, VT, 05156
Specialty FP
Board Certified FP
School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 2004
Internship and Year MCLAREN REGIONAL MEDICAL CENTER - FLINT, MI 2008
Residency and Year MCLAREN REGIONAL MEDICAL CENTER - FLINT, MI 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16995
License Date 4/1/2015
Name **CHANDRASEKHAR, GEETHA D MD**
Address 1061 PLEASANT ST, NEW BEDFORD, MA, 02740
Specialty CHP
Board Certified CHP
School and Year of Graduation KEMPEGOWDA INSTITUTE OF OF MEDICAL SCIENCES INDIA 1994
Internship and Year SCOTT AND WHITE MEMORIAL HOSPITAL - TEMPLE, TX 2000
Residency and Year JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE- BALTIMORE, MD 2002
License Expiration Date **6/30/2017**
Remarks

License Number 13484
License Date 5/9/2007
Name **CHANG, ALBERT S MD**
Address ALLEGIANT MD, 100 S ASHLEY DR STE 1500TAMPA, FL, 33602
Specialty R
Board Certified R
School and Year of Graduation CASE WESTERN RESERVE UNIV USA 2001
Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 44109 2002
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 17153
License Date 7/1/2015
Name **CHANG, AMY B MD**
Address 177 ROUTE 103A, NEWBURY, NH, 03255
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF TOLEDO USA 2012
Internship and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS-GRAND RAPIDS, MI 2013
Residency and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS-GRAND RAPIDS, MI 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11048
License Date 9/6/2000
Name **CHANG, CHARLES S MD**
Address 220 SUTTON ST, N ANDOVER, MA, 01845
Specialty NS
Board Certified NS
School and Year of Graduation JOHN HOPKINS UNIV SCH OF MED - BALTIMORE, MD USA 1972
Internship and Year ST LOUIS CHILDREN'S HOSPITAL - ST LOUIS, MO 1973
Residency and Year ST LOUIS CHILDREN'S HOSPITAL - ST LOUIS, MO 1974
License Expiration Date **6/30/2006**
Remarks

License Number 13658
License Date 9/5/2007
Name **CHANG, CHRISTOPHER L MD**
Address NAPA, 68 S SERVICE RD SUITE 350MELVILLE, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation MEHARRY MEDICAL COLLEGE USA 2003
Internship and Year CARILION HEALTH SYSTEM-ROANOKE MEMORIAL HOSPITAL - ROANOKE, VA 2004
Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NEW YORK - NEW YORK, NY 2007
License Expiration Date **6/30/2015**
Remarks **Lapsed for non-renewal 6/30/09 - Reinstated 4/6/11**

License Number 12692
License Date 5/4/2005
Name **CHANG, DAVID C MD**
Address 1001 BROADWAY, #215SEATTLE, WA, 98122
Specialty IM
Board Certified IM
School and Year of Graduation INDIANA UNIVERSITY, INDIANAPOLIS IN US 1995
Internship and Year PENNSYLVANIA HOSP, PHILADELPHIA PA 1996
Residency and Year PENNSYLVANIA HOSP, PHILADELPHIA PA 1999
License Expiration Date **6/30/2007**
Remarks

License Number 11411
License Date 10/3/2001
Name **CHANG, JOHN V DO**
Address LAWRENCE GENERAL HOSPITAL, 1 GENERAL STREETLAWRENCE, MA, 01842
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1984
Internship and Year CRANSTON GENERAL HOSPITAL - CRANSTON, RI 1986
Residency and Year CRANSTON GENERAL HOSPITAL - CRANSTON, RI 1987
License Expiration Date **6/30/2017**
Remarks

License Number 5737
License Date 6/13/1977
Name **CHANG, LENNIG W MD**
Address 2000 WASHINGTON ST STE 442A, NEWTON, MA, 02462
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIVERSITY OF CALIFORNIA-SAN FRANCISCO CA USA 1964
Internship and Year HARTFORD HOSPITAL-HARTFORD CT 1965
Residency and Year HARTFORD HOSPITAL-HARTFORD CT 1966
License Expiration Date **6/30/2007**
Remarks

License Number 9982
License Date 5/7/1997
Name **CHANG, OPHELIA B MD**
Address NASHUA RADIOLOGY PA, 172 KINSLEY STNASHUA, NH, 03060
Specialty DR
Board Certified R
School and Year of Graduation BROWN UNIV PROGRAM IN MED-PROVIDENCE,RI USA 1990
Internship and Year SHADYSIDE HOSP-PA 1992
Residency and Year PRESBYTERIAN UNIV HOSPITAL-PA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 13281
License Date 10/4/2006
Name **CHANG, ROBERT W MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF SO CALIFORNIA, LOS ANGELES CA US 1999
Internship and Year YALE UNIVERSITY, NEW HAVEN CT 2001
Residency and Year YALE UNIVERSITY, NEW HAVEN CT 2005
License Expiration Date **6/30/2010**
Remarks

License Number 11827
License Date 2/5/2003
Name **CHANG, WEIJEN MD**
Address UC SAN DIEGO MED CTR, 200 W ARBOP DR OD E 8485SAN DIEGO, CA, 92103
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1994
Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1995
Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1998
License Expiration Date **6/30/2009**
Remarks

License Number 16440
License Date 1/8/2014
Name **CHAPAGAIN, BIKASH MD**
Address LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified
School and Year of Graduation TRIBHUVAN UNIVERSITY NEPAL 2008
Internship and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2012
Residency and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 9983
License Date 5/7/1997
Name **CHAPDELAIN, JEFFREY P MD**
Address NASHUA RADIOLOGY, BOX 58 172 KINSLEY STNASHUA, NH, 03061
Specialty DR
Board Certified DR
School and Year of Graduation BROWN UNIV PROGRAM IN MED-PROVIDENCE,RI USA 1990
Internship and Year NEW ENGLAND DEACONESS HOSPITAL-MA 1992
Residency and Year RHODE ISLAND HOSPITAL-MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 10323
License Date 7/1/1998
Name **CHAPIN, BARRETT L MD**
Address LACONIA CLINIC, PO BOX 637LACONIA, NH, 03247
Specialty END
Board Certified END
School and Year of Graduation BROWN UNIV SCHOOL MED - PROVIDENCE, RI USA 1989
Internship and Year WILLIAM BEAUMONT ARMY MED CTR - EL PASO, TX 1992
Residency and Year MADIGAN ARMY MED CTR - TACOMA, WA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 12369
License Date 7/7/2004
Name **CHAPIN, CLIFFORD A MD**
Address COMMUNITY MEMORIAL HOSPITAL, 512 SKYLINE BLVD CLOQUET, MN, 55720
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
License Expiration Date **6/30/2014**
Remarks

License Number 11017
License Date 8/2/2000
Name **CHAPMAN, CHRISTOPHER B MD**
Address DHMC/DEPT OPHTHALMOLOGY, ONE MED CTR DR LEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF WASHINGTON - SEATTLE, WA USA 1986
Internship and Year HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 1987
Residency and Year KRESGE EYE INSTITUTE - DETROIT, MI 1991
License Expiration Date **6/30/2016**
Remarks

License Number 14914
License Date 7/7/2010
Name **CHAPMAN, DONALD R MD**
Address 6302 KARMICH ST, FAIRFAX STATION, VA, 22039
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1976
Internship and Year ARROWHEAD REGIONAL MEDICAL CENTER - COLTON, CA 1977
Residency and Year ARROWHEAD REGIONAL MEDICAL CENTER - COLTON, CA 1979
License Expiration Date **6/30/2012**
Remarks

License Number 11166
License Date 2/7/2001
Name **CHAPMAN, ERIC C MD**
Address VA MEDICAL CENTER, 211 E 7TH AVE EUGENE, OR, 97401
Specialty P
Board Certified P
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10606
License Date 7/7/1999
Name **CHAPMAN, MICHAEL SHANE MD**
Address DHMC-DERMATOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF TEXAS - HOUSTON TX USA 1995
Internship and Year UNIVERSITY OF TEXAS - HOUSTON TX 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 4476
License Date 9/3/1969
Name **CHAPMAN, ROBERT J MD**
Address 80 LYME ROAD #1023, HANOVER, NH, 03755
Specialty P
Board Certified P
School and Year of Graduation OHIO STATE UNIV - USA 1963
Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1964
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1969
License Expiration Date **6/30/2015**
Remarks

License Number 13947
License Date 5/7/2008
Name **CHAPMAN, STEVEN H MD**
Address DHMC-DEPT OF PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1993
Internship and Year CHILDRENS HOSPITAL & REGIONAL MEDICAL CENTER - SEATTLE, WA 1994
Residency and Year CHILDRENS HOSPITAL & REGIONAL MEDICAL CENTER - SEATTLE, WA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11049
License Date 9/6/2000
Name **CHAPMAN, TIMOTHY D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR B8L4LEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation LOMA LINDA UNIV SCH OF MED - LOMA LINDA, CA USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 10265
License Date 5/6/1998
Name **CHAPNICK, REBEKAH M MD**
Address COMP HEALTH ATTEN CHRIS DALLOF, PO BOX 57915SALT LAKE CITY, UT, 84157
Specialty IM
Board Certified
School and Year of Graduation CASE WESTERN UNIV SCHOOL OF MED-OH USA 1994
Internship and Year CAMBRIDGE HOSPITAL-CAMBRIDGE,MA 1995
Residency and Year THE MIRIAM HOSPITAL/BROWN UNIV-RI 1996
License Expiration Date **6/30/2000**
Remarks

License Number 16469
License Date 2/5/2014
Name **CHAPPELL, ELAINE M MD**
Address COOS COUNTY FAMILY HEALTH SERVICES, 133 PLEASANT STBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year UNION HOSPITAL - TERRE HAUTE, IN 2009
Residency and Year UNION HOSPITAL - TERRE HAUTE, IN 2011
License Expiration Date **6/30/2016**
Remarks

License Number 9538
License Date 9/6/1995
Name **CHAPUT, CHARLES D MD**
Address 140 LINCOLN AVE, HAVERHILL, MA, 01830
Specialty FPG
Board Certified
School and Year of Graduation UNIV OF MARYLAND SCHOOL OF MEDICINE USA 1944
Internship and Year UNIV OF MARYLAND MEDICAL SYSTEM BALTIMORE MD 1945
Residency and Year HAVERHILL MUNICIPAL HOSPITAL HAVERHILL MA 1947
License Expiration Date **6/30/2000**
Remarks

License Number 14863
License Date 6/2/2010
Name **CHAREST, NANCY J MD**
Address CHILDRENS HOSP AT DARTMOUTH, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty PDE
Board Certified PDE
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1979
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1980
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1982
License Expiration Date **6/30/2016**
Remarks

License Number 9984
License Date 5/7/1997
Name **CHARKOWICK, ROBERT S DO**
Address 1001 HADLEY RD, MOONSVILLE, IN, 46158
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED USA 1993
Internship and Year LONG BEACH MEMORIAL HOSPITAL - NY 1996
Residency and Year LONG BEACH MEMORIAL HOSPITAL -NY 1996
License Expiration Date **6/30/2005**
Remarks

License Number 10635
License Date 7/7/1999
Name **CHARLAT, OLGA MD**
Address 248 PLEASANT ST, STE G300CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation FIRST LENINGRAD MED INSTITUTE-ST PETERSBURG RUSSIA 1991
Internship and Year SUMMA HEALTH SYSTEM - AKRON, OH 1995
Residency and Year MERIDIA HURON HOSPITAL - CLEVELAND, OH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 7512
License Date 2/10/1987
Name **CHARLE, EDWIN L MD**
Address SALMON FALLS FAMILY HEALTHCARE, 7 WORKS WAYSOMERSWORTH, NH, 03878-1543
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF OHIO AT TOLEDO, OH USA 1979
Internship and Year THE BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1980
Residency and Year THE BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 7292
License Date 4/3/1986
Name **CHARLESWORTH, DAVID C MD**
Address 5 KITTANSET RD, BEDFORD, NH, 03110
Specialty CDS
Board Certified TS
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS, NY, NY USA 1970
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1971
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1972
License Expiration Date **6/30/2016**
Remarks

License Number 4102
License Date 7/13/1967
Name **CHARMAN, ROBERT C MD**
Address , PO BOX 101LEBANON, NH, 03766-
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL MEDICAL SCHOOL USA 1960
Internship and Year GENESEE HOSPITAL - ROCHESTER, NY 1961
Residency and Year YALE-NEW HAVEN - NEW HAVEN, CT 1967
License Expiration Date **5/8/2007**
Remarks **DECEASED 05/08/07**

License Number 12333
License Date 6/2/2004
Name **CHARRON, STACEY L MD**
Address NORTHERN HUMAN SERVICES, 3 12TH STBERLIN, NH, 03570
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1998
Internship and Year FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 1999
Residency and Year FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2002
License Expiration Date **6/30/2016**
Remarks

License Number 8344
License Date 6/6/1990
Name **CHARTIER, CARLEEN C MD**
Address COLORADO PERMANENTE MED GROUP, 5257 S WADSWORTH BLVDLITTLETON, CO, 80123
Specialty IM
Board Certified IM
School and Year of Graduation SUNY-HLTH SCI CTR COLL OF MED-SYRACUSE,NY USA 1987
Internship and Year MIRIAM HOSP-PROVIDENCE,RI 1988
Residency and Year MIRIAM HOSP-PROVIDENCE,RI 1989
License Expiration Date **6/30/2000**
Remarks

License Number 14534
License Date 8/5/2009
Name **CHARTIER, MOLLY B MD**
Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE#101N ANDOVER, MA, 01945
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 2003
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2004
Residency and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2008
License Expiration Date **6/30/2017**
Remarks

License Number 4185
 License Date 3/28/1968
 Name **CHASE, DAVID S MD**
 Address PO BOX 65117, BURLINGTON, VT, 05406
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1962
 Internship and Year UPSTATE MEDICAL CENTER STATE UNIV OF NY - SYRACUSE, NY 1963
 Residency and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1968
 License Expiration Date **1/12/2004**
 Remarks **1/12/04 - Agreement to Relinquish Right to Practice Medicine**
8/6/08 - Agreement to abstain from License Reapplication during Pendency of Appeal.
8/12/10 - Permanent Voluntary Surrender of License.

License Number 11618
 License Date 6/5/2002
 Name **CHASE, ELIZABETH A MD**
 Address BRIARWOOD PRIMARY CARE, 445 CYPRESS ST STE 5MANCHESTER, NH, 03103
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIV OF SOUTHERN CALIFORNIA-LOS ANGELES,CA USA 1996
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1997
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
 License Expiration Date **6/30/2016**
 Remarks

License Number 10858
 License Date 4/5/2000
 Name **CHASE, ELIZABETH C MD**
 Address GARRISON WOMENS HEALTH CTR, 770 CENTRAL AVEDOVER, NH, 03820
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation TUFTS UNIVERSITY USA 1992
 Internship and Year BROWN UNIVERSITY-WOMEN & INFANTS HOSP - PROVIDENCE RI 1996
 Residency and Year BROWN UNIVERSITY-WOMEN & INFANTS HOSP - PROVIDENCE RI 1996
 License Expiration Date **6/30/2016**
 Remarks

License Number 12618
 License Date 3/2/2005
 Name **CHASE, TRUDI A MD**
 Address MAINE CTR FOR CANCER MED & BL, 121 MEDICAL CTR DR STE 300GBRUNSWICK, ME, 04011
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1985
 Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 1986
 Residency and Year BAYSTATE MED CTR, SPRINGFIELD MA 1988
 License Expiration Date **6/30/2009**
 Remarks

License Number 5173
License Date 5/2/1974
Name **CHASE, WILLIAM V MD**
Address 173 SPOFFORD ST, WESTMORELAND, NH, 03467
Specialty GS
Board Certified GS
School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PHILADELPHIA PA USA 1966
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSP-PHILADELPHIA PA 1967
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSP-PHILADELPHIA PA 1971
License Expiration Date **6/30/2016**
Remarks

License Number 8956
License Date 6/2/1993
Name **CHASSE, THOMAS A MD**
Address EAR NOSE & THROAT, 12 SHUMAN AVEAUGUSTA, ME, 04330
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF PA MEDICAL SCHOOL USA 1980
Internship and Year UCLA MEDICAL CENTER - TORRANCE CA 1981
Residency and Year UCLA MEDICAL CENTER - TORRANCE CA 1982
License Expiration Date **6/30/2011**
Remarks

License Number 14864
License Date 6/2/2010
Name **CHATANI-HINZE, MAYUMI MD**
Address SJ FAMILY MEDICAL CENTER NASHUA, 460 AMHERST STNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation YAMAGUCHI UNIVERSITY JAPAN 2001
Internship and Year LYNCHBURG FAMILY PRACTICE - LYNCHBURG,VA 2008
Residency and Year LYNCHBURG FAMILY PRACTICE - LYNCHBURG,VA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 9472
License Date 7/5/1995
Name **CHATSON, GEORGE P MD**
Address NORTH II SPECIALTY SERVICES, 8 PROSPECT STREETNASHUA, NH, 03060
Specialty PS
Board Certified PS
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1992
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 14061
License Date 7/9/2008
Name **CHATTERJEE, ABHISHEK MD**
Address TUFTS MEDICAL CTR - DEPT OF SURGERY, PO BOX 250 - 800 WASHINGTON ST BOSTON, MA, 02111
Specialty PS
Board Certified
School and Year of Graduation UNIV OF CONNECTICUT USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER- LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 13239
License Date 9/6/2006
Name **CHATTERJEE, NOBITA MD**
Address WENTWORTH INTERNAL MEDICINE, 17 ROLLINSFORD RD DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CALCUTTA INDIA 1992
Internship and Year METROWEST MEDICAL CTR-FRAMINGHAM MA 1996
Residency and Year METROWEST MEDICAL CTR-FRAMINGHAM MA 1998
License Expiration Date **6/30/2010**
Remarks

License Number 8432
License Date 9/5/1990
Name **CHATTERJEE, SUDARSHAN MD**
Address 160 MERRIMACK ST, MATHUEN, MA, 01844
Specialty CD
Board Certified CD
School and Year of Graduation S N MEDICAL COLLEGE AGRA UNIV AGRA UP INDIA 1975
Internship and Year COOPER HOSPITAL UNIV MEDICAL CENTER - CAMDEN, NJ 1987
Residency and Year UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - PISCATAWAY, NJ 1988
License Expiration Date **6/30/2010**
Remarks

License Number 11496
License Date 2/6/2002
Name **CHATURVEDULA, PRABHAKARA M MD**
Address 800 QUAIL CREEK DR 103, AMARILLO, TX, 79124
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF CALCUTTA - BANKURA, WEST BENGAL INDIA INDIA 1966
Internship and Year SINAI GRACE HOSPITAL - DETROIT, MI 1974
Residency and Year HIGHLAND PARK GENERAL HOSPITAL - HIGHLAND PARK DETROIT, MI 1975
License Expiration Date **6/30/2002**
Remarks

License Number 11302
License Date 7/11/2001
Name **CHAUDHARI, ASHISH C MD**
Address 248 PLEASANT ST, STE103CONCORD, NH, 03301-2548
Specialty OBG
Board Certified OBG
School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE USA 1997
Internship and Year DARMOUTH HITCHCOCK MEDICAL CENTER LEBANON NH 2000
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER LEBANON NH 2001
License Expiration Date **6/30/2017**
Remarks **3/11/14 - Final Decision and Order**

License Number 12417
License Date 8/4/2004
Name **CHAUDHARY, ARUN MD**
Address YOUVILLE HOSPITAL, 1575 CAMBRIDGE STCAMBRIDGE, MA, 02138
Specialty IM
Board Certified IM
School and Year of Graduation KING GEORGE MED UNIVERSITY, LUCKNOW INDIA INDIA 1993
Internship and Year FLUSHING HOSP MED CTR, FLUSHING NY 1999
Residency and Year FLUSHING HOSP MED CTR, FLUSHING NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 10384
License Date 9/2/1998
Name **CHAUDHRY, FARIHA MD**
Address VA MEDICAL CENTER, 215 NORTH MAIN STWRJ, VT, 05009
Specialty IM
Board Certified
School and Year of Graduation FATIMA JINNAH MED COLL- LAHORE, PAKISTAN PAKISTAN 1989
Internship and Year BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 1996
Residency and Year BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 1997
License Expiration Date **6/30/2016**
Remarks

License Number 14865
License Date 6/2/2010
Name **CHAUDHRY, GHULAM M MD**
Address LAHEY CLINIC-CARDIOLOGY DEPT, 41 MAILL RDBURLINGTON, MA, 01805
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PUNJAB PAKISTAN 1986
Internship and Year UNIVERSITY OF NORTH DAKOTA MEDICAL CENTER - FARGO, ND 1991
Residency and Year UNIVERSITY OF NORTH DAKOTA MEDICAL CENTER - FARGO, ND 1993
License Expiration Date **6/30/2016**
Remarks

License Number 10296
License Date 5/6/1998
Name **CHAUDHURI, PATRICIA M MD**
Address THE CAMBRIDGE HEALTH ALLIANCE, 1493 CAMBRIDGE STCAMBRIDGE, MA, 02139
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE-MA USA 1987
Internship and Year NEW ENGLAND MEDICAL CET-TUFTS UNIV-MA 1988
Residency and Year NEW ENGLAND MEDICAL CTR-TUFTS UNIV-MA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 16497
License Date 2/5/2014
Name **CHAVEZ, ANGELA K DO**
Address DARTMOUTH HITCHCOCK-MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation OHIO UNIV COLLEGE OF OSTEOPATHIC MEDICINE USA 2006
Internship and Year NORTHSIDE HOSPITAL & HEART INSTITUTE - ST PETERSBURG, FL 2007
Residency and Year ST LOUIS UNIV SCHOOL OF MEDICINE - BELLEVILLE, IL 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15955
License Date 12/5/2012
Name **CHAVEZ, DAVID R MD**
Address DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty UP
Board Certified UP
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1988
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1989
Residency and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 12232
License Date 3/3/2004
Name **CHAVEZ, HEINZ C MD**
Address 2906 W TAMPA BAY BLVD, TAMPA, FL, 33607-1233
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF SAN CARLOS, GUATEMALA CIUDAD, GUATEM QUATEMALA 1984
Internship and Year NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 2002
Residency and Year NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 2003
License Expiration Date **6/30/2008**
Remarks

License Number 14122
License Date 8/6/2008
Name **CHAYCHI, LEILA MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation ISLAMIC AZAD UNIV IRAN 2001
Internship and Year BRONX-LEBANON HOSPITAL CENTER-BRONX, NY 2005
Residency and Year GRIFFIN HOSPITAL - DERBY, CT 2006
License Expiration Date **6/30/2010**
Remarks

License Number 17103
License Date 6/3/2015
Name **CHECHE, STEVE T DO**
Address 149 LANCASTER RD, N ANDOVER, MA, 01845
Specialty EM
Board Certified EM
School and Year of Graduation KANSAS CITY UNIVERSITY OF MEDICINE USA 1990
Internship and Year CHICAGO OSTEOPATHIC HOSPITAL - DOWNERS GROVE, IL 1991
Residency and Year CHICAGO OSTEOPATHIC HOSPITAL & MEDICAL CENTER - CHICAGO, IL 1994
License Expiration Date **6/30/2017**
Remarks

License Number 9796
License Date 8/7/1996
Name **CHECKETTS, SCOTT R MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANON, NH, 03756-
Specialty IM
Board Certified IM
School and Year of Graduation UMDNJ-ROBERT W JOHNSON MEDICAL SCHOOL-PISCATAWAY USA 1992
Internship and Year UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1993
Residency and Year UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1996
License Expiration Date **6/30/1999**
Remarks

License Number 12734
License Date 6/1/2005
Name **CHEDID, SILWAN MD**
Address LAWRENCE HOSPITAL-HEMATOLOGY, 1 GENERAL ST - LYLAWRENCE, MA, 01842
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1999
Internship and Year UMDNJ, NEWAQRK NJ 2000
Residency and Year UMDNJ, NEWARD NJ 2002
License Expiration Date **6/30/2007**
Remarks

License Number 14009
License Date 6/4/2008
Name **CHEHADE, ANNE G MD**
Address COMMUNITY MEDICAL ASSOCIATES, 60 COMMERCIAL ST STE 401CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CONNECTICUT USA 2002
Internship and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 2003
Residency and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 15177
License Date 4/6/2011
Name **CHEHADE, ROBERT J MD**
Address 60 COMMERCIAL ST, SUITE 404CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 2004
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2005
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 13529
License Date 6/6/2007
Name **CHEKAN, EDWARD G MD**
Address 424 OLIVER RD, CINCINNATI, OH, 45215
Specialty GS
Board Certified GS
School and Year of Graduation DREXEL UNIV USA 1992
Internship and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1993
Residency and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 12735
License Date 6/1/2005
Name **CHEN, AHCHEAN A MD**
Address ELLIOT HOSPITAL PATHOLOGY, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation TONGJI MEDICAL UNIVERSITY, WUHAN CHINA CHINA 1984
Internship and Year MASS GENERAL HOSPITAL, BOSTON MA 2001
Residency and Year MASS GENERAL HOSPITAL, BOSTON MA 2004
License Expiration Date **6/30/2009**
Remarks

License Number 12418
License Date 8/4/2004
Name **CHEN, ANDREW L MD**
Address THE ALPINE CLINIC, 1095 PROFILE RDFRANCONIA, NH, 03580
Specialty ORS
Board Certified
School and Year of Graduation JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 1997
Internship and Year NEW YORK UNIVERSITY, NEW YORK NY 1998
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15693
License Date 6/6/2012
Name **CHEN, BENJAMIN Y MD**
Address SUMMIT RADIOLOGY PC, 6119 W JEFFERSON BLVDFT WAYNE, IN, 46804
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1998
Internship and Year UNIVERSITY OF CALIFORNIA IRVINE - ORANGE, CA 1999
Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 3157
License Date 10/17/1956
Name **CHEN, CHIEN M MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **4/18/1991**
Remarks **DECEASED 4/18/91**

License Number 14217
License Date 11/5/2008
Name **CHEN, EUNICE Y MD**
Address DHMC - DEPT OF OTOLARYNGOLOGY, ONE MED CTR DR, CLINIC 4FLEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation STANFORD UNIV USA 2001
Internship and Year STANFORD UNIV MEDICAL CENTER - STANFORD, CA 2002
Residency and Year STANFORD UNIV MEDICAL CENTER - STANFORD, CA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 17209
License Date 8/5/2015
Name **CHEN, JAMES C MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSI USA 2000
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001
Residency and Year ST VINCENT HOSPITAL @ WORCESTER MEDICAL CENTER - WORCESTER, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11555
License Date 4/3/2002
Name **CHEN, JAMES Y MD**
Address SO NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1992
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1993
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 14490
License Date 7/1/2009
Name **CHEN, JASPER J MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2015**
Remarks

License Number 15178
License Date 4/6/2011
Name **CHEN, JULIA MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2008
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 14282
License Date 1/7/2009
Name **CHEN, VICKI M MD**
Address NEW ENGLAND EYE CENTER, 800 WASHINGTON ST BOX 450 BOSTON, MA, 02111
Specialty OPH
Board Certified OPH
School and Year of Graduation BOSTON UNIV USA 2002
Internship and Year CABRINI MEDICAL CENTER - EULESS, TX 2003
Residency and Year MT SINAI SCHOOL OF MEDICINE- NY, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 16156
License Date 6/5/2013
Name **CHEN, WENDY Y MD**
Address DANA-FARBER CANCER INSTITUTE, 450 BROOKLINE AVE BOSTON, MA, 02215
Specialty ON
Board Certified ON
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED USA 1993
Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1994
Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1996
License Expiration Date **12/8/2014**
Remarks **REQUESTED INACTIVE 12/8/14**

License Number 10529
License Date 4/7/1999
Name **CHENEY, DAVID M MD**
Address 196 CYPRESS DR, BAXLEY, GA, 31513
Specialty GS
Board Certified GS
School and Year of Graduation WEST VIRGINIA UNIV - MORGANTOWN, WV USA 1982
Internship and Year YORK HOSPITAL - YORK PA 1987
Residency and Year FITZSIMONS ARMY MEDICAL CENTER - SAN ANTONIO, TX 1992
License Expiration Date **6/30/2002**
Remarks **1/15/04 Settlement Agreement**
8/17/05 - Order Lifting Restrictions on Laparoscopic Surgery.

License Number 11167
License Date 2/7/2001
Name **CHENG, CHIOCHEN MD**
Address 133 BAILEY RD, ANDOVER, MA, 01810
Specialty IM
Board Certified IMG
School and Year of Graduation TAIPEI MEDICAL COLLEGE - TAIPEI, TAIWAN TAIWAN 1981
Internship and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER- NEW ROCHELLE, NY 1999
Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11556
License Date 4/3/2002
Name **CHENG, JIE MD**
Address 166 KINSLEY ST STE 203, NASHUA, NH, 03060
Specialty PM
Board Certified PM
School and Year of Graduation SHANGHAI MEDICAL UNIV - PEOPLES REPUBLIC OF CHINA CHINA 1988
Internship and Year SUNY-STONY BROOK - STONY BROOK, NY 1999
Residency and Year SPAULDING REHAB HOSP - BOSTON, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 16341
License Date 10/2/2013
Name **CHENG, PETER F MD**
Address 111 SOMERVILLE RD, RIDGEWOOD, NJ, 07450
Specialty EM
Board Certified EM
School and Year of Graduation CHUNG-SHAN MEDICAL & DENTAL COLLEGE TAIWAN 1966
Internship and Year CATHOLIC MEDICAL CENTER OF BROOKLYN & QUEENS - JAMAICA, NY 1972
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 1973
License Expiration Date **6/30/2017**
Remarks

License Number 14915
License Date 7/7/2010
Name **CHENG, SAM S MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1993
Internship and Year ST JOSEPH HOSPITAL HEALTH CENTER - SYRACUSE, NY 1994
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1998
License Expiration Date **6/30/2014**
Remarks

License Number 15179
License Date 4/6/2011
Name **CHENG, VICKY O MD**
Address 900 WARREN AVE SUITE 300, EST PROVIDENCE, RI, 02914
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 2003
Internship and Year WESTERN RESERVE CARE SYSTEM FORUM HEALTH - YOUNGSTOWN, OH 2007
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2009
License Expiration Date **6/30/2013**
Remarks

License Number 12018
License Date 7/2/2003
Name **CHENNAPRAGADA, KAUSALYA N MD**
Address DARTMOUTH HITCHCOCK, 590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation OSMANIA UNIV - ANDHRA PRADESH INDIA INDIA 1997
Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2001
Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2002
License Expiration Date **6/30/2007**
Remarks

License Number 17104
License Date 6/3/2015
Name **CHERAYIL, JOSEPH M MD**
Address 407 TURNER RD, MEDIA, PA, 19063
Specialty IM
Board Certified IM
School and Year of Graduation ST JOHN'S MED COLLEGE & HOSPITAL, BANGALORE UNIV INDIA 1981
Internship and Year MERCY CATHOLIC MEDICAL CENTER - DARBY,PA 1998
Residency and Year MERCY CATHOLIC MEDICAL CENTER - DARBY,PA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 17257
License Date 9/2/2015
Name **CHERAYIL, MARINA J MD**
Address 130 S BRYN MAWR AVE, BRYN MAWR, PA, 19010
Specialty IM
Board Certified IM
School and Year of Graduation BANGALORE MEDICAL COLLEGE -BANGALORE UNIV INDIA 1988
Internship and Year MERCY CATHOLIC MEDICAL CTR- DARBY, PA 2004
Residency and Year MERCY CATHOLIC MEDICAL CTR- DARBY, PA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11364
License Date 9/5/2001
Name **CHEREN, STANLEY MD**
Address ACCESS CLINICAL TRIALS, 209 HARVARD STREET STE 405BROOKLINE, MA, 02446
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCH OF MED- BOSTON, MA USA 1965
Internship and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1966
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1969
License Expiration Date **6/30/2002**
Remarks

License Number 12988
License Date 2/1/2006
Name **CHERN, DARWYN B MD**
Address COMMUNITY COUNCIL OF NASHUA, 7 PROSPECT STNASHUA, NH, 03060-3990
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES, MANILA PHILIPPINES PHILIPPINES 1995
Internship and Year MONTEFIORE MED CTR, BRONX NY 1998
Residency and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2001
License Expiration Date **6/30/2008**
Remarks

License Number 9078
License Date 11/3/1993
Name **CHERN, STEVEN A MD**
Address BOW MILLS FAMILY HEALTH, 514 SOUTH STBOW, NH, 03304-3411
Specialty FP
Board Certified FP
School and Year of Graduation MC GILL UNIVERSITY FACILITY OF MEDICINE CANADA 1989
Internship and Year MERCY MEDICAL CENTER - DENVER CO 1989
Residency and Year WASHINGTON HOSPITAL - WASHINGTON PA 1993
License Expiration Date **10/28/2011**
Remarks **10/28/11 - Preliminary Agreement for Practice Restrictions. Dr. Chern passed away on April 2, 2012.**

License Number 8488
License Date 2/6/1991
Name **CHERTOFF, JOCELYN D MD**
Address DHMC-RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT COLL OF MED -BURLINGTON, VT USA 1981
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1982
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1991
License Expiration Date **6/30/2017**
Remarks

License Number 11865
License Date 4/2/2003
Name **CHETAN, SHASHI MD**
Address NEW LONDON HOSPITAL, 270 COUNTY RDNEW LONDON, NH, 03257
Specialty IM
Board Certified
School and Year of Graduation ST JOHNS MEDICAL COLLEGE - BANGALORE, KARNATAKA INDIA 1989
Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2001
Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2003
License Expiration Date **6/30/2005**
Remarks

License Number 7867
License Date 6/8/1988
Name **CHEUNG, PETER T MD**
Address NEPHROLOGY ASSOCIATES PA, 1750 ELM ST, SUITE 201CMANCHESTER, NH, 03104
Specialty NEP
Board Certified NEP
School and Year of Graduation ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1982
Internship and Year INDIANA UNIV MEDICAL CENTER HOSPITAL - INDIANAPOLIS, IN 1983
Residency and Year INDIANA UNIV MEDICAL CENTER HOSPITAL - INDIANAPOLIS, IN 1985
License Expiration Date **6/30/2016**
Remarks

License Number 11239
License Date 5/2/2001
Name **CHEUNG, YVONNE Y MD**
Address DHMC DEPT OF RADIOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation NORTHWESTERN UNIVERSITY-CHICAGO IL USA 1980
Internship and Year LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE CA 1981
Residency and Year LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE CA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 11349
License Date 8/1/2001
Name **CHEVERIE, JAMES A MD**
Address MASSTEX IMAGING, 100 CUMMINGS CTR STE 106BBEVERLY, MA, 01915
Specialty FP
Board Certified
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1996
Internship and Year ASYLUM HILL FAMILY PRACTICE CENTER - HARTFORD, CT 1997
Residency and Year SLYLUM HILL FAMILY PRACTICE CENTER - HARTFORD, CT 1999
License Expiration Date **6/30/2011**
Remarks **lapsed for non-renewal 6/30/07...**
Reinstated 11/4/09

License Number 16262
License Date 8/7/2013
Name **CHEVY, DANIEL M MD**
Address 42 DAHL RD, MERRIMACK, NH, 03054
Specialty IM
Board Certified
School and Year of Graduation FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2010
Internship and Year GREENWICH HOSPITAL ASSOC - GREENWICH, CT 2011
Residency and Year GREENWICH HOSPITAL ASSOC - GREENWICH, CT 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11440
License Date 11/7/2001
Name **CHHABRA, KUSHAL MD**
Address 200 PORTER DR, SAN RAMON, CA, 94583
Specialty IM
Board Certified IM
School and Year of Graduation OSMANIA MEDICAL COLL - HYDERABAD, INDIA INDIA 1998
Internship and Year CATHOLIC MEDICAL CENTER - JAMAICA, NY 1999
Residency and Year CATHOLIC MEDICAL CENTER - JAMAICA, NY 2001
License Expiration Date **6/30/2007**
Remarks

License Number 13738
License Date 11/7/2007
Name **CHI, AMY MD**
Address BOSTON MEDICAL CENTER, 715 ALBANY ST BOSTON, MA, 02118
Specialty IM
Board Certified IM
School and Year of Graduation JOHN HOPKINS UNIV USA 2001
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2002
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2004
License Expiration Date **6/30/2009**
Remarks

License Number 16157
License Date 6/5/2013
Name **CHIANG, HERBERT C MD**
Address 185 QUEEN CITY AVENUE, MANCHESTER, NH, 03101
Specialty D
Board Certified D
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MED USA 2009
Internship and Year ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 2010
Residency and Year WASHINGTON UNIVERSITY SCHOOL OF MED - ST LOUIS, MO 2013
License Expiration Date **6/30/2017**
Remarks

License Number 17154
License Date 7/1/2015
Name **CHIANG, LAURA M MD**
Address DHMC/ANESTHESIOLOGY DEPT, 1 MED CTR DR LEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2010
Internship and Year LSU HEALTH-BATON ROUGE, LA 2011
Residency and Year UNIVERSITY OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2014
License Expiration Date **6/30/2017**
Remarks

License Number 10230
License Date 2/4/1998
Name **CHIAPPINI, ROCCO A MD**
Address 87 MCGREGOR ST, SUITE 3200MANCHESTER, NH, 03102
Specialty PM
Board Certified PM
School and Year of Graduation VA COMMONWEALTH UNIV MED COLL OF VA USA 1992
Internship and Year NY MEDICAL COLLEGE - NY 1993
Residency and Year SINAI HOSPITAL OF BALTIMORE - MD 1996
License Expiration Date **6/30/2016**
Remarks

License Number 6724
License Date 7/7/1983
Name **CHIBARO, EDWARD A MD**
Address LAHEY CLINIC INSTITUTE OF UROLOGY AT PARKLAND MED, 44 BIRCH ST #300DERRY, NH, 03038
Specialty U
Board Certified U
School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1978
Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1979
Residency and Year ST ELIZABETHS HOSP-BOSTON,MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 3235
License Date 3/12/1958
Name **CHILD, EDWIN L MD**
Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty OBG
Board Certified OBG
School and Year of Graduation YALE UNIVERSITY USA 1956
Internship and Year US PUBLIC HEALTH SERVICE HOSPITAL- STATEN ISLAND - NEW YORK 1957
Residency and Year US PUBLIC HEALTH SERVICE HOSPITAL - STATEN ISLAND, NY 1957
License Expiration Date **6/30/2008**
Remarks **DECEASED 2/14/09**

License Number 4672
License Date 3/31/1972
Name **CHILDS, DALE R MD**
Address 71 MEADOWCREST DR, PO BOX 248FRANCONIA, NH, 03580
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1966
Internship and Year MEDICAL CENTER HOSP-BURLINGTON VT 1967
Residency and Year MEDICAL CENTER HOSP-BURLINGTON VT 1972
License Expiration Date **6/30/2016**
Remarks

License Number 12780
License Date 7/6/2005
Name **CHILDS, MARION C MD**
Address MID-STATE HEALTH CENTER, 101 BOULDER POINT DRPLYMOUTH, NH, 03264
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA, PHILADELPHIA PA USA 1977
Internship and Year GOOD SAMARITAN REGIONAL MEDICAL CENTER, PHOENIX AZ 1979
Residency and Year GOOD SAMARITAN REGIONAL MEDICAL CENTER, PHOENIX AZ 1980
License Expiration Date **6/30/2017**
Remarks

License Number 14314
License Date 2/4/2009
Name **CHIN, SANDY M MD**
Address MANCHESTER UROLOGY ASSOC, 10 MEMBERS WAYDOVER, NH, 03820
Specialty U
Board Certified U
School and Year of Graduation CORNELL UNIV USA 1999
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2000
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16002
License Date 2/6/2013
Name **CHIN, STEVEN S MD**
Address THERAPATH NEUROPATHOLOGY, 545 WEST 45TH ST 7TH FLNEW YORK, NY, 10036
Specialty NP
Board Certified NP
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDIICNE USA 1991
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1992
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1995
License Expiration Date **6/30/2017**
Remarks

License Number 13703
License Date 10/3/2007
Name **CHIN, WARREN W DO**
Address MEMORIAL HOSPITAL, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MED USA 1984
Internship and Year BAPTIST MEDICAL CENTER-BROOKLYN, NY 1985
Residency and Year SUNY @ STONY BROOK-STONY BROOK, NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 13948
License Date 5/7/2008
Name **CHINN, CHRISTOPHER D MD**
Address DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CTR DRLEBANON, NH, 03226
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIV USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 10703
License Date 10/6/1999
Name **CHINYOY, SAMEER K MD**
Address HARVARD VANGUARD MEDICAL ASSOC, 165 DARTMOUTH STBOSTON, MA, 02116
Specialty FP
Board Certified FP
School and Year of Graduation GRANT MEDICAL COLLEGE UNIV OF MUMBAI INDIA 1982
Internship and Year MAIMONIDES MED CTR 1995
Residency and Year LUTHERAN MED CTR 1999
License Expiration Date **6/30/2015**
Remarks

License Number 11654
License Date 7/3/2002
Name **CHIO, RONALD L MD**
Address HIGHLAND MEDICA CENTER INC, RTE 220 SOUTHMONTEREY, VA, 24465
Specialty IM
Board Certified IM
School and Year of Graduation CEBU INSTITUTE OF MED- CEBU CITY, PHILIPPINES PHILIPPINES 1992
Internship and Year WESTERN RESERVE CARE SYSTEM-FORUM HLTH- YOUNGSTOWN, OH 1996
Residency and Year WESTERN RESERVE CARE SYSTEM-FORUM HLTH- YOUNGSTOWN, OH 1998
License Expiration Date **6/30/2003**
Remarks

License Number 13146
License Date 7/5/2006
Name **CHISMARK, ANTHONY D MD**
Address 47 NEW SCOTLAND AVE, MC193ALBANY, NY, 12208
Specialty CRS
Board Certified CRS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2000
Internship and Year ALBANY MEDICAL CTR - ALBANY NY 2004
Residency and Year ALBANY MEDICAL CTR-ALBANY NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 9473
License Date 7/5/1995
Name **CHIU, TING C MD**
Address 248 PLEASANT ST, METHUEN, MA, 01844
Specialty IM
Board Certified IM
School and Year of Graduation TAKAU MEDICAL COLLEGE TAIWAN 1986
Internship and Year LEMUEL SHATTUCK HOSPITAL - BOSTON MA 1992
Residency and Year METROWEST MEDICAL CENTER - FRAMINGHAM MA 1995
License Expiration Date **6/30/2001**
Remarks

License Number 13617
License Date 8/1/2007
Name **CHIULLI, ROBERT D MD**
Address 495 GEORGE HIL RD, LANCASTER, MA, 01523
Specialty R
Board Certified
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1976
Internship and Year MOUNT AUBURN HOSPITAL-CAMBRIDGE, MA 1977
Residency and Year MOUNT AUBURN HOSPITAL-CAMBRIDGE, MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 10607
License Date 7/7/1999
Name **CHOBANIAN, MARGARETHE M MD**
Address LITTLE RIVER HLTH CARE BRADFORD, 437 S MAIN STBRADFORD, VT, 05033
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED -PITTSBURGH,PA USA 1980
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1981
Residency and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 10076
License Date 8/6/1997
Name **CHOBANIAN, MICHAEL C MD**
Address DHMC/SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED - PA USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - NH 1980
Residency and Year UNIV OF VIRGINIA MEDICAL CENTER - VA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 14866
License Date 6/2/2010
Name **CHODOSH, ADAM MD**
Address CONCORD HOSP CARDIAC ASSOC, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLLEGE USA 2002
Internship and Year FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VERMONT, BURLINGTON, VT 2003
Residency and Year FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VERMONT, BURLINGTON, VT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 17210
License Date 8/5/2015
Name **CHOI, CATHERINE S MD**
Address 100 ARLINGTON ST, UNIT 10LBOSTON, MA, 02116
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF FLORIDA USA 2010
Internship and Year PRESENCE SAINT FRANCIS HOSPITAL - EVANSTON, IL 2011
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2014
License Expiration Date **6/30/2017**
Remarks

License Number 10231
License Date 2/4/1998
Name **CHOI, IN SUP MD**
Address LAHEY HOSPITAL AND MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805
Specialty DR
Board Certified R
School and Year of Graduation SEOUL NATL UNIV COLL OF MED CHONGNO-KU SO KOREA 1972
Internship and Year ST CLARE'S HOSPITAL - NY 1976
Residency and Year VA MEDICAL CENTER - NY 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11240
License Date 5/2/2001
Name **CHOI, RICHARD MD**
Address ORTHOPAICS NORTHEAST PC, 575 TURNPIKE ST STE 11NO ANDOVER, MA, 01845
Specialty ORS
Board Certified ORS
School and Year of Graduation U OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 1995
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK NY 1996
Residency and Year HOSPITAL FOR JOINT DISEASES - NEW YORK NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16662
License Date 7/2/2014
Name **CHOI, SUNG H DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12096
License Date 10/1/2003
Name **CHONG, YAP-YEE MD**
Address CENTRAL REGIONAL PATHOLOGY LAB, 1875 WOODWINDS DR STE 220WOODBURY, MN, 55125
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF SINGAPORE, SINGAPORE SINGAPORE SINGAPORE 1984
Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1991
Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1994
License Expiration Date **6/30/2005**
Remarks

License Number 15527
License Date 2/1/2012
Name **CHOPRA, ALPANA MD**
Address ELLIOT FAMILY MEDICINE AT MANCHESTER, 4 ELLIOT WAY SUITE 105MANCHESTER, NH, 03103
Specialty FP
Board Certified FP
School and Year of Graduation MANIPAL UNIVERSITY INDIA 1996
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 5673
License Date 2/3/1977
Name **CHOPRA, ISHWAR C MD**
Address VA MEDICAL CENTER, 7305 N MILITARY TRWEST PALM BEACH, FL, 33412
Specialty U
Board Certified U
School and Year of Graduation VICTORIA UNIV OF MANCHESTER ENGLAND ENGLAND 1960
Internship and Year KINGSTON GENERAL HOSPITAL CANADA 1968
Residency and Year MCGILL UNIV TEACHING HOSP CANADA 1972
License Expiration Date **6/30/2013**
Remarks

License Number 12646
License Date 4/6/2005
Name **CHOPRA, MANISH MD**
Address SENIOR HEALTH PRIMARY CARE, 138 WEBSTER STMANCHESTER, NH, 03104
Specialty IM
Board Certified GER
School and Year of Graduation AGRA UNIVERSITY INDIA 1995
Internship and Year METROPOLITAN HOSPITAL CENTER, NEW YORK NY 2002
Residency and Year METROPOLITAN HOSPITAL CENTER, NEW YORK NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16574
License Date 5/7/2014
Name **CHORENS, ALBERT L MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF TX-HOUSTON MEDICAL SCHOOL USA 1991
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1992
Residency and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1997
License Expiration Date **6/30/2016**
Remarks

License Number 3091
License Date 9/14/1955
Name **CHORNESKY, GEORGE MD**
Address 3100 BIRCH ST NW, WASHINGTON, DC, 20015-2216
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF GENEVA SWITZERLAND 1951
Internship and Year LYNN HOSPITAL - LYNN, MA 1952
Residency and Year WORCESTER STATE HOSPITAL 1953
License Expiration Date **6/30/2001**
Remarks

License Number 15909
License Date 11/7/2012
Name **CHOU, JOSEPH H MD**
Address MASS GEN HOSP, 55 FRUIT ST FOUNDERS 526BOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF M USA 2000
Internship and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2001
Residency and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 14703
License Date 1/6/2010
Name **CHOU, RICHARD C MD**
Address DHMC - RHEUMATOLOGY DIV, 1 MED CTR DRLEBANON, NH, 03756
Specialty RHU
Board Certified RHU
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2001
Internship and Year OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2002
Residency and Year OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 14248
License Date 12/3/2008
Name **CHOU, SHERRY H MD**
Address PARTNERS TELESTROKE PROGRAM, 15 PARKMAN ST WAC729JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation MCGILL UNIV CANADA 2001
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2002
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13852
License Date 3/5/2008
Name **CHOUDHRI, AJAY MD**
Address FRANKLIN & SEIDELMANN, 23625 COMMERCE PARK STE 204BEACHWOOD, OH, 44122
Specialty R
Board Certified R
School and Year of Graduation UNIV OF NEW JERSEY USA 1995
Internship and Year JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 1996
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
License Expiration Date **6/30/2010**
Remarks

License Number 16575
License Date 5/7/2014
Name **CHOW, JESSICA C DO**
Address ASSOCIATES IN MEDICINE, 241 ELM STCLAREMONT, NH, 03743
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ OSTEOP USA 2007
Internship and Year UMDNJ/CENTRASTATE MEDICAL CENTER - FREEHOLD, NJ 2009
Residency and Year UMDNJ/CENTRASTATE MEDICAL CENTER - FREEHOLD, NJ 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16631
License Date 6/4/2014
Name **CHOWDHURY, NAZRUL I MD**
Address 1332 METROPOLITAN AVE, APT 20, BRONX, NY, 10462
Specialty IM
Board Certified
School and Year of Graduation SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 1999
Internship and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLA, TX 2011
Residency and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLA, TX 2013
License Expiration Date **6/30/2016**
Remarks

License Number 10897
License Date 5/3/2000
Name **CHRETIEN, JOHN A MD**
Address SO NH MEDICAL CENTER, 8 PROSPECT ST BOX 2014 NASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1997
Internship and Year SUNY AT STONY BROOK - STONY BROOK, NY 1998
Residency and Year SUNY AT STONY BROOK - STONY BROOK, NY 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11303
License Date 7/11/2001
Name **CHRISTAKOS, PETER G MD**
Address PATHOLOGY SPECIALISTS OF N.E., 1 ELLIOT WAY MANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VERMONT USA 1996
Internship and Year UNIVERSITY OF PITTSBURGH 1997
Residency and Year UNIVERSITY OF VIRGINIA 2001
License Expiration Date **6/30/2005**
Remarks

License Number 17211
License Date 8/5/2015
Name **CHRISTENSEN, BRYAN L MD**
Address MACH, 4500 STUART ST FT JACKSON, SC, 29207
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1996
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1997
Residency and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2007
License Expiration Date **6/30/2017**
Remarks

License Number 17049
License Date 5/6/2015
Name **CHRISTENSEN, STEVEN D DO**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2012
Internship and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2013
Residency and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 10988
License Date 7/5/2000
Name **CHRISTENSEN, TODD W MD**
Address ST ROSE, 55 SO VALLE VERDE #235-116HENDERSON, NV, 89012
Specialty EM
Board Certified EM
School and Year of Graduation MED UNIV OF SC COLL OF MED - CHARLESTON, SC USA 1990
Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1991
Residency and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 15053
License Date 11/3/2010
Name **CHRISTIANSEN, JENNIFER MD**
Address 284 GREAT RD #C5, ACTON, MA, 01720
Specialty IM
Board Certified
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS 2006
Internship and Year ST AGNES HOSPITAL - BALTIMORE, MD 2007
Residency and Year ST AGNES HOSPITAL - BALTIMORE, MD 2008
License Expiration Date **6/30/2016**
Remarks

License Number 11792
License Date 12/4/2002
Name **CHRISTIANSON, ERIC E MD**
Address UNITED HEALTHCARE OF WISCONSIN, PO BOX 26649MILWAUKEE, WI, 53226-0649
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, WI USA 1983
Internship and Year EAU CLAIRE FAMILY MEDICINE CLINIC - EAU CLAIRE, WI 1984
Residency and Year EAU CLAIRE FAMILY MEDICINE CLINIC - EAU CLAIRE, WI 1986
License Expiration Date **6/30/2004**
Remarks

License Number 3427
License Date 4/4/1961
Name **CHRISTIE, ROBERT W MD**
Address LAHEY-HITCHCOCK CLINIC, 173 A MIDDLE STLANCASTER, NH, 03584-9701
Specialty PTH
Board Certified PTH
School and Year of Graduation LONG ISLAND COLLEGE OF MEDICINE USA 1951
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1952
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1953
License Expiration Date **6/30/1999**
Remarks

License Number 9616
License Date 1/3/1996
Name **CHRISTLE, TERENCE J MD**
Address 23 STILES RD 215, SALEM, NH, 03079-
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF DUBLIN TRINITY COLLEGE SCHOOL OF PHYSIC IRELAND 1983
Internship and Year WALTHAM WESTON HOSPITAL - WALTHAM, MA 1989
Residency and Year BAYLOR UNIV MEDICAL CENTER - DALLAS, TX 1995
License Expiration Date **6/30/2004**
Remarks

License Number 10232
License Date 2/4/1998
Name **CHRISTMAN, ROBERT A MD**
Address MAINE MEDICAL CTR, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty PTH
Board Certified PTH
School and Year of Graduation TEMPLE UNIV SCH OF MED -PHILADELPHIA, PA USA 1991
Internship and Year TEMPLE UNIV HOSPITAL - PA 1997
Residency and Year TEMPLE UNIV HOSPITAL - PA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 8626
License Date 9/4/1991
Name **CHRISTO, STEPHEN T DO**
Address PORTSMOUTH FAMILY PRACTICE, 25 NEW HAMPSHIRE AVE SUITE 100PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL -BIDDEFORD, ME USA 1983
Internship and Year SAGINAW OSTEOPATHIC HOSPITAL, SAGINAW, MI 1984
Residency and Year CREIGHTON UNIVERSITY, OMAHA NE 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12836
License Date 8/3/2005
Name **CHROBAK, CYNTHIA G DO**
Address ATLANTIC ANESTHESIA, PA, 7 MARSH BROOK RD SUITE 10SOMERSWORTH, NH, 03878
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2001
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 2002
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12597
License Date 2/2/2005
Name **CHRONISTER, RODNEY J MD**
Address 101 WESTCHESTER WAY, MANCHESTER, NH, 03104
Specialty PM
Board Certified PM
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1971
Internship and Year YORK HOSPITAL, YORK PA 1972
Residency and Year TEMPLE UNIVERSITY, PHILADELPHIA PA 1975
License Expiration Date **6/30/2013**
Remarks

License Number LT824
License Date 8/1/1994
Name **CHU, BOBBY MD**
Address FRANKLIN REGIONAL HOSPITAL, , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/23/1995**
Remarks

License Number 16663
License Date 7/2/2014
Name **CHU, MICHELLE Y MD**
Address TUFTS MED CTR/OBG DEPT, 800 WASHING STBOSTON, MA, 02111
Specialty OBG
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE USA 2010
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2011
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 15403
License Date 10/5/2011
Name **CHU, PAUL MD**
Address DERMPATH DIAGNOSTICS, 100 MEDLAND AVEPORT CHESTER, NY, 10573
Specialty D
Board Certified D
School and Year of Graduation NY UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year NY UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1988
Residency and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 15121
License Date 2/2/2011
Name **CHU, PAUL P MD**
Address 10 GOVE STREET, EAST BOSTON, MA, 02128
Specialty IM
Board Certified IM
School and Year of Graduation PEKING UNION MEDICAL UNIVERSITY CHINA 2007
Internship and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2009
Residency and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12693
License Date 5/4/2005
Name **CHUANG, ELLIE I MD**
Address SO. NH DIABETES & ENDOCRINOLOGY, 29 NORTHWEST BOULEVARDNASHUA, NH, 03063-4068
Specialty IM
Board Certified END
School and Year of Graduation UNIVERSITY OF CALIFORNIA, LA JOLLA CA US 2000
Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 2001
Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13577
License Date 7/11/2007
Name **CHUDGAR, SIREN R MD**
Address BC/BS FL, 4800 DEERWOOD CAMPUS PKWYJACKSONVILLE, FL, 32246
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NEW YORK USA 2000
Internship and Year UPMC ST MARGARET HOSPITAL - PITTSBURGH, PA 2001
Residency and Year UPMC ST MARGARET HOSPITAL - PITTSBURGH, PA 2003
License Expiration Date **6/30/2013**
Remarks

License Number 9901
License Date 1/8/1997
Name **CHUDOLIJ, GEORGE MD**
Address MELROSE-WAKEFIELD HOSPITAL, LEBANON STMELROSE, MA, 02556
Specialty AN
Board Certified AN
School and Year of Graduation BROWN UNIV PROGRAM IN MED - PROVIDENCE,RI USA 1976
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - CT 1977
Residency and Year HARTFORD HOSPITAL - CT 1980
License Expiration Date **6/30/2002**
Remarks

License Number 14582
License Date 9/2/2009
Name **CHUGHTAI-HARVEY, ISABELLE C MD**
Address DENVER HARBOR CLINIC, 424 HAHLO STHOUSTON, TX, 77020
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NEW YORK, BUFFALO, NY USA 2004
Internship and Year SUNY AT BUFFALO- BUFFALO, NY 2006
Residency and Year SUNY AT BUFFALO- BUFFALO, NY 2008
License Expiration Date **6/30/2011**
Remarks

License Number 15744
License Date 7/11/2012
Name **CHUN, BYUNGYOL MD**
Address WOMEN'S HEALTHCARE OF WOBURN, 444 WASHINGTON STWOBURN, MA, 01801
Specialty
Board Certified OBG
School and Year of Graduation OHIO STATE UNIVERSITY USA 1990
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1991
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 6859
License Date 4/10/1984
Name **CHUN, JOHNG H MD**
Address HOLY FAMILY HOSP MED CTR - DEPT OF RAD/NUC MED, 70 EAST STMETHUEN, MA, 01844
Specialty NM
Board Certified NM
School and Year of Graduation COLL OF MED CATHOLIC UNVI -SEOUL KOREA 1970
Internship and Year JOHNSTON-WILLIS HOSPITAL-RICHMOND,VA 1973
Residency and Year ST MARYS MED CTR-GARY,IN 1979
License Expiration Date **6/30/2016**
Remarks

License Number 15242
License Date 6/1/2011
Name **CHUN, MONICA J MD**
Address CONCORD OB.GYN ASSOC, 189 NORTH MAIN STCONCORD, NH, 03301
Specialty OBG
Board Certified
School and Year of Graduation TEMPLE UNIVERSITY USA 2007
Internship and Year UNIVERSITY @ BUFFALO - BUFFALO, NY 2008
Residency and Year UNIVERSITY @ BUFFALO - BUFFALO, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 7431
License Date 9/4/1986
Name **CHUN, PIL H MD**
Address 20 HOOKS LN, EDGEWATER, NJ, 07020
Specialty GS
Board Certified
School and Year of Graduation COLL OF MED SEOUL NAT UNIV SEOUL KOREA KOREA 1955
Internship and Year SEOUL NATIONAL UNIV HOSPITAL - CHONGRO-KOO, SEOUL 1960
Residency and Year SEOUL NATIONAL UNIV HOSPITAL - CHONGRO-KOO, SEOUL 1960
License Expiration Date **6/30/1998**
Remarks

License Number 16899
License Date 1/21/2015
Name **CHUNG, DANIEL C MD**
Address GRJ 704 MGH, 50 BLOSSOM STBOSTON, MA, 02114
Specialty GE
Board Certified GE
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1988
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 12837
License Date 8/3/2005
Name **CHUNG, SOOKOK C MD**
Address ST JOSEPH INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation MEMORIAL UNIVERSITY, CANADA CANADA 2002
Internship and Year TRINITAS HOSPITAL, ELIZABETH NJ 2004
Residency and Year TRINITAS HOSPITAL, ELIZABETH NJ 2005
License Expiration Date **6/30/2009**
Remarks

License Number 11866
License Date 4/2/2003
Name **CIAK, CARL S MD**
Address INTERNAL MEDICINE, 248 PLEASANT STE 2800CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 1979
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1980
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 13147
License Date 7/5/2006
Name **CIAMPA, ARMANDO MD**
Address 111 COLCHESTER AVE, BURLINGTON, VT, 05401
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV DI MEDICINA E CHIRUGIA DELL AQUILA ITALY 1995
Internship and Year UNIV OF MASSACHUSETTS MED SCHOOL-WORCHESTER MA 2004
Residency and Year FLETCHER ALLEN HEALTHCARE/UNIV OF VT - BURLINGTON VT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13009
License Date 3/1/2006
Name **CIAMPI, MICHAEL A MD**
Address 380 LINCOLN ST, SO PORTLAND, ME, 04106
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1992
Internship and Year NAVAL HOSPITAL, PENSACOLA FL 1993
Residency and Year NAVAL HOSPITAL, PENSACOLA FL 1995
License Expiration Date **6/30/2012**
Remarks

License Number 16783
License Date 10/1/2014
Name **CIARLO, MICHELLE L MD**
Address 110 ORVILLE WRIGHT DR, KEESLER AFBBILOXI, MS, 39531
Specialty OBG
Board Certified
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2010
Internship and Year SAINT PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2011
Residency and Year SAINT PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2014
License Expiration Date **6/30/2016**
Remarks

License Number 13949
License Date 5/7/2008
Name **CIASCHINI, MICHAEL W MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty R
Board Certified R
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2000
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND CASE WESTERN RESERVE UNIV-CLEVELAND, OH 2002
Residency and Year CLEVELAND CLINIC-CLEVELAND, OH 2007
License Expiration Date **6/30/2016**
Remarks

License Number D0006
License Date
Name **CICCONI, JOHN J MD**
Address 173 OAK ST UNIT 106 WEST, NEWTON, MA, 02164
Specialty P
Board Certified
School and Year of Graduation ST LOUIS UNIVERSITY - ST LOUIS, MO USA 1965
Internship and Year INSTITUTE OF LIVING - HARTFORD, CT 1967
Residency and Year ST LOUIS UNIVERSITY - ST LOUIS, MO 1969
License Expiration Date **9/17/1996**
Remarks **9/17/96 - Order of Conditional Denial of License.
DECEASE 08/09/2008**

License Number 9651
License Date 3/6/1996
Name **CICUTO, KENNETH P DO**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation PHILA COLLEGE OF OSTEO MEDICINE - PA USA 1976
Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1977
Residency and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1980
License Expiration Date **6/30/2010**
Remarks

License Number 15373
License Date 9/7/2011
Name **CIMIKOSKI JR, WILLIAM J MD**
Address HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty EM
Board Certified EM
School and Year of Graduation SPARTAN HEALTH SCIENCES UNIVERSITY USA 1991
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 9902
License Date 1/8/1997
Name **CIMIS JR, ROBERT J MD**
Address 2604 MARTIN LUTHER KING JR BLVD, NEW BERN, NC, 28562
Specialty GE
Board Certified GE
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - NH 1996
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/15/15.**

License Number 4693
License Date 6/12/1972
Name **CIMIS, ROBERT J MD**
Address DHMC-GASTROENTEROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GE
Board Certified GE
School and Year of Graduation NEW JERSEY COLLEGE-NEWARK NJ USA 1965
Internship and Year DEPT OF HEALTH & HOSPITALS-BOSTON MA 1966
Residency and Year DEPT OF HEALTH & HOSPITALS-BOSTON MA 1967
License Expiration Date **6/12/2013**
Remarks **Deceased 6/12/2013**

License Number 16818
License Date 11/6/2014
Name **CINELLI, CHRISTINA M F**
Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty DR
Board Certified DR
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2008
Internship and Year MERCY MEDICAL CENTER - BALTIMORE, MD 2009
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2013
License Expiration Date **6/30/2016**
Remarks

License Number 15745
License Date 7/11/2012
Name **CIOLINO, ALLISON L MD**
Address FAHC - PATHOLOGY, 111 COLCHESTER AVE 2ND FLR E PAVBURLINGTON, VT, 05401
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2004
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2006
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2009
License Expiration Date **6/30/2016**
Remarks

License Number 11125
License Date 12/6/2000
Name **CIPRO, ROBERT P MD**
Address 42 WILDROSE DR, N ANDOVER, MA, 01845
Specialty OTO
Board Certified OTO
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1965
Internship and Year HARTFORD HOSPITAL- HARTFORD, CT 1966
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1967
License Expiration Date **1/16/2004**
Remarks **1/16/04 - Voluntary Surrender of License**

License Number 8008
License Date 12/7/1988
Name **CITRIN, MYRA A MD**
Address PHILLIPS EXETER ACADEMY, LAMONT HEALTH CTR 20 MAIN ST EXETER, NH, 03833-2460
Specialty PD
Board Certified PD
School and Year of Graduation UNIV CINCINNATI COLL OF MED - CINCINNATI, OH USA 1981
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1982
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 15016
License Date 10/6/2010
Name **CITRON, SHANE T MD**
Address ELLIOT OMS CENTER, 1 ELLIOT WAY 2ND FL MANCHESTER, NH, 03103
Specialty OS
Board Certified OS
School and Year of Graduation WAYNE STATE UNIVERSITY USA 2001
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1999
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 2003
License Expiration Date **6/30/2016**
Remarks

License Number 11087
License Date 10/4/2000
Name **CIVIDINO, VICTORIA MD**
Address 4480 POST RD, WARWICK, RI, 02818
Specialty R
Board Certified R
School and Year of Graduation FAC OF MED UNIV OF BUENOS AIRES - ARGENTINA USA 1969
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1973
Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1974
License Expiration Date **6/30/2008**
Remarks

License Number 12585
License Date 1/5/2005
Name **CIVIELLO, BARBARA S MD**
Address SEACOAST CANCER CENTER, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1995
Internship and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1996
Residency and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1998
License Expiration Date **6/30/2017**
Remarks

License Number 12233
License Date 3/3/2004
Name **CIVITELLA, JENNIFER M MD**
Address 454 OLD STREET RD STE 207, PETERBOROUGH, NH, 03458
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF SO CAROLINA, COLUMBIA SC US 1995
Internship and Year PALMETTO RICHLAND MEM HOSP, COLUMBIA SC 1996
Residency and Year PALMETTO RICHLAND MEM HOSP, COLUMBIA SC 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9273
License Date 9/7/1994
Name **CLAESSENS, MICHAEL T MD**
Address PALLIATIVE CARE PROGRAM, MARSHFIELD CLIN 1000 N OAK AVEMARSHFIELD, WI, 54449
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MN SCHOOL OF MEDICINE USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2002**
Remarks

License Number 9371
License Date 3/1/1995
Name **CLAFFEY, THOMAS F MD**
Address 26057 FAWNWOOD CT, BONITA SPRINGS, FL, 34134
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1970
Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1971
Residency and Year UNIVERSITY IOWA HOSPITAL & CLINICS - IOWA CITY IA 1974
License Expiration Date **6/30/2015**
Remarks

License Number 6279
License Date 9/4/1980
Name **CLAIRMONT JR, THOMAS P MD**
Address PORTSMOUTH INTERNAL MEDICINE ASSOC, 330 BORTHWICK AVE -STE 205PORTSMOUTH, NH, 038
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1974
Internship and Year GENESEE HOSPITAL - ROCHESTER, NY 1975
Residency and Year GENESEE HOSPITAL - ROCHESTER, NY 1977
License Expiration Date **6/30/2016**
Remarks

License Number 6774
License Date 9/8/1983
Name **CLANCY, PATRICIA E MD**
Address PLEASANT ST FAMILY MEDICINE, 280 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PA USA 1980
Internship and Year SACRED HEART HOSPITAL-ALLENTOWN,PA 1981
Residency and Year SACRED HEART HOSPITAL-ALLENTOWN,PA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 9186
License Date 6/1/1994
Name **CLARDY, ELIZABETH A MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301-
Specialty FP
Board Certified FP
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1983
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1983
License Expiration Date **6/30/2016**
Remarks

License Number 6429
License Date 7/9/1981
Name **CLARK JR, GORDON H MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1977
Internship and Year
Residency and Year
License Expiration Date **7/11/1995**
Remarks

License Number 5130
License Date 1/2/1974
Name **CLARK JR, PRESTON R MD**
Address , , ,
Specialty ORS
Board Certified ORS
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **12/5/1992**
Remarks **DECEASED 12/5/92**

License Number 11018
License Date 8/2/2000
Name **CLARK, ALISON M MD**
Address WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH - BOSTON, MA USA 1997
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12598
License Date 2/2/2005
Name **CLARK, CANTWELL MD**
Address DHMC DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1980
Internship and Year YALE UNIVERSITY, NEW HAVEN CT 1982
Residency and Year MASS GENERAL HOSP, BOSTON MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 4694
License Date 6/12/1972
Name **CLARK, DAVIS W MD**
Address 194 PLEASANT ST, STE 4CONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF ROCHESTER, NY USA 1967
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1968
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1972
License Expiration Date **6/30/2016**
Remarks

License Number 3362
License Date 4/27/1960
Name **CLARK, DONALD W MD**
Address 91 KING HILL RD, PO BOX 488NEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1954
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1955
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1955
License Expiration Date **6/30/2003**
Remarks **SETTLEMENT AGREEMENT ISSUED 11/2/94**

License Number 8987
License Date 7/7/1993
Name **CLARK, ELIZABETH C MD**
Address INFEC DISEASE ASSOC/TRAVEL MED, 399 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty ID
Board Certified ID
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT SYRACUSE USA 1987
Internship and Year UNIVERSITY HOSPITAL - SYRACUSE NY 1992
Residency and Year UNIVERSITY HOSPITAL - SYRACUSE NY 1990
License Expiration Date **6/30/2017**
Remarks

License Number 5033
License Date 7/12/1973
Name **CLARK, GEOFFREY E MD**
Address 240 ISLINGTON ST, PORTSMOUTH, NH, 03801-0000
Specialty GE
Board Certified GE
School and Year of Graduation SUNY AT BUFFALO-BUFFALO NY USA 1968
Internship and Year CAMBRIDGE HOSP-CAMBRIDGE MA 1969
Residency and Year BOSTON CITY HOSP-BOSTON MA 1973
License Expiration Date **12/23/2014**
Remarks **REQUESTED INACTIVE 12/23/14**

License Number 12254
License Date 4/7/2004
Name **CLARK, JEFFREY A MD**
Address DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1999
Internship and Year MT CARMEL HEALTH MED EDUCATION, COLUMBUS OH 2000
Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9213
License Date 7/6/1994
Name **CLARK, KELLY J MD**
Address , PO BOX 86GLENVIEW, KY, 40025
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 1989
Internship and Year SINAI SMARITAN MEDICAL CENTER - MILWAUKEE WI 1992
Residency and Year MEDICAL COLLEGE WISCONSIN AFFILIATION HOSPITALS - MILWAUKEE, WI 1994
License Expiration Date **6/30/2010**
Remarks

License Number 13033
License Date 4/5/2006
Name **CLARK, MEGAN C DO**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND, BIDDEFORD ME USA 2002
Internship and Year GEISINGER MEDICAL CTR, DANVILLE PA 2005
Residency and Year GEISINGER MEDICAL CTR, DANVILLE PA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11304
License Date 7/11/2001
Name **CLARK, PAUL R MD**
Address INTERNAL MEDICINE, 248 PLEASANT STREET STE 2800CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS SCHOOL OF MEDICINE USA 1979
Internship and Year UMASS MEMORIAL HEALTH CARE WORCESTER MA 1980
Residency and Year UMASS MEMORIAL HEALTH CARE WORCESTER MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 16664
License Date 7/2/2014
Name **CLARK, RACHEL M MD**
Address MGH, 55 FRUIT STBOSTON, MA, 02114
Specialty OBG
Board Certified
School and Year of Graduation EMORY UNIV SCHOOL OF MEDICINE USA 2007
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2008
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 13088
License Date 6/7/2006
Name **CLARK, REBECCA A MD**
Address HOP CLINIC, 136 S ROMAN STNEW ORLEANS, LA, 70112
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 1984
Internship and Year TULANE UNIVERSITY, NEW ORLEANS LA 1985
Residency and Year TULANE UNIVERSITY, NEW ORLEANS LA 1987
License Expiration Date **6/30/2012**
Remarks

License Number 4983
License Date 5/22/1973
Name **CLARK, STEPHEN E MD**
Address 445 CYPRESS ST UNIT 7, MANCHESTER, NH, 03103-3600
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VERMONT USA 1968
Internship and Year UNIF OF COLORADO MEDICAL CENTER - DENVER, CO 1969
Residency and Year UNIF OF COLORADO MEDICAL CENTER - DENVER, CO 1971
License Expiration Date **6/30/1999**
Remarks

License Number 12781
License Date 7/6/2005
Name **CLARK, SUSANNAH T MD**
Address DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON, NH USA 2001
Internship and Year UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM 2002
Residency and Year UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM 2004
License Expiration Date **6/30/2017**
Remarks

License Number 12900
License Date 10/5/2005
Name **CLARK, THOMAS S MD**
Address 74 NEW MONTGOMERY, STE 600SAN FRANCISCO, CA, 94105
Specialty PD
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM 2002
Residency and Year UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM 2004
License Expiration Date **6/30/2009**
Remarks

License Number 15339
License Date 8/3/2011
Name **CLARKE, CHRISTOPHER J MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 2005
Residency and Year CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 2007
License Expiration Date **6/30/2017**
Remarks

License Number 5213
License Date 7/15/1974
Name **CLARKE, DANIEL B MD**
Address 12 SPRUCE ST, AUGUSTA, ME, 04330-5204
Specialty D
Board Certified D
School and Year of Graduation UNIV OF VERMONT USA 1969
Internship and Year MADIGAN GENERAL HOSPITAL - TACOMA, WA 1970
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1974
License Expiration Date **6/30/2008**
Remarks

License Number 12451
License Date 9/1/2004
Name **CLARKE, DELPHIA M MD**
Address VIRTUAL RADIOLOGIC PROF, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1983
Internship and Year UNIVERSITY OF TEXAS, SAN ANTONIO TX 1984
Residency and Year UNIVERSITY OF TEXAS, SAN ANTONIO TX 1993
License Expiration Date **6/30/2016**
Remarks

License Number 12867
License Date 9/7/2005
Name **CLARKE, PETER D MD**
Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty R
Board Certified R
School and Year of Graduation HOWARD UNIVERSITY, WASHINGTON DC US 1981
Internship and Year WASHINGTON HOSPITAL CTR, WASHINGTON DC 1982
Residency and Year BRIGHAM & WOMEN'S HOSPITAL, BOSTON MA 1985
License Expiration Date **6/30/2007**
Remarks

License Number 7489
License Date 1/8/1987
Name **CLARY, PATRICK L MD**
Address NH PALLIATIVE CARE SERVICE, 276 COUNTY FARM ROADDOVER, NH, 03876
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIV SCH MED WASHINGTON, DC USA 1979
Internship and Year THE BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1980
Residency and Year THE BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 7500
License Date 2/5/1987
Name **CLATTENBURG, RICHARD N MD**
Address , 1067 CADY HILL RDPERKINSVILLE, VT, 05151
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1976
Internship and Year UNIV HOSPITAL - SEATTLE, WA 1977
Residency and Year UNIV HOSPITAL - SEATTLE, WA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 10608
License Date 7/7/1999
Name **CLAUSSEN, BRIAN E MD**
Address FAMILY PHYSICIANS - MANCHESTER, 57 WEBSTER ST STE 110MANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1996
Internship and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1997
Residency and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1998
License Expiration Date **6/30/2017**
Remarks **2/6/15 - Settlement Agreement**

License Number 10609
License Date 7/7/1999
Name **CLAUSSEN, CAROLYN G MD**
Address WILLOWBEND FAMILY PRACTICE, 5 WASHINGTON PLACE STE 1ABEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1996
Internship and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1997
Residency and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 6238
License Date 7/3/1980
Name **CLAYBURGH, JAMES B MD**
Address 12 HOSPITAL DR STE 9, YORK, ME, 03909
Specialty CD
Board Certified CD
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1977
Internship and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1978
Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1980
License Expiration Date **6/30/2016**
Remarks

License Number 10358
License Date 8/5/1998
Name **CLAYDON, CHARLES T MD**
Address 22 HUNTERS RUN, RYE, NH, 03870
Specialty GS
Board Certified GS
School and Year of Graduation JOHN HOPKINS UNIV SCH OF MED - BALTIMORE,MD USA 1960
Internship and Year JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1961
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1962
License Expiration Date **6/30/2002**
Remarks

License Number 16632
License Date 6/4/2014
Name **CLAYMAN, JEFFREY O MD**
Address ONE ESSEX CTR DR, PEABODY, MA, 01960
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 1999
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2000
Residency and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 15285
License Date 7/6/2011
Name **CLAYTOR, RICHARD B MD**
Address NOONEPLASTIC SUREGEY INSTITUTE, 888 GLENBROOK AVEBRYN MAWR, PA, 19010
Specialty PS
Board Certified PS
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 1996
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1997
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/2015. Renewed 8/20/15**

License Number 2975
License Date 6/10/1953
Name **CLEASBY, DAVID M MD**
Address 208 PLEASANT ST, LACONIA, NH, 03246-3033
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY USA 1952
Internship and Year CAMBRIDGE CITY HOSPITAL - CAMBRIDGE, MA 1953
Residency and Year CAMBRIDGE CITY HOSPITAL - CAMBRIDGE, MA 1953
License Expiration Date **6/30/2000**
Remarks

License Number 10044
License Date 7/2/1997
Name **CLEMANS, CECILIA L MD**
Address DH-MANCHESTER OB/GYN, 5 WASHINGTON PLACE BEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994
Internship and Year MARY-HITCHCOCK MEMORIAL HOSP - NH 1995
Residency and Year MARY-HITCHCOCK MEMORIAL HOSP - NH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 12526
License Date 11/3/2004
Name **CLEMENT II, EARL J MD**
Address 8011 GLEN FOREST, HOUSTON, TX, 77061
Specialty FP
Board Certified
School and Year of Graduation MEHARRY MEDICAL COLLEGE, NASHVILLE TN US 1998
Internship and Year BRACKENRIDGE HOSPITAL, AUSTIN TX 2000
Residency and Year BRACKENRIDGE HOSPITAL, AUSTIN TX 2001
License Expiration Date **6/30/2006**
Remarks

License Number 8071
License Date 5/10/1989
Name **CLEMMER, WILLIAM C MD**
Address 41 FOREST AVE, ORONO, ME, 04473
Specialty FP
Board Certified FP
School and Year of Graduation HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 1986
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR ME 1987
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR ME 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12647
License Date 4/6/2005
Name **CLEMONS, JEANNETTE M MD**
Address 3 BALSAM CT, BEDFORD, NH, 03110
Specialty P
Board Certified P
School and Year of Graduation UNIFORM SERVICES UNIVERSITY,BETHESDA MD US 1990
Internship and Year NAVEL HOSPITAL, NORTH CHARLESTON SC 1991
Residency and Year NATIONAL NAVEL MEDICAL CEMTER, BETHESDA MD 1996
License Expiration Date **9/30/2014**
Remarks **9/30/14 - Requested inactive.**

License Number 12838
License Date 8/3/2005
Name **CLEMONS, PETER M MD**
Address CHAD, BEDFORD MED PARK - 5 WASHINGTON PLBEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1976
Internship and Year CHILDRENS HOSPITAL, BUFFALO NY 1977
Residency and Year CHILDRENS HOSPITAL, BUFFALO NY 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14158
License Date 9/3/2008
Name **CLERK, AVNISH N MD**
Address CORE ORTHOPEDIC, 3 ALUMNI DRIVE STE 301EXETER, NH, 03833
Specialty ORS
Board Certified OSM
School and Year of Graduation UNIV OF CHICAGO USA 2002
Internship and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 2003
Residency and Year UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13530
License Date 6/6/2007
Name **CLICK, MICHAEL E MD**
Address DHMC-RADIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation COLUMBIA UNIV USA 1996
Internship and Year WOMACK ARMY MEDICAL CENTER - FORT BRAGG, NC 1997
Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2001
License Expiration Date **6/30/2011**
Remarks

License Number 7501
License Date 2/5/1987
Name **CLIFFORD, JAMES H MD**
Address HILLSIDE FAMILY MEDICINE, 14 MAPLE ST GILFORD, NH, 03249
Specialty FP
Board Certified FP
School and Year of Graduation CORNELL UNIV MED COLL NEW YORK, NY USA 1972
Internship and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1973
Residency and Year SOUTHSIDE HOSPITAL - BAY SHORE, NY 1976
License Expiration Date **6/30/2017**
Remarks

License Number 8405
License Date 7/11/1990
Name **CLIFT, JOHN V MD**
Address , , ,
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1953
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 12619
License Date 3/2/2005
Name **CLINEFELTER, SEAN R MD**
Address PAIN SOURCE SOLUTIONS, 1900 SWIFT STE 203N KANSAS CITY, MO, 64116
Specialty APM
Board Certified
School and Year of Graduation UNIVERSITY OF IOWA, IOWA CITY IA US 2000
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 2001
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2004
License Expiration Date **6/30/2007**
Remarks

License Number 8510
License Date 4/3/1991
Name **CLINGMAN, JEFFREY A MD**
Address ORTHOPEDIC PROF ASSOC, 14 MAPLE ST STE 100 GILFORD, NH, 03249
Specialty ORS
Board Certified ORS
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN' USA 1985
Internship and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1986
Residency and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1990
License Expiration Date **6/30/2017**
Remarks

License Number 13044
License Date 4/5/2006
Name **CLIONSKY, EMILYMARIE C MD**
Address MEMORY WELLNESS, LLC, 155 MAPLE ST STE 203SPRINGFIELD, MA, 01105
Specialty P
Board Certified
School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PHILADELPHIA PA USA 1997
Internship and Year ST FRANCIS MEDICAL CTR-PITTSBURGH PA 1999
Residency and Year MERCY HOSPITAL-PITTSBURGH PA(1)DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH(2) 2006
License Expiration Date **6/30/2010**
Remarks

License Number 9647
License Date 2/7/1996
Name **CLIVE, PETER J MD**
Address 2815 BARDAMAR DR, PORT GRATIOT, MI, 48059
Specialty R
Board Certified R
School and Year of Graduation UNIV OF OTTAWA FAC OF MED OTTAWA ONTARIO CANADA 1982
Internship and Year DALHOUSIE UNIV HALIFAX - NOVA SCOTIA 1983
Residency and Year UNIV OF OTTAWA HALHOUSIE - HALIFAX, NOVA SCOTIA 1991
License Expiration Date **6/30/1998**
Remarks

License Number 16633
License Date 6/4/2014
Name **CLOUSE, WILLIAM D MD**
Address FOUNDATION VASCULAR SURGERY/MEDICAL PARTNERS,SNHMC, 8 PROSPECT ST, NORTH II SPEC.
Specialty VS
Board Certified VS
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1994
Internship and Year WILFORD HALL MEDICAL CENTER-LACKLAND AFB, TXC 1996
Residency and Year WILFORD HALL MEDICAL CENTER-LACKLAND AFB, TXC 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13485
License Date 5/9/2007
Name **CLOUSER, RYAN D DO**
Address ELLIOT HOSPITAL-HOPITALIST, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty CCM
Board Certified CCM
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA USA
Internship and Year GEISINGER MEDICAL CENTER-DANVILLE, PA 2003
Residency and Year GEISINGER MEDICAL CENTER-DANVILLE, PA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 6411
License Date 6/18/1981
Name **CLUTTERBUCK, WILLIAM B MD**
Address 87 MCGREGOR ST, STE 3100MANCHESTER, NH, 03102
Specialty GS
Board Certified GS
School and Year of Graduation OHIO STATE UNIV,COLUMBUS OH USA 1975
Internship and Year RIVERSIDE METHODIST HOSP,COLUMBUS,OH 1976
Residency and Year RIVERSIDE METHODIST HOSP, COLUMBUS,OH 1980
License Expiration Date **6/30/2017**
Remarks

License Number 9372
License Date 3/1/1995
Name **COBLE, SUZANNE MD**
Address 93 ROXBURY ST, KEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE USA 1987
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1990
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 9474
License Date 7/5/1995
Name **COBLENTZ, HOLLIS S DO**
Address ONE CHESTNUT PLACE, 10 CHESTNUT STWORCESTER, MA, 01608
Specialty FP
Board Certified FP
School and Year of Graduation NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE USA 1987
Internship and Year METROPOLITAN GENERAL HOSPITAL - PINELLAS PARK FL 1988
Residency and Year METROPOLITAN GENERAL HOSPITAL - PINELLAS PARK FL 1990
License Expiration Date **6/30/2017**
Remarks

License Number 14954
License Date 8/4/2010
Name **COCHRAN, ALEXIS A MD**
Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2007
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010
License Expiration Date **6/30/2016**
Remarks

License Number 6917
License Date 7/5/1984
Name **COCHRAN, ROBERT B MD**
Address DARTMOUTH HITCHCOCK-WALPOLE, WESTMINSTER ST 758WALPOLE, NH, 03608
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VT COLL MED-BURLINGTON,VT USA 1981
Internship and Year THE ALTOONA HOSP-ALTOONA,PA 1982
Residency and Year THE ALTOONA HOSP-ALTOONA,PA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 10644
License Date 8/4/1999
Name **COCHRAN, TERRY L MD**
Address GREENWICH ANESTHESIOLOGY ASSOC, P BOX 772GREENWICH, CT, 06836
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF SOUTH FLORIDA - TAMPA, FL USA 1986
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1987
Residency and Year ALBERT EINSTEIN COLL OF MED - BRONX, NY 1988
License Expiration Date **6/30/2005**
Remarks

License Number 14955
License Date 8/4/2010
Name **COCHRAN, THOMAS S MD**
Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2007
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010
License Expiration Date **6/30/2016**
Remarks

License Number 11210
License Date 4/4/2001
Name **COCHRANE, CHRISTINE DO**
Address WEBSTER STREET INTERNAL MEDICINE, 57 WEBSTER STMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1996
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1997
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1999
License Expiration Date **6/30/2015**
Remarks

License Number 4926
License Date 12/4/1972
Name **COCHRANE, PAUL E MD**
Address 29 HILLSIDE RD, FITCHBURG, MA, 01420
Specialty FP
Board Certified
School and Year of Graduation TUFTS MEDICAL SCHOOL, MA USA 1956
Internship and Year WALTHAM HOSPITAL - WALTHAM, MA 1957
Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1958
License Expiration Date **6/30/2008**
Remarks

License Number 16103
License Date 5/1/2013
Name **COCKLIN, CARRIE L MD**
Address DARTMOUTH HITCHCOCK HOSPITAL - KEENE, 580 COURT ST KEENE, NH, 03431
Specialty PTH
Board Certified PTH
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2007
Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2010
License Expiration Date **6/30/2017**
Remarks

License Number 9108
License Date 2/2/1994
Name **CODY, THOMAS P MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1990
Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1991
Residency and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE MD 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14986
License Date 9/1/2010
Name **COE, MARCUS P MD**
Address DHMC - ORTHO SURGERY, 1 MED CTR DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 9109
License Date 2/2/1994
Name **COEBY, LYNN M MD**
Address 310 PETERSBURG RD, LITITZ, PA, 17543
Specialty EM
Board Certified EM
School and Year of Graduation ROBERT JOHNSON MEDICAL SCHOOL USA 1982
Internship and Year MEDICAL COLLEGE OF OHIO HOSPITAL - TOLEDO OH 1984
Residency and Year MEDICAL COLLEGE OF OHIO HOSPITAL - TOLEDO OH 1987
License Expiration Date **6/30/1998**

Remarks

License Number 13618
License Date 8/1/2007
Name **COEN, JOHN J MD**
Address 21st CENTURY ONCOLOGY, 50 MAUDE ST PROVIDENCE, RI, 02908
Specialty RO
Board Certified RO
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1998
Internship and Year VIRGINIA MASON MEDICAL CENTER - SEATTLE, MA 1999
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2017**

Remarks

License Number 7562
License Date 5/6/1987
Name **COFFEY, DAVID J MD**
Address DARTMOUTH-HITCHCOCK CLINIC, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1983
Internship and Year MT AUBURN HOSPITAL 1984
Residency and Year DARTMOUTH-HITCHCOCK MED CTR 1987
License Expiration Date **6/30/2017**

Remarks

License Number 15180
License Date 4/6/2011
Name **COFFIELD, TERRELL L MD**
Address RADIOLOGY ASSOC, 100 HOSPITAL DR BENNINGTON, VT, 05201
Specialty DR
Board Certified DR
School and Year of Graduation WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1976
Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1979
License Expiration Date **6/30/2013**

Remarks

License Number 13089
License Date 6/7/2006
Name **COFFMAN, STEPHAN W MD**
Address MONADNOCK SURGICAL ASSOCIATES, 454 OLD STREET RD STE 201PETERBOROUGH, NH, 03458
Specialty GS
Board Certified GS
School and Year of Graduation MEDICAL COLLEGE OF PA, PHILADELPHIA PA US 1996
Internship and Year GUTHRIE ROBERT PACKER HOSP, SAYRE PA 1997
Residency and Year GUTHRIE ROBERT PACKER HOSP, SAYRE PA 2001
License Expiration Date **6/30/2012**
Remarks

License Number 13950
License Date 5/7/2008
Name **COGBILL, ELIZABETH A MD**
Address DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2005
Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2010**
Remarks

License Number 9214
License Date 7/6/1994
Name **COGGINS, DAVID A MD**
Address LACONIA CLINIC, PO BOX 637LACONIA, NH, 03247-
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA HILL SCHOOL OF MED USA 1987
Internship and Year CAROLINAS MEDICAL CENTER - CHARLOTTE NC 1990
Residency and Year CAROLINAS MEDICAL CENTER - CHARLOTTE NC 1990
License Expiration Date **6/30/1999**
Remarks

License Number 16211
License Date 7/3/2013
Name **COGLEY, JONATHAN R MD**
Address VA WESTERN NY HEALTHCARE SYSTEM, 3495 BAILEY AVEBUFFALO, NY, 14215
Specialty DR
Board Certified DR
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2008
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 2551
License Date 2/11/1947
Name **COGSWELL, THOMAS G MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1989**
Remarks

License Number 10704
License Date 10/6/1999
Name **COHEN, ANDREW M MD**
Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified CD
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY USA 1992
Internship and Year DARTMOUTH HITCHCOCK MED CTR 1993
Residency and Year UNIV OF MASSACHUSETTS MED CTR 1998
License Expiration Date **6/30/2017**
Remarks

License Number 8524
License Date 5/8/1991
Name **COHEN, ANNE H MD**
Address MIDCOAST MENTAL HLTH CTR, 5 MIDCOAST DRBELFAST, ME, 04915
Specialty CHP
Board Certified CHP
School and Year of Graduation CASE WESTERN RESERVE SCHOOL OF MEDICINE USA 1975
Internship and Year METROHEALTH MEDICAL CENTER, CLEVELAND OHIO 1976
Residency and Year UNIVERSITY OF MASS 1980
License Expiration Date **6/30/2000**
Remarks

License Number 3416
License Date 3/8/1961
Name **COHEN, ARTHUR E MD**
Address 44 HANOVER ST, KEENE, NH, 03431-2858
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIVERSITY MEDICAL SCHOOL USA 1955
Internship and Year U.S. PUBLIC HEALTH SERVICE 1956
Residency and Year VETERANS ADMINISTRATION HOSPITAL 1961
License Expiration Date **6/30/2011**
Remarks

License Number 13853
License Date 3/5/2008
Name **COHEN, DAVID J MD**
Address TELERADIOLOGY SPECIALISTS, 7702 E DOUBLETREE RANCH RD STE 300SCOTTSDALE, AZ, 85258
Specialty DR
Board Certified DR
School and Year of Graduation THOMAS JEFFERSON UNIV USA 1992
Internship and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1993
Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1997
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/10 - reinstated 4/2/14**

License Number 8198
License Date 8/9/1989
Name **COHEN, DEVRA H MD**
Address 6 CONCORD ST, NASHUA, NH, 03064
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIV OF COLORADO HLTH SCI - DENVER, CO USA 1984
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1985
Residency and Year YALE UNIV - NEW HAVEN, CT 1986
License Expiration Date **6/30/2017**
Remarks

License Number 13854
License Date 3/5/2008
Name **COHEN, EMILY S MD**
Address 215 NORTH MAIN ST, WHITE RIVER JNT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation UNIV VAN AMSTERDAM NETHERLANDS 2002
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 12292
License Date 5/5/2004
Name **COHEN, HAROLD L MD**
Address 811 WEST SECOND ST, BLOOMINGTON, IN, 47403
Specialty OPH
Board Certified OPH
School and Year of Graduation JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 1993
Internship and Year FRANKLIN SQUARE HOSP CTR, BALTIMORE MD 1994
Residency and Year UNIVERSITY OF IOWA, IOWA CITY IA 1998
License Expiration Date **6/30/2006**
Remarks

License Number 15565
License Date 3/7/2012
Name **COHEN, JASON A MD**
Address DERMPATH DIAGNOSTICS/AMERIPATH, 7111 FAIRWAY DR 400PALM BEACH GARDENS, FL, 33418
Specialty PTH
Board Certified PTH
School and Year of Graduation SACKLER SCHOOL OF MEDICINE ISRAEL 2002
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2003
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11126
License Date 12/6/2000
Name **COHEN, JEFFREY A MD**
Address DHMC-NEUROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-001
Specialty N
Board Certified N
School and Year of Graduation UNIV OF OKLAHOMA HLTH SCI - OKLAHOMA CITY, OK USA 1977
Internship and Year MT SINAI HOSPITAL - NEW YORK, NY 1978
Residency and Year MT SINAI HOSPITAL - NEW YORK, NY 1981
License Expiration Date **6/30/2016**
Remarks

License Number 6229
License Date 6/18/1980
Name **COHEN, KENNETH H MD**
Address 20 LADD ST, 4TH FLPORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation CORNELL UNIV. MED COLL.NY USA 1975
Internship and Year WADSWORTH VA HOSP-MED CTR,CA 1976
Residency and Year WADSWORTH VA HOSPITAL MEDICAL CENTER - CA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 13765
License Date 12/5/2007
Name **COHEN, LAURENCE D MD**
Address BERKSHIRE ORTHOPAEDIC ASSOC, 27 LEWIS AVEGREAT BARRINGTON, MA, 01230
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIV OF NEW YORK USA 1967
Internship and Year NY MEDICAL COLLEGE @ WESTCHESTER MEDICAL CENTER - VALHALLA, NY 1968
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1969
License Expiration Date **6/30/2015**
Remarks

License Number 12782
License Date 7/6/2005
Name **COHEN, LISA M MD**
Address STRATA PATHOLOGY SERVICES, ONE CRANBERRY HILL SUITE 303LEXINGTON, MA, 02421
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT USA 1989
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER, BOSTON MA 1990
Residency and Year UNIVERSITY OF LOUISVILLE HEALTH SCIENCE CENTER, LOUISVILLE KY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12568
License Date 1/5/2005
Name **COHEN, LOREN E MD**
Address 5310 BUCK HILL AVE, BUENA PARK, CA, 90621
Specialty RNR
Board Certified R
School and Year of Graduation CREIGHTON UNIVERSITY, OMAHA NE US 1972
Internship and Year CREIGHTON UNIVERSITY, OMAHA NE 1973
Residency and Year MARICOPA INTEGRATED HEALTH SYSTEM, PHOENIX AZ 1974
License Expiration Date **6/30/2015**
Remarks

License Number 9119
License Date 3/2/1994
Name **COHEN, MAURICE B MD**
Address NORTHEAST GASTROENTEROLOGY ASSOC, 52 STILES ROAD SUITE 110SALEM, NH, 03079
Specialty GE
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1990
Residency and Year UNIVERSITY MA MEDICAL CENTER - WORCESTER MA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 12989
License Date 2/1/2006
Name **COHEN, MICHAEL K MD**
Address PATHOLOGY RESOURCE CONSULTANTS, 106 SOUTH HARRIS ST SUITE 102ROUND ROCK, TX, 78664
Specialty PTH
Board Certified PTH
School and Year of Graduation TEXAS A & M UNIVERSITY, COLLEGE STATION TX US 1990
Internship and Year UNIVERSITY OF TEXAS, DALLAS TX 1991
Residency and Year TEXAS A & M-SCOTT AND WHITE MEMORIAL HOSP, TEMPLE TX 1995
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 8/4/14

License Number 16470
 License Date 2/5/2014
 Name **COHEN, MICHAEL L MD**
 Address 127 RASPBERRY CT, MELVILLE, NY, 11747
 Specialty P
 Board Certified P
 School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 1991
 Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1992
 Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 9274
 License Date 9/7/1994
 Name **COHEN, MITCHELL G MD**
 Address ST JOSEPH INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202 NASHUA, NH, 03062
 Specialty IM
 Board Certified IM
 School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1990
 Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1993
 Residency and Year UNIVERSITY HEALTH CENTER OF PITTSFIELD - PITTSBURGH PA 1993
 License Expiration Date **6/30/2016**
 Remarks

License Number 10416
 License Date 10/7/1998
 Name **COHEN, MYLAN C MD**
 Address ME MED PART ME HLTH CARDIO, 96 CAMPUS DR, STE 1 SCARBOROUGH, ME, 04074
 Specialty CD
 Board Certified CD
 School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1987
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 8686
 License Date 3/4/1992
 Name **COHN, KENNETH H MD**
 Address 192 MARKET ST, AMESBURY, MA, 01913
 Specialty GS
 Board Certified GS
 School and Year of Graduation COLUMBIA UNIVERSITY USA 1976
 Internship and Year NEW ENGLAND DEACONESS HOSPITAL BOSTON - MASSACHUSETTS 1977
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL BOSTON - MASSACHUSETTS 1984
 License Expiration Date **6/30/2016**
 Remarks

License Number 15211
License Date 5/4/2011
Name **COKER, SHODEINDE A MD**
Address DHMC - DEPT OF CLINICAL PHARMACOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF IBADAN NIGERIA 2004
Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2009
Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2011
License Expiration Date **6/30/2013**
Remarks

License Number 11050
License Date 9/6/2000
Name **COLACCHIO, DONALD A MD**
Address 6 TSIENNETO RD, STE 203DERRY, NH, 03048
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-LEBANON, NH USA 1984
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1985
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1986
License Expiration Date **6/30/2010**
Remarks

License Number 6811
License Date 6/30/1981
Name **COLACCHIO, THOMAS A MD**
Address DHMC/SURG DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCHOOL MEDICINE, BOSTON MA USA 1976
Internship and Year PRESBYTERIAN HOSPITAL NEW YORK, NY 1976
Residency and Year PRESBYTERIAN HOSPITAL NEW YORK, NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 11846
License Date 3/5/2003
Name **COLANGELO IV, AUGUSTUS B MD**
Address VISTA STAFFING, 675 EAST 2100 SOUTH STE 390SALT LAKE CITY, UT, 84106
Specialty EM
Board Certified
School and Year of Graduation PENNSYLVANIA STATE UNIV - UNIVERSITY PARK, PA' USA 1999
Internship and Year UNIV HEALTH CENTER OF PITTSBURGH- PITTSBURGH, PA 2000
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH- PITTSBURGH, PA 2003
License Expiration Date **6/30/2007**
Remarks

License Number 12334
License Date 6/2/2004
Name **COLARUSSO, FRANK J DO**
Address ERIE COUNTY MEDICAL CTR, 462 GRIDER ST RM G242BUFFALO, NY, 14215
Specialty PM
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO PHILADELPHIA PA US 1996
Internship and Year UNION HOSP, UNION NJ 1997
Residency and Year BOSTOH MEDICAL CTR, BOSTON MA 2000
License Expiration Date **6/30/2006**
Remarks

License Number 16749
License Date 9/3/2014
Name **COLBERN, MELISSA H MD**
Address 121 SPEAR ST STE 420, SAN FRANCISCO, CA, 94105
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1996
Internship and Year VIA CHRISTI REGIONAL MEDICAL CENTER - WICHITA, KS 1998
Residency and Year VIA CHRISTI REGIONAL MEDICAL CENTER - WICHITA, KS 2000
License Expiration Date **6/30/2016**
Remarks

License Number 11688
License Date 8/7/2002
Name **COLDEN, DARYL G MD**
Address EAR NOSE & THROAT, 1WALLACE BASHAW JR WY STE 3002NEWBURPORT, MA, 01950
Specialty OTO
Board Certified OTO
School and Year of Graduation STATE UNIV OF NEW YORK - STONY BROOK, NY USA 1995
Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 1996
Residency and Year MASSACHUSETTS EYE AND EAR INFIRMARY- BOSTON,MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 11726
License Date 9/4/2002
Name **COLDWELL, CRAIG M MD**
Address VA HOSPITAL, 200 SPRING RD (116A)BEDFORD, MA, 01730
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16534
License Date 4/2/2014
Name **COLE, ANDREW J MD**
Address MGH, FRUIT ST/WANG ACC 739 LBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 1982
Internship and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1983
Residency and Year MONTREAL NEUROLOGICAL INSTITUTE - MCGILL UNIV - MONTREAL, CANADA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 9985
License Date 5/7/1997
Name **COLE, BERTRAND P DO**
Address SALMON FALLS FAMILY HEALTHCARE, 7 WORKS WAYSOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED-ME USA 1990
Internship and Year ALBANY MED CTR HOSP-NEW YORK 1993
Residency and Year ALBANY MED CTR HOSP- NEW YORK 1993
License Expiration Date **6/30/2017**
Remarks **6/11/03 SETTLEMENT AGREEMENT**

License Number 16003
License Date 2/6/2013
Name **COLE, JOSHUA P MD**
Address SEACOAST MENTAL HEALTH CENTER, 1145 SAGAMORE AVEPORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 1991
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1992
Residency and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10551
License Date 5/5/1999
Name **COLE, STEPHEN A MD**
Address HCRS, 51 FAIRVIEW STBRATTLEBORO, VT, 05301
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS- NY, NY USA 1970
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1971
Residency and Year JACOBI MEDICAL CENTER - BRONX, NY 1974
License Expiration Date **6/30/2001**
Remarks

License Number 15746
License Date 7/11/2012
Name **COLEMAN, ADAM T MD**
Address DHMC, 1 MED CTR DDRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 7407
License Date 8/14/1986
Name **COLEMAN, DANIEL E MD**
Address 565 TURNPIKE ST, N ANDOVER, MA, 01845-
Specialty PUD
Board Certified PUD
School and Year of Graduation GEORGETOWN UNIV SCH MED WASHINGTON DC USA 1977
Internship and Year ST ELIZABETHS HOSP BOSTON MA 1979
Residency and Year GEORGETOWN UNIV HOSP WASHINGTON DC 1982
License Expiration Date **6/30/1999**
Remarks

License Number 14159
License Date 9/3/2008
Name **COLEMAN, DAVID B MD**
Address LR VASC & ENDOVASC - MED OFFICE, 85 SPRING ST 4TH FLRLACONIA, NH, 03246-3113
Specialty VS
Board Certified GS
School and Year of Graduation STATE UNIV OF NY USA 1999
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2002
Residency and Year INOVA FAIRFAX HOSPITAL-FALLS CHURCH, VA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10022
License Date 6/4/1997
Name **COLEMAN, RUSSELL T MD**
Address 13 HICKAM LN, HANSCOM AFB, MA, 01731
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ROCHESTER-NY USA 1992
Internship and Year WRIGHT STATE UNIV - OH 1995
Residency and Year WRIGHT STATE UNIVERSITY-OH 1995
License Expiration Date **6/30/2000**
Remarks

License Number 6775
License Date 9/8/1983
Name **COLEN, LAWRENCE B MD**
Address 6161 KEMPSVILLE CIR, STE 300NORFOLK, VA, 23502
Specialty PS
Board Certified PS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1976
Internship and Year MOFFITT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1976
Residency and Year MOFFETT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1978
License Expiration Date **6/30/2001**
Remarks

License Number 11497
License Date 2/6/2002
Name **COLIZZO III, FRANCIS P MD**
Address MASS GENERAL HOSPITAL DIV OF GASTROENTEROLOGY, 165 CAMBRIDGE ST 9TH FLOORBOSTON,
Specialty GE
Board Certified GE
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1991
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 1992
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10359
License Date 8/5/1998
Name **COLLIGAN, R LACEY MD**
Address PRINCE ALBERT RD, LONDON, UK, NW1 7ST
Specialty PD
Board Certified PD
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1991
Internship and Year BABIES & CHILDRENS HOSPITAL OF NEW YORK, NEW YORK, NY 1993
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
License Expiration Date **6/30/2008**
Remarks

License Number 5876
License Date 4/6/1978
Name **COLLINS JR, EDWARD J MD**
Address CT SPORTS MEDICINE- ORTHO CTR, 150 MANSFIELD AVEWILLIMANTIC, CT, 06226-2026
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VERMONT COLLOGE OF MED BURLINGTON USA 1973
Internship and Year YALE UNIV SCHOOL OF MEDICINE 1974
Residency and Year YALE UNIV SCHOOL OF MEDICINE 1977
License Expiration Date **6/30/2003**
Remarks

License Number 9412
License Date 5/3/1995
Name **COLLINS VIDAL, DALE MD**
Address DHMC-PLASTIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PS
Board Certified PS
School and Year of Graduation EMORY MEDICAL SCHOOL USA 1989
Internship and Year BARNES HOSPITAL 1992
Residency and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 1995
License Expiration Date **6/30/2017**
Remarks

License Number 5343
License Date 6/12/1975
Name **COLLINS, ANNE F MD**
Address , , ,
Specialty GP
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 16033
License Date 3/6/2013
Name **COLLINS, BRIAN C DO**
Address EXETER HOSPITAL - EMERGENCY DEPT, 5 ALUMNI DREXETER, NH, 03833
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1985
Internship and Year GARDEN CITY HOSPITAL - GARDEN CITY, MI 1986
Residency and Year GARDEN CITY HOSPITAL - GARDEN CITY, MI 1992
License Expiration Date **6/30/2017**
Remarks

License Number 7981
License Date 10/5/1988
Name **COLLINS, GERALD MD**
Address UNH HEALTH SERVICES, 4 PETTEE BROOK LANEDURHAM, NH, 03824-2308
Specialty FP
Board Certified FP
School and Year of Graduation AMERICAN UNIV OF THE CARIBBEAN-MONTSEERRAT WEST INDIES 1983
Internship and Year MED COLL WI AFFIL HOSP-MILWAUKEE ,WI 1986
Residency and Year MED COLL WI AFFIL HOSP-MILWAUKEE,WI 1988
License Expiration Date **6/30/2016**
Remarks

License Number 15910
License Date 11/7/2012
Name **COLLINS, JEFFREY P MD**
Address MGH CHELSEA URGENT CARE CTR, 151 EVERETT AVE CHELSEA, MA, 02150
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1994
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 16634
License Date 6/4/2014
Name **COLLINS, JEREMY G MD**
Address 20 SHIP AVE #41, MEDFORD, MD, 02155
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 2007
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2008
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 14491
License Date 7/1/2009
Name **COLLINS, MATTHEW A MD**
Address 271 BRIGHAM HILL ROAD, NORWICH, VT, 05055
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1999
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2001
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2003
License Expiration Date **6/30/2015**
Remarks

License Number 4353
License Date 1/20/1969
Name **COLLINS, PAUL J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/29/1995**
Remarks

License Number 6860
License Date 4/10/1984
Name **COLLINS, PAUL S MD**
Address PAUL S COLLINS MD, FAMILY MED, 4 ELLIOT WAY STE 100MANCHESTER, NH, 03103
Specialty FP
Board Certified FP
School and Year of Graduation MED COLL OF PENN-PHIL,PA USA 1981
Internship and Year UNIV MA HOSP-MED CTR-WORCHESTER.MA 1982
Residency and Year UNIV MA HOSP-MED CTR-WORCHESTER,MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 10496
License Date 1/6/1999
Name **COLLINS, PHILLIP B MD**
Address ALICE PECK DAY HOSP, 125 MASCOMA STLEBANON, NH, 03766
Specialty OM
Board Certified OM
School and Year of Graduation MOUNT SINAI SCH OF MED - NEW YORK, NY USA 1981
Internship and Year ST MARY'S HOSPITAL MEDICAL CENTER - SAN FRANCISCO, CA 1982
Residency and Year ST MARY'S HOSPITAL MEDICAL CENTER - SAN FRANCISCO, CA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11350
License Date 8/1/2001
Name **COLLINS, ROBERT P MD**
Address EMERSON HOSPITAL, 133 ORNACCONCORD, MA, 01742
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF FLORIDA COLL OF MED - GAINESVILLE, FL USA 1995
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1996
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2009**
Remarks

License Number 15566
License Date 3/7/2012
Name **COLLINS, TIMOTHY P MD**
Address SPECTRUM MEDICAL GROUP PA, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICI NE USA 1987
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1988
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1990
License Expiration Date **6/30/2014**
Remarks

License Number 8614
License Date 8/7/1991
Name **COLLISON, DANIEL W MD**
Address RIVERRUN MEDICAL OFFICES, 63 S MAIN ST LOWER LEVELHANOVER, NH, 03755
Specialty D
Board Certified D
School and Year of Graduation UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1986
Internship and Year GUNDERSEN FOUNDATION - LA CROSSE, WI 1987
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1990
License Expiration Date **6/30/2017**
Remarks

License Number 12694
License Date 5/4/2005
Name **COLMAN, AARON B MD**
Address INTEGRATED ORTHOPEDICS, 3 ALUMNI DR STE 301EXETER, NH, 03833
Specialty ORS
Board Certified
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1999
Internship and Year ALBANY MED COLLEGE, ALBANY NY 2003
Residency and Year ALBANY MED COLLEGE, ALBANY NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 8692
License Date 4/1/1992
Name **COLNES, JEFFREY P MD**
Address NH CARDIOVASCULAR CARE, 2064 WOODBURY AVE STE 103NEWINGTON, NH, 03801
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF VERMONT USA 1984
Internship and Year RESIDENT - WORCESTER MEMORIAL HOSPITAL WORCESTER - MASSACHUSETTS 1988
Residency and Year HOSPITAL OF ST RAPHAEL NEW HAVEN - CONNECTICUT 1991
License Expiration Date **6/30/2016**
Remarks

License Number 10201
License Date 1/7/1998
Name **COLONNA, ELIZABETH A MD**
Address 258 GODWIN AVE, WYCKOFF, NJ, 07481
Specialty OBG
Board Certified
School and Year of Graduation FINCH U OF HS CICAGO MED SCH N CHICAGO, IL USA 1989
Internship and Year LENOX HILL HOSPITAL - NY 1993
Residency and Year LENOX HILL HOSPITAL - NY 1993
License Expiration Date **6/30/1998**
Remarks

License Number 17155
License Date 7/1/2015
Name **COLUMBO, JESSE A MD**
Address PO BOX 998, WILDER, VT, 05088
Specialty VS
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2013
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 14752
License Date 3/3/2010
Name **COLUMBUS, DONALD G MD**
Address 111 JADE, HORSESHOE BAY, TX, 78657
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1973
Internship and Year UNIVERSITY OF WESTERN ONTARIO - ONTARIO, CANADA 1975
Residency and Year UNIVERSITY OF WESTERN ONTARIO - ONTARIO, CANADA 1977
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/12 - reinstated 9/3/14**

License Number 11441
License Date 11/7/2001
Name **COLVILLE, DAVID S MD**
Address MAYO CLINIC, 200 1ST ST S W PH10ROCHESTER, MN, 55905
Specialty IM
Board Certified IM
School and Year of Graduation JEFFERSON MED COLL - PHILADELPHIA, PA USA 1966
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1967
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1972
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/15**
Renewed 7/29/15

License Number 15974
License Date 1/8/2013
Name **COLWELL, ANNE STACIE C MD**
Address TUFTS FLOATING HOSPITAL FOR CHILDREN, 800 WASHINGTON ST #334BOSTON, MA, 02111
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1998
Internship and Year CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2001
Residency and Year CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 9986
License Date 5/7/1997
Name **COMBS, PATRICIA A MD**
Address LOS ALAMOS WOMENS HLTH SER, 3917 WEST RD STE 250LOS ALAMOS, NM, 87544
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NM SCH OF MED-ALBUQUERQUE,NM USA 1988
Internship and Year UNIV OF NM SCH OF MED - NM 1992
Residency and Year UNIV OF NM SCH OF MED-NM 1992
License Expiration Date **6/30/2002**
Remarks

License Number 13148
License Date 7/5/2006
Name **COMER, JOHN W MD**
Address HEALTHQUEST INC, 9000 WESSEX PLACE STE 150LOUISVILLE, KY, 40222
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF LOUISVILLE USA 1974
Internship and Year UNIV OF LOUISVILLE-LOUISVILLE KY 1975
Residency and Year UNIV OF LOUISVILLE-LOUISVILLE KY 1977
License Expiration Date **6/30/2008**
Remarks

License Number 10931
License Date 6/7/2000
Name **COMESS, KEITH A MD**
Address CENTRAL MAINE HEART & VASCULAR, 300 AMIN STLEWISTON, ME, 04240
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ARIZONA - TUCSON, AZ USA 1979
Internship and Year UNIV OF ARIZONA HEALTH SCI CTR - TUCSON, AZ 1980
Residency and Year UNIV OF ARIZONA HEALTH SCI CTR - TUCSON, AZ 1982
License Expiration Date **6/30/2003**
Remarks

License Number 7774
License Date 2/3/1988
Name **COMI, RICHARD J MD**
Address DHMC - DEPT OF ENDOCRINOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty END
Board Certified END
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON MA USA 1980
Internship and Year MASS GEN HOSP BOSTON MA 1981
Residency and Year MASS GEN HOSPITAL BOSTON MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 14616
License Date 10/7/2009
Name **COMISKEY, DANIEL W MD**
Address CHIEF FORENSIC EXAMINER, 105 PLEASANT STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1996
Internship and Year BROWN UNIVERSITY BUTLER HOSPITAL - PROVIDENCE, RI 1998
Residency and Year BROWN UNIVERSITY BUTLER HOSPITAL - PROVIDENCE, RI 2000
License Expiration Date **6/30/2015**
Remarks

License Number 13578
License Date 7/11/2007
Name **COMIZIO, RENEE C MD**
Address MEDICAL AND SURIGICAL SPECIALITY GROUP, 89 SPARTA AVE STE 207SPARTA, NJ, 07871
Specialty PS
Board Certified PS
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2000
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date **6/30/2013**
Remarks

License Number 16702
License Date 8/6/2014
Name **COMMERET, KARIN A MD**
Address OB/GYN ASSOC OF SOUTHERN NH, 30 DW HWY., STE 12MERRIMACK, NH, 03054
Specialty OBG
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2010
Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2011
License Expiration Date **6/30/2016**
Remarks

License Number 10417
License Date 10/7/1998
Name **CONCEPCION-MEDINA, ANA REYA A MD**
Address FRANKLIN REGIONAL HOSP, 15 AIKEN AVEFRANKLIN, NH, 03235-1299
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CALIFORNIA DAVIS SCH OF MED - DAVIS,CA USA 1994
Internship and Year CHILDREN'S HOSPITAL OF ORANGE COUNTY - ORANCE COUNTY, CA 1995
Residency and Year CHILDREN'S HOSPITAL OF ORANGE COUNTY - ORANGE COUNTY, CA 1977
License Expiration Date **6/30/2001**
Remarks

License Number 10747
License Date 11/3/1999
Name **CONFER, GARY B MD**
Address SOUTHERN NEW HAMPSHIRE RAD, 703 RIVERWAY PLACE BEDFORD, NH, 03110-6745
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CALIFORNIA-IRVINE, CA USA 1985
Internship and Year HENRY FORD HOSPITAL-DETROIT, MI 1985
Residency and Year HENRY FORD HOSPITAL -DETROIT, MI 1989
License Expiration Date **6/30/2013**
Remarks

License Number 5967
License Date 8/10/1978
Name **CONFORTI, VICTOR A MD**
Address 817 MERRIMACK ST, LOWELL, MA, 01854-
Specialty ORS
Board Certified ORS
School and Year of Graduation TULANE UNIV SCHOOL OF MEDICINE NEW ORLEANS USA 1968
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1969
Residency and Year NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH NH 1972
License Expiration Date **6/30/2000**
Remarks

License Number 6466
License Date 11/5/1981
Name **CONGER, BEACH MD**
Address MT ASCUTNEY MEDICAL GROUP, 289 COUNTY RD WINDSOR, VT, 05089-
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1967
Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1968
Residency and Year MOFFITT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1972
License Expiration Date **6/30/2001**
Remarks

License Number 13414
License Date 2/7/2007
Name **CONKLING, HILLARY M MD**
Address 85 SPRING ST, STE 503 LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2002
Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 2003
Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16535
License Date 4/2/2014
Name **CONLEY, LIZA E DO**
Address 703 W FERRY ST #D20, BUFFALO, NY, 14222
Specialty EM
Board Certified
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year BUFFALO GENERAL MEDICAL CENTER - BUFFALO, NY 2012
Residency and Year BUFFALO GENERAL MEDICAL CENTER - BUFFALO, NY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 8867
License Date 12/2/1992
Name **CONLEY, MICHAEL M MD**
Address , , ,
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH USA 1990
Internship and Year
Residency and Year
License Expiration Date **6/30/1994**
Remarks

License Number 11442
License Date 11/7/2001
Name **CONLON, JOHN F DO**
Address MEMORIAL HOSPITAL, NORTH CONWAY, NH, 03860
Specialty EM
Board Certified EM
School and Year of Graduation PHILADELPHIA COLL OF OSTEO- PHILADELPHIA,PA USA 1989
Internship and Year PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1990
Residency and Year PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1991
License Expiration Date **6/30/2007**
Remarks

License Number 14651
License Date 11/4/2009
Name **CONNELLY, DANIELA MD**
Address 25 MARSTON ST, STE 202, LAWRENCE, MA, 01841
Specialty FP
Board Certified FP
School and Year of Graduation UNIV DE CUENCA ECUADOR 1999
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12648
 License Date 4/6/2005
 Name **CONNELLY, MICHAEL C MD**
 Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST BLDG1LAWRENCE, MA, 01843
 Specialty AN
 Board Certified AN
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS,WORCESTER MA US 1986
 Internship and Year FAULKNER HOSPITAL, BOSTON MA 1987
 Residency and Year BETH ISRAEL DEACONESS, BOSTON MA 1990
 License Expiration Date **6/30/2017**
 Remarks

License Number 8672
 License Date 1/8/1992
 Name **CONNOLLY, KEVIN J MD**
 Address BRADFORD HEALTH SERVICE - LITTLE RIVERS HEALTHCARE, PO BOX 318BRADFORD, VT, 05033-
 Specialty IM
 Board Certified IM
 School and Year of Graduation BROWN UNIVERSITY UNITED STATES 1983
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1984
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1986
 License Expiration Date **6/30/2016**
 Remarks

License Number 8671
 License Date 1/8/1992
 Name **CONNOLLY, PRISCILLA S MD**
 Address PO BOX 110, NEWBURY, VT, 05051
 Specialty IM
 Board Certified IM
 School and Year of Graduation RUTGERS MEDICAL SCHOOL UNITED STATES 1985
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1986
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1988
 License Expiration Date **6/30/2016**
 Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/29/14**

License Number 7709
 License Date 9/2/1987
 Name **CONNOR, CHRISTOPHER S MD**
 Address 80 S MAIN ST, HANOVER, NH, 03755
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIV OF CINCINNATI COLL MED - CINCINNATI, OH USA 1983
 Internship and Year GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 1984
 Residency and Year OHIO STATE UNIV HOSPITAL - COLUMBUS, OH 1987
 License Expiration Date **6/30/2017**
 Remarks

License Number 4241
License Date 4/16/1968
Name **CONNOR, DAVID G MD**
Address 800 S GULFVIEW BLVD #808, CLEARWATER, FL, 33767
Specialty GE
Board Certified GE
School and Year of Graduation JOHNS HOPKINS - BALTIMORE, MD USA 1962
Internship and Year NEW ENGLAND CENTER - BOSTON, MA 1963
Residency and Year VA HOSPITAL - BOSTON, MA 1966
License Expiration Date **6/30/2008**
Remarks **Deceased 1/14/2011**

License Number 3417
License Date 3/8/1961
Name **CONNOR, DAVID J MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060-3648
Specialty EM
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1959
Internship and Year ST. VINCENT'S HOSPITAL- BRIDGEPORT CT 1960
Residency and Year ST. VINCENT'S HOSPITAL 1961
License Expiration Date **11/15/1999**
Remarks **DECEASED: 11/15/99**

License Number 7833
License Date 5/4/1988
Name **CONNOR, DOUGLAS M MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301-
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF WASHINGTON SCH MED -SEATTLE, WA USA 1985
Internship and Year MICHIGAN STATE UNIV HOSPITAL - EAST LANDING, MI 1986
Residency and Year MICHIGAN STATE UNIV HOSPITAL - EAST LANDING, MI 1987
License Expiration Date **6/30/2016**
Remarks

License Number 5301
License Date 2/24/1975
Name **CONNORS, DAVID W MD**
Address 9 GREGORY RD, PRINCETON, MA, 01604
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF ROCHESTER, NY USA 1966
Internship and Year YALE NEW HAVEN - NEW HAVEN, CT 1967
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY 1975
License Expiration Date **6/30/2013**
Remarks

License Number 15956
License Date 12/5/2012
Name **CONRAD, MARK F MD**
Address MASS GEN HOSP, 15 PARKMAN ST WAC 440BOSTON, MA, 02114
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1997
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1998
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14617
License Date 10/7/2009
Name **CONRAD, MICHAEL J MD**
Address LITTLETON REGIONAL HOSP, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1981
Internship and Year MICHAEL REESE HOSPITAL & MEDICAL CENTER - EULESS, TX 1982
Residency and Year MICHAEL REESE HOSPITAL & MEDICAL CENTER - EULESS, TX 1986
License Expiration Date **6/30/2011**
Remarks

License Number 5030
License Date 6/29/1973
Name **CONRAD, WILLIAM G MD**
Address , , ,
Specialty AN
Board Certified AN
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **1/18/1989**
Remarks **1/5/90 - Consent Order**

License Number 15694
License Date 6/6/2012
Name **CONSIDINE JR, JOHN M MD**
Address COASTAL IMAGING, 503 EISENHOWER DRSAVANNAH, GA, 31406
Specialty DR
Board Certified DR
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 1992
Internship and Year SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 1993
Residency and Year MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER, SAVANNAH, GA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 5913
License Date 6/12/1978
Name **CONSTANTIAN, MARK B MD**
Address 19 TYLER ST STE 302, NASHUA, NH, 03060-2951
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF VIRGINIA SCHOOL OF MED CHARLOTTESVILLE,VA USA 1972
Internship and Year UNIV HOSPITAL - BOSTON, MA 1976
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITALS - RICHMOND, VA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 6144
License Date 12/10/1979
Name **CONSTANTINE, JOHN B MD**
Address 9 CENTRAL ST, LOWELL, MA, 01852
Specialty OPH
Board Certified OPH
School and Year of Graduation STATE UNIV OF NEW YORK,BUFFALO USA 1967
Internship and Year GEORGETOWN UNIV. WASH.DC 1969
Residency and Year GEORGETOWN UNIV. WASH.DC 1971
License Expiration Date **6/30/2009**
Remarks

License Number 15054
License Date 11/3/2010
Name **CONTI, ANTHONY R DO**
Address SOCTOR'S EXPRESS, 371 BROADWAYS AUGUS, MA, 01906
Specialty FP
Board Certified
School and Year of Graduation KANSAS CITY UNIVERSITY USA 1987
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1988
Residency and Year ELKINS PARK HOSPITAL - ELKINS PARK, PA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 4984
License Date 5/22/1973
Name **CONWAY JR, JAMES F MD**
Address MANCHESTER UROLOGY ASSN, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03102-
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL, MA USA 1966
Internship and Year ST ELIZABETH HOSPITAL - BOSTON, MA 1967
Residency and Year ST ELIZABETH HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2017**
Remarks

License Number 11192
License Date 3/7/2001
Name **CONWAY, DAVID C MD**
Address CAPITAL REGION FAMILY HEALTH, 250 PLEASANT ST YEAPLE BLDGCONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1986
Internship and Year HARTFORD HOSPITAL - FARMINGTON, CT 1987
Residency and Year HARTFORD HOSPITAL - FARMINGTON, CT 1990
License Expiration Date **6/30/2017**
Remarks

License Number 10135
License Date 10/1/1997
Name **CONWAY, EMILY R MD**
Address 1049 RIVER RD RR 4, KEMPTVILLE OTTAWAONTARIO CANADA, , KOG 1J0
Specialty FP
Board Certified
School and Year of Graduation MC MASTER UNIV SCH OF MED HAMILTON ONTARIO CANADA 1989
Internship and Year MCMaster UNIV - HAMILTON, ONTARIO CANADA 1991
Residency and Year
License Expiration Date **6/30/1999**
Remarks

License Number 8988
License Date 7/7/1993
Name **CONWAY, MARK A MD**
Address OB/GYN ASSOC OF SO NH, 30 D W HWY STE 11MERRIMACK, NH, 03054
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1989
Internship and Year UNIVERSITY OF IL COLLEGE OF MEDICINE - CHICAGO IL 1993
Residency and Year UNIVERSITY OF IL COLLEGE OF MEDICINE - CHICAGO IL 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15824
License Date 9/5/2012
Name **CONWAY, NAZLI R MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 87 MC MCGREGOR ST STE 1300MANCHESTER, NH, 03102
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MED USA 2005
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2008
License Expiration Date **6/30/2016**
Remarks

License Number 4194
License Date 4/16/1968
Name **CONZE, PIERRE F MD**
Address VA HOSPITAL ANESTHESIA DP, 13000 BRUCE B DOWNS BLVD TAMPA, FL, 33612-4798
Specialty AN
Board Certified
School and Year of Graduation PORT-AU-PRINCE, HAITI HAITI 1958
Internship and Year REGINA GREY NUNS HOSPITAL - REGINA, SASKATCHEWAN 1962
Residency and Year UNIV HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2002**
Remarks

License Number 7608
License Date 6/3/1987
Name **COOK, BRUCE R MD**
Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST BLDG 1 LAWRENCE, MA, 01843
Specialty NS
Board Certified NS
School and Year of Graduation GEORGE WASHINGTON UNIV SCH MED HLTH - DC USA 1981
Internship and Year HOSPITAL UNIV HLTH CTR PITTSBURGH, PA 1982
Residency and Year HOSPITAL UNIV HLTH CTR PITTSBURGH, PA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11987
License Date 7/2/2003
Name **COOK, CHRISTOPHER K DO**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation MICHIGAN STATE UNIV - EAST LANSING, MI USA 2000
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2001
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2002
License Expiration Date **6/30/2007**
Remarks

License Number 16665
License Date 7/2/2014
Name **COOK, DAVID C MD**
Address ALIGNMENT BEHAVIORAL CONSULTING, PO BOX 2900/2 S MAINT STE 23 WEAVERVILLE, NC, 28787
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF TENNESSEE USA 1972
Internship and Year UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR - MEMPHIS, TN 1973
Residency and Year UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR - MEMPHIS, TN 1976
License Expiration Date **6/30/2016**
Remarks

License Number L3371
License Date 2/7/2014
Name **COOK, DAVID C MD**
Address LAKEVIEW NEUROREHABILITATION CENTER, 244 HIGHWATCH ROAD EFFINGHAM, NH, 03882
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF TENNESSEE UNITED STATES 1972
Internship and Year UNIVERSITY OF TENNESSEE 1972
Residency and Year UNIVERSITY OF TENNESSEE 1977
License Expiration Date **5/17/2014**
Remarks

License Number 16656
License Date 7/2/2014
Name **COOK, JAN L MD**
Address MINUTEMAN HEALTH, 179 LINCOLN ST BOSTON, MA, 02111
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1984
Internship and Year WASHINGTON UNIVERSITY B-JH/SLCH - ST LOUIS, MO 1986
Residency and Year WASHINGTON UNIVERSITY B-JH/SLCH - ST LOUIS, MO 1987
License Expiration Date **6/30/2016**
Remarks

License Number 14123
License Date 8/6/2008
Name **COOK, PETER C MD**
Address SKYHAVEN INTERNAL MEDICINE, 6 HEALTHCARE DR STE 2 ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation NEW JERSEY MEDICAL SCHOOL USA 1991
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1992
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14190
License Date 10/1/2008
Name **COOK, PETER C MD**
Address DHMC PEDIATRIC ORTHOPEDICS, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty OP
Board Certified
School and Year of Graduation MEMORIAL UNIV CANADA 1986
Internship and Year MEMORIAL UNIV OF NEWFOUNDLAND FACULTY OF MEDICINE-ST JOHNS, NEWFOUNDLAND CANA
Residency and Year UNIV OF ALBERTA-EDMONTON, ALBERTA CANADA 1991
License Expiration Date **6/30/2012**
Remarks

License Number L2933
License Date 4/5/2010
Name **COOK, RICHARD T MD**
Address DARTMOUTH HITCHCOCK MED CENTER, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1984
Internship and Year
Residency and Year
License Expiration Date **7/28/2010**
Remarks **6/8/12 - Final Decision and Order**

License Number 6506
License Date 3/4/1982
Name **COOK, WILLIAM A MD**
Address 198 MASSACHUSETTS AVE, ANNEXN ANDOVER, MA, 01845-4143
Specialty TS
Board Certified TS
School and Year of Graduation UNIV OF WISCONSIN MED SCH-MADISON,WI USA 1957
Internship and Year CLEV MET GEN/HIGHLAND VIEW HOSP-CLEVELAND.OH 1958
Residency and Year MED UNIV HOSP-CHARLESTON,SC 1964
License Expiration Date **6/30/2016**
Remarks

License Number 16576
License Date 5/7/2014
Name **COOK, WILLIAM R MD**
Address 3660 LAKEVIEW DR, SEBRING, FL, 33870
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1981
Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1982
Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 15286
License Date 7/6/2011
Name **COOKE, ELISABETH S MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2006
Internship and Year UNIVERSITY OF TENNESSEE MEDICAL CENTER - KNOXVILLE, TN 2007
Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 16404
License Date 12/4/2013
Name **COOKE, PAUL H MD**
Address , 12 FLORENCE RD., APT BEASTHAMPTON, MA, 01027
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 1984
Internship and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1985
Residency and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1986
License Expiration Date **6/30/2015**
Remarks

License Number 9446
License Date 6/7/1995
Name **COOLEY, ELIZABETH E MD**
Address MONADNOCK COMMUNITY HOSPITAL, 452 OLD STPETERBOROUGH, NH, 03458
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT USA 1992
Internship and Year UNIV OF MINNESOTA,MINNEAPOLIS,MN 1995
Residency and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1995
License Expiration Date **6/30/2017**
Remarks

License Number 5526
License Date 6/14/1976
Name **COOLEY, WILLIAM C MD**
Address CROTCHED MOUNTAIN REHAB CTR, 1 VERNEY DRGREENFIELD, NH, 03047
Specialty PD
Board Certified PD
School and Year of Graduation UNIV. OF PENNSYLVANIA SCHOOL OF MED.PHILADELPHIA USA 1976
Internship and Year UNIV. HOSPITAL ANN ARBOR 1976
Residency and Year UNIV HOSPITAL ANN ARBOR 1976
License Expiration Date **6/30/2016**
Remarks

License Number 6416
License Date 7/2/1981
Name **COOLIDGE, J DUNCAN MD**
Address FRANKLIN REGIONAL HOSP, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF HAWAII SCH MED- HONOLULU,HI USA 1976
Internship and Year MED CTR HOSP-BURLINGTON,VT 1977
Residency and Year MED CTR HOSP-BURLINGTON,VT 1979
License Expiration Date **6/30/2009**
Remarks

License Number 5506
License Date 4/19/1976
Name **COOMBS, DENNIS W MD**
Address HH McGUIRE VA MED CTR-ANESTHES, 1201 BROAD ROCK BLVD RICHMOND, VA, 23249
Specialty AN
Board Certified AN
School and Year of Graduation UNIV. OF IOWA COLLEGE OF MED. IOWA CITY USA 1972
Internship and Year UNIV. HOSPITAL-CLINICS IOWA CITY 1973
Residency and Year GENERAL HOSPITAL VENTURA CO 1975
License Expiration Date **6/30/2016**
Remarks

License Number 12234
License Date 3/3/2004
Name **COONEY, MICHAEL J MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation NEW YORK UNIVERSITY, NEW YORK NY US 1990
Internship and Year UCLA MEDICAL CTR, LOS ANGELES CA 1991
Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 6941
License Date 8/2/1984
Name **COOPER, CYNTHIA S MD**
Address WELL SENSE HEALTH PLAN - MEDICAL DIRECTOR, 1155 ELM ST, STE 600 MANCHESTER, NH, 03101
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1980
Internship and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES CA 1981
Residency and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES CA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 6985
License Date 10/4/1984
Name **COOPER, DAVID A MD**
Address LEE URGENT CARE, 65 CALEF HWY LEE, NH, 03861
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CA LOS ANGELES SCH MED-LOS ANGELES USA 1980
Internship and Year SANTA MONICA HOSP MED CTR-SANTA MONICA 1981
Residency and Year SANTA MONICA HOSP MED CTR-SANTA MONICA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 14062
License Date 7/9/2008
Name **COOPER, LAUREN E MD**
Address CENTRAL NH ER ASSOCIATES, 80 HIGHLAND ST
LAACONIA, NH, 03246
Specialty EM
Board Certified EM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIV USA 2003
Internship and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 2004
Residency and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9830
License Date 8/7/1996
Name **COOPER, LISA T MD**
Address 7134 BUENA VISTA CT, W BLOOMFIELD, MI, 48322
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL, ANN ARBOR USA 1991
Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 1992
Residency and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 1993
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL 6/30/1997, REINSTATED 9/2/2015.**

License Number 10300
License Date 6/3/1998
Name **COOPER, RICHARD P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR
LEBANON, NH, 03756
Specialty R
Board Certified
School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON ,NH 1998
License Expiration Date **6/30/2001**
Remarks

License Number 9883
License Date 12/4/1996
Name **COOPER, ROBERT J MD**
Address 1081 SANDSTONE PASS, FLINT, MI, 48532
Specialty FP
Board Certified
School and Year of Graduation DALHOUSIE MEDICAL SCHOOL HALIFAX NS NOVA SCOTIA 1978
Internship and Year DALHOUSIE UNIV - NOVA SCOTIA 1979
Residency and Year COLLEGE OF FAMILY PHYSICIANS OF CANADA 1984
License Expiration Date **6/30/2000**
Remarks

License Number 11689
License Date 8/7/2002
Name **COOPER, SHELBY S MD**
Address THORACIC & VASCULAR ASSOC, 267 RTE 108 UNIT ASOMERSWORTH, NH, 03878
Specialty GS
Board Certified GS
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1991
Internship and Year GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1992
Residency and Year GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1996
License Expiration Date **6/30/2003**
Remarks

License Number 10176
License Date 12/3/1997
Name **COOPES, BARBARA J MD**
Address FLOATING HOSP FOR CHILDREN, BOX 093-750 WASHINGTON ST BOSTON, MA, 02111
Specialty CCP
Board Certified CCP
School and Year of Graduation WAYNE STATE UNIV SCH OF MED-DETROIT, MI USA 1982
Internship and Year WAYNE UNIV AFFIL HOSP-MI 1983
Residency and Year WAYNE UNIV AFFIL HOSP-MI 1984
License Expiration Date **6/30/2001**
Remarks

License Number 15528
License Date 2/1/2012
Name **COOPEY, SUZANNE N MD**
Address FOUNDATION SURGERY, 8 PROSPECT ST NORTH IINASHUA, NH, 03060
Specialty GS
Board Certified GS
School and Year of Graduation OHIO STATE UNIVERSITY USA 2005
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2006
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16703
License Date 8/6/2014
Name **COOROS, JAMES C MD**
Address 1 GUTHRIE SQ, SAYRE, PA, 18840
Specialty GS
Board Certified GS
School and Year of Graduation STATE UNIVERSITY OF NY UPSTATE MEDICAL UNIVERSITY USA 2004
Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2005
Residency and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 9722
License Date 6/5/1996
Name **COPANS, STUART A MD**
Address NCYF, 203 EAST STEAST HAMPTON, MA, 01027
Specialty CHP
Board Certified CHP
School and Year of Graduation STANFORD MEDICAL SCHOOL-PALO ALTO CA USA 1969
Internship and Year UNIVERSITY OF VERMONT-BURLINGTON VT 1970
Residency and Year UNIVERSITY OF VERMONT-BURLINGTON VT 1971
License Expiration Date **6/30/2016**
Remarks

License Number 16158
License Date 6/5/2013
Name **COPENHAVER, JIM K MD**
Address HUGGINS HOSPITAL, 240 SOUTH MAIN STWOLFEBORO, NH, 03894
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MED USA 1989
Internship and Year ARIZONA HEALTH SCIENCE CENER - TUCSON, AZ 1990
Residency and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 10324
License Date 7/1/1998
Name **COPPOLA, DAVID J MD**
Address SEACOAST GENERAL SURGERY PC, 750 CENTRAL AVE STE NDOVER, NH, 03820
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VERMONT COL OF MED - BURLINGTON, VT USA 1993
Internship and Year UNIV OF IOWA - IOWA CITY, IA 1994
Residency and Year UNIV OF IOWA - IOWA CITY, IA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 14753
License Date 3/3/2010
Name **COPPOLA, JOSEPH P DO**
Address COPPOLA MEDICAL CLINIC, PO BOX 705WOLFEBORO, NH, 03894
Specialty IM
Board Certified IM
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 1993
Internship and Year MILLCREEK COMMUNITY HOSPITAL - ERIE, PA 1994
Residency and Year MILLCREEK COMMUNITY HOSPITAL - ERIE, PA 1996
License Expiration Date **6/30/2014**
Remarks

License Number 15979
License Date 1/9/2013
Name **COPPOLA, MICHAEL P MD**
Address 801 CROMWELL PARK DR STE 108, GLEN BURNIE, MD, 21061
Specialty CCM
Board Certified CCM
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MED USA 1978
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1979
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1981
License Expiration Date **6/30/2017**
Remarks

License Number 8957
License Date 6/2/1993
Name **COPPOLA, THERESA C MD**
Address MEMPHIS VA MED CTR, 1030 JEFFERSON AVEMEMPHIS, TN, 38104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/1999**
Remarks

License Number 9938
License Date 2/5/1997
Name **CORBETT, HELEN M MD**
Address 7303 SW 152ND AVE, BEAVERTON, OR, 97007
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1989
Internship and Year KAISER PERMANENTE MED- CA 1994
Residency and Year KAISER PERMANENTE MEDICAL GROUP - CA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 14619
License Date 10/7/2009
Name **CORBETT, JEFFREY P DO**
Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE USA 2004
Internship and Year MERCY SUBURBAN HOSPITAL - NORRISTOWN, PA 2005
Residency and Year UNIVERSITY OF NEW ENGLAND - BIDDEFORD, ME 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15122
License Date 2/2/2011
Name **CORBETT, JEREMY J MD**
Address 303 GOLF CLUB DR, NICHOLASVILLE, KY, 40356
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA USA 2005
Internship and Year UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 2006
Residency and Year UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 12097
License Date 10/1/2003
Name **CORBIN, DAVID A MD**
Address NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DEBRECEN, HUNGARY HUNGARY 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 4695
License Date 6/12/1972
Name **CORBIT, DAVID E MD**
Address NH EYE ASSOCIATES, 1415 ELM STMANCHESTER, NH, 03101-1325
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF ROCHESTER-ROCHESTER NY USA 1967
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSP-RICHMOND VA 1968
Residency and Year INDIANA UNIVERSITY MED CTR-INDIANAPOLIS IN 1972
License Expiration Date **6/30/2016**
Remarks

License Number 6691
License Date 6/1/1983
Name **CORCORAN, CHRISTOPHER P MD**
Address VA CLINIC, 200 RTE 108SOMERSWORTH, NH, 03878
Specialty IM
Board Certified IM
School and Year of Graduation BAYLOR COLLMED -HOUSTON,TX USA 1978
Internship and Year WASHINGTON HOSP CTR-WASHINGTON,DC 1979
Residency and Year WASHINGTON HOSP CTR-WASHINGTON,DC 1981
License Expiration Date **6/30/2017**
Remarks **2/13/01 - SETTLEMENT AGREEMENT**

License Number 6692
License Date 6/1/1983
Name **CORCORAN, KATHLEEN M MD**
Address 27 JUNIPER TRAIL WAY, PO BOX 535STRAFFORD, NH, 03884
Specialty PD
Board Certified PD
School and Year of Graduation BAYLOR COLL MED -HOUSTON,TX USA 1978
Internship and Year ANTL NAVAL NED CTR-BETHESDA,MD 1979
Residency and Year NATL NAVAL MED CTR - BETHESDA,MD 1981
License Expiration Date **6/30/2017**
Remarks

License Number 6147
License Date 12/12/1979
Name **CORCORAN, PAUL J MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty PM
Board Certified PM
School and Year of Graduation GEORGETOWN UNIV SCH MED - WASHINGTON, DC USA 1959
Internship and Year UNIV OREGON HEALTH SCIENCE CENTER - PORTLAND, OR 1960
Residency and Year NY UNIV MED COLL BELLEVUE HOSPITAL CENTER - NY, NY 1964
License Expiration Date **6/30/2002**
Remarks

License Number 13312
License Date 11/1/2006
Name **CORDISCHI, KEITH M DO**
Address ORTHOPAEDICS NE PC, 575 TURNPIKE ST STE11N ANDOVER, MA, 01845
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND USA 2000
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2001
Residency and Year MEMORIAL HOSPITAL - YORK, PA 2005
License Expiration Date **6/30/2010**
Remarks

License Number 16750
License Date 9/3/2014
Name **CORDTS, ALAN E MD**
Address 78 MAIN ST, FALMOUTH, MA, 02540
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1974
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1975
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 12098
License Date 10/1/2003
Name **CORMACK, JAMES G MD**
Address ANESTHESIA CARE GROUP, 88 MCGREGOR ST SUITE 303MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ALBERTA, EDMONTON, ALBERTA CANADA CANADA 1987
Internship and Year TORONTO EAST GENERAL HOSPITAL, TORONTO, ONTARIO CANADA 1988
Residency and Year UNIVERSITY OF OTTAWA, OTTAWA, ONTARIO CANADA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 9941
License Date 3/5/1997
Name **CORN, MARVIN MD**
Address 10 RUNAWIT RD, EXETER, NH, 03833
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCH OF MED BOSTON, MA USA 1960
Internship and Year UNIV OF NORTH CAROLINA HOSPITAL - NC 1961
Residency and Year BRONX MUNICIPAL HOSPITAL CENTER - NY 1966
License Expiration Date **6/30/2015**
Remarks

License Number 5400
License Date 8/8/1975
Name **CORNELL JR, CORNELIUS J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty HEM
Board Certified
School and Year of Graduation NY MEDICAL COLLEGE USA 1966
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1967
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1972
License Expiration Date **6/30/2015**
Remarks

License Number 15287
License Date 7/6/2011
Name **CORNELL, ALEXANDRA G MD**
Address DARTMOUTH-HITCHCOCK MANCHESTER - PED PULMONARY, 100 HITCHCOCK WAYMANCHESTER,
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2005
Internship and Year CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2006
Residency and Year CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2008
License Expiration Date **6/30/2013**
Remarks

License Number 4435
License Date 6/6/1969
Name **CORNWELL III, GIBBONS G MD**
Address 1 ORFORDVILLE RD, LYME, NH, 03768
Specialty HEM
Board Certified HEM
School and Year of Graduation UNIV OF PENNSYLVANIA - PHILA, PA USA 1963
Internship and Year UNIV OF PENN - PHILA, PA 1964
Residency and Year UNIV OF PENN - PHILA, PA 1968
License Expiration Date **6/30/2007**
Remarks

License Number 13659
License Date 9/5/2007
Name **CORRALL II, CARMEN J MD**
Address 1951 MIRACLE MILE DR EAST, PORT ORCHARD, WA, 98366
Specialty PD
Board Certified PD
School and Year of Graduation WEST VIRGINIA UNIV USA 1976
Internship and Year WEST VIRGINIA UNIV SCHOOL OF MEDICINE - MORGANTOWN, WV 1977
Residency and Year JOHNS HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 1979
License Expiration Date **6/30/2009**
Remarks

License Number 15099
License Date 1/5/2011
Name **CORRENTE, LISA A MD**
Address PARK PLACE MED IMAGING PC, 316 EAST 30TH ST NEW YORK CITY, NY, 10016
Specialty R
Board Certified R
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1997
Internship and Year SOUND SCHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 1998
Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER - NEW YORK, NY 2003
License Expiration Date **6/30/2017**
Remarks **License lapsed for non-renewal 6/30/2015, renewed on 7/20/15.**

License Number 14338
License Date 3/4/2009
Name **CORRENTI, ANTHONY J MD**
Address NH EYE ASSOC PA, 1415 ELM ST MANCHESTER, NH, 03101
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV USA 2003
Internship and Year ROGER WILLIAMS GENERAL HOSPITAL-PROVIDENCE, RI 2004
Residency and Year NASSAU COUNTY MEDICAL CENTER-EAST MEADOW, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 12649
License Date 4/6/2005
Name **CORRIGAN, KATHLEEN M MD**
Address AMONOOSUC COMMUNITY HEALTH, 25 MT EUSTES ROADLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIVERSITY, PROVIDENCE RI US 1993
Internship and Year TUFTS UNIVERSITY, MALDEN MA 1994
Residency and Year LAWRENCE FAMILY PRACTICE, LAWRENCE MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 15100
License Date 1/5/2011
Name **CORRIGAN, KELLY J MD**
Address BARRINGTON WALK IN CARE, 426 CALEF HWY (RTE 125)BARRINGTON, NH, 03825
Specialty EM
Board Certified EM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2001
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2002
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 7076
License Date 5/2/1985
Name **CORRIGAN, PETER E MD**
Address 185 QUEEN CITY AVE, MANCHESTER, NH, 03103
Specialty PUD
Board Certified PUD
School and Year of Graduation GEORGETOWN UNIVERSITY-WASHINGTON, DC USA 1979
Internship and Year ST ELIZABETHS HOSPITAL-BOSTON, MA 1980
Residency and Year ST ELIZABETHS HOSPITAL-BOSTON, MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 12370
License Date 7/7/2004
Name **CORTEZ, ALLEN W MD**
Address 3536 MENDOCINO AVE, STE 250SANTA ROSA, CA, 95403
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1991
Internship and Year UNIVERSITY OF CALIFORNIA, SACRAMENTO CA 1992
Residency and Year UNIVERSITY OF CALIFORNIA, SACRAMENTO CA 1997
License Expiration Date **6/30/2006**
Remarks

License Number 7596
License Date 5/6/1987
Name **CORWIN, HOWARD L MD**
Address UNIVERSITY ARKANSAS, 4301 WEST MARKHAMLITTLE ROCK, AR, 72205
Specialty IM
Board Certified IM
School and Year of Graduation MOUNT SINAI SCH MED OF CITY UNIV OF NY, NY USA 1977
Internship and Year RUSH-PRESBY ST LUKES CENTER - CHICAGO, IL 1978
Residency and Year RUSH-PRESBY ST LUKES CENTER - CHICAGO, IL 1980
License Expiration Date **6/30/2017**
Remarks

License Number 12569
License Date 1/5/2005
Name **CORY, ROBERT P MD**
Address 25575 DEL PONIENTE, LAGUNA NIGUEL, CA, 92677
Specialty R
Board Certified R
School and Year of Graduation WAYNE STATE UNIVERSITY, DETROIT MI US 1976
Internship and Year KING/DREW MEDICAL CTR, LOS ANGELES CA 1978
Residency and Year KINGDREW MEDICAL CTR, LOS ANGELES CA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 8511
License Date 4/3/1991
Name **CORZILIUS, SUSAN P MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 14124
License Date 8/6/2008
Name **COSGROVE, MICHAEL A MD**
Address , 607 RANDOLPH AVEHUNTSVILLE, AL, 35801
Specialty AN
Board Certified
School and Year of Graduation THOMAS JEFFERSON UNIV USA 1999
Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 2000
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2010**
Remarks

License Number 11988
License Date 7/2/2003
Name **COSTA, SALVATORE P MD**
Address DHMC-CARDIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF NEW YORK - STONY BROOK, NY USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 2000
License Expiration Date **6/30/2017**
Remarks

License Number 3432
License Date 3/11/1961
Name **COSTEA, NICOLAS V MD**
Address VA MEDICAL CENTER, 3651 TERRACE VIEW DRENCINO, CA, 91436
Specialty HEM
Board Certified
School and Year of Graduation THE UNIVERSITY OF PARIS FRANCE 1956
Internship and Year ST FRANCIS- NY 1957
Residency and Year NEW ENGLAND CENTER- BOSTON MA 1961
License Expiration Date **6/30/1998**
Remarks **Deceased 9/13/2000**

License Number 11620
License Date 6/5/2002
Name **COSTELLO, BETTINA M MD**
Address HUGGINS HOSP, PO BOX 912WOLFEBORO, NH, 03894-0912
Specialty OBG
Board Certified
School and Year of Graduation DALHOUSIE UNIV - HALIFAX, NOVA SCOTIA CANADA CANADA 1994
Internship and Year DALHOUSIE UNIVERSITY FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1995
Residency and Year DALHOUSIE UNIVERSITY FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 16342
License Date 10/2/2013
Name **COSTELLO, BRIAN A MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1995
Internship and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1996
Residency and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1998
License Expiration Date **6/30/2017**
Remarks

License Number 13107
License Date 6/7/2006
Name **COSTELLO, DOMINICA C DO**
Address NORTHEAST ENDOCRINOLOGY & DIABETES CTR, 255 LOW STREET STE 102NEWBURYPORT, MA, 01
Specialty END
Board Certified IM
School and Year of Graduation KANSAS CITY UNIV USA 2000
Internship and Year BERKSHIRE MEDICAL CTR-PITTSFIELD, MA 2001
Residency and Year BERKSHIRE MEDICAL CTR-PITTSFIELD, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 7517
License Date 3/4/1987
Name **COSTELLO, GEORGE W MD**
Address HUGGINS HOSPITAL - ORTHO SURG, PO BOX 912 240 S MAIN STWOLFEBORO, NH, 03894-1298
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF CT SCH OF MED-FRAMINGTON,CT USA 1982
Internship and Year MAINE MED CTR-PORTLAND,ME 1983
Residency and Year UNIV MA HOSPITAL-WORCHSTER,MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 16441
License Date 1/8/2014
Name **COTE, CHRISTINA J DO**
Address 2929 5TH ST STE 240, RAPID CITY, SD, 57701
Specialty PM
Board Certified PM
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 2001
Internship and Year OUCOM-DOCTORS HOSPITAL - COLUMBUS, OH 2002
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2005
License Expiration Date **6/30/2016**
Remarks

License Number 14790
License Date 4/7/2010
Name **COTE, LISE A MD**
Address VIM, 2300 NEFF RDBEND, OR, 97701
Specialty FP
Board Certified FP
School and Year of Graduation UNIFORMED SERVICES UNIVERSITY USA 1987
Internship and Year MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 1988
Residency and Year MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 3676
License Date 3/11/1964
Name **COTE, NORMAND R MD**
Address 193 KINSLEY STREET, NASHUA, NH, 03060
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks **Deceased 11/30/95**

License Number 6261
License Date 8/8/1980
Name **COTE, PAUL L MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation PROVINCIAL COLLEGE OF PHYSICIANS IN CANADA CANADA 1977
Internship and Year
Residency and Year
License Expiration Date **8/22/1988**
Remarks

License Number 4423
License Date 4/22/1969
Name **COTE, ROBERT P MD**
Address 25A JUNE ST, SANFORD, ME, 04073-
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1967
Internship and Year ST ELIZABETH'S HOSPITAL - BRIGHTON, MA 1968
Residency and Year ST ELIZABETH HOSPITAL - BRIGHTON, MA 1968
License Expiration Date **6/29/2006**
Remarks **DECEASED 6/29/06**

License Number 9002
License Date 7/7/1993
Name **COTHRON, ANNA W MD**
Address 520 VINCENT ST, STEVENS POINT, WI, 54481
Specialty P
Board Certified P
School and Year of Graduation UNIVERRSITY OF TX MEDICAL BRANCH GALVESTON USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2009**
Remarks

License Number 15911
License Date 11/7/2012
Name **COTOI, DANIEL MD**
Address DHMC - DEPT OF ANESTHESIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 14704
License Date 1/6/2010
Name **COTONI, DAVID A DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation EDWARD VIA VIRGINIA COLLEGE USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 12195
License Date 1/7/2004
Name **COTTER, JOHN G MD**
Address 118 GRENDE ISLE AVE, SW, APT 3214ROCHESTER, MN, 55902
Specialty IM
Board Certified IM
School and Year of Graduation MEMORIAL UNIVERSITY OF NEWFOUNDLAND IN CANADA CANADA 2000
Internship and Year UNIVERSITY OF MASS, WORCESTER MA 2001
Residency and Year UNIVERSITY OF MASS, WORCESTER MA 2003
License Expiration Date **6/30/2010**
Remarks

License Number 10779
License Date 12/1/1999
Name **COUDREAUT, MICHAEL F MD**
Address NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1990
Internship and Year UCLA NEUROPSYCHIATRIC INSTITUTE - LOS ANGELES, CA 1991
Residency and Year UCLA NEUROPSYCHIATRIC INSTITUTE - LOS ANGELES,CA 1994
License Expiration Date **6/30/2001**
Remarks

License Number 6208
License Date 6/9/1980
Name **COUGHLIN, CHRISTOPHER T MD**
Address DUKE UNIV MED CTR, PO BOX 3085 DEPT OF R/ONCOLOGYDURHAM, NC, 27710
Specialty RO
Board Certified RO
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1973
Internship and Year GOOD SAMARITAN HOSP-PORTLAND,OR 1974
Residency and Year GOOD SAMARITAN HOSP-PORTLAND,OR 1976
License Expiration Date **6/30/2002**
Remarks

License Number 13855
License Date 3/5/2008
Name **COUNCIL, LORA L MD**
Address DHMC - NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2004
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2005
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 7193
License Date 9/10/1985
Name **COURSIN, DAVID R MD**
Address 32 WEST ST, NORTHWOOD, NH, 03261
Specialty P
Board Certified P
School and Year of Graduation ALBANY MED COLL UNION UNIV-ALBANY,NY USA 1973
Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1974
Residency and Year HOSP UNIV OF PA-PHIL,PA 1983
License Expiration Date **6/30/2017**
Remarks **RETIRED**

License Number 10354
License Date 7/1/1998
Name **COURTEMANCHE, DOLLY R MD**
Address CONCORD PEDIATRICS PA, 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1991
Internship and Year MEDICAL CENTER AND HOSPITAL OF VERMONT - BURLINGTON, VT 1992
Residency and Year MEDICAL CENTER AND HOSPITAL OF VERMONT - BURLINGTON, VT 1993
License Expiration Date **6/30/2016**
Remarks

License Number 9036
License Date 9/1/1993
Name **COURTNEY, ANTHONY W MD**
Address COOPER CLINIC, 7301 ROGERS AVE FORT SMITH, AR, 72903
Specialty ON
Board Certified IM
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1970
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY KS 1971
Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY KS 1972
License Expiration Date **6/30/2007**
Remarks

License Number 12196
License Date 1/7/2004
Name **COURTNEY, KEITH DO**
Address LONG CREEK YOUTH DEVELOP CTR, 675 WESTBROOK STS PORTLAND, ME, 04106
Specialty P
Board Certified P
School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1990
Internship and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1991
Residency and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1993
License Expiration Date **6/30/2006**
Remarks

License Number 14754
License Date 3/3/2010
Name **COURTS, DONALD E MD**
Address 411 WALNUT ST #9385, GREEN COVE SPRINGS, FL, 32043
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1959
Internship and Year LOS ANGELES COUNTY-UNIV OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1960
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 14618
License Date 10/7/2009
Name **COURVILLE, XAN FRANCOISE MD**
Address 16 HEMLOCK RIDGE RD UNIT 204, WRJ, VT, 05001
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2011**
Remarks

License Number 7077
License Date 5/2/1985
Name **COUSINEAU, LEO E MD**
Address 34 HEALTH INFORMATION SYSTEMS, 5205 LEESBURE PIKEFALL CHURCH, VA, 22041
Specialty HEM
Board Certified HEM
School and Year of Graduation UNIV OF MONTREAL FAC OF MED-MONTREAL CANADA 1958
Internship and Year HARPER-GRACE HOSPITAL-DETROIT,MI 1961
Residency and Year HARPER-GRACE HOSPITAL -DETROIT, MI 1961
License Expiration Date **6/30/2005**
Remarks

License Number 14676
License Date 12/2/2009
Name **COUSINS, JOSEPH R MD**
Address COMMUNITY BAY PHY IMAGE CARE, 711 TRIY-SCHANECTY RD STE 201LATHON, NY, 02110-2454
Specialty R
Board Certified R
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2001
Internship and Year UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 2002
Residency and Year UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2006
License Expiration Date **6/30/2011**
Remarks

License Number 16900
License Date 1/21/2015
Name **COUTINHO-SLEDGE, YAMARA S MD**
Address 3658 ROUTE 44, BROWNSVILLE, VT, 05037
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT USA 2009
Internship and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2010
Residency and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2012
License Expiration Date **6/30/2017**
Remarks

License Number 13660
License Date 9/5/2007
Name **COUSTRAS, STEVEN W MD**
Address 102 HIGHLAND AVE, ROANOKE, VA, 24022
Specialty OTO
Board Certified OTO
School and Year of Graduation GEORGETOWN UNIV USA 1981
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1982
Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1987
License Expiration Date **6/30/2009**
Remarks

License Number 10780
License Date 12/1/1999
Name **COUTURE, BONNIE H MD**
Address 40 HEMLOCK CT, NEWFIELDS, NH, 03856
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 13034
License Date 4/5/2006
Name **COUTURE, CHRISTOPHER J MD**
Address VICTORY SPORTS MED/MERRIMACK MED CTR, 696 DANIEL WEBSTER HIGHWAYMERRIMACK, NH, 0
Specialty FP
Board Certified FSM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH USA 1997
Internship and Year CONCORD HOSPITAL, CONCORD NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 3357
License Date 3/9/1960
Name **COUTURE, NORMAND R MD**
Address CEDER POND DR, PO BOX 129MILAN, NH, 03588-
Specialty FP
Board Certified FP
School and Year of Graduation LAVAL UNIVERSITY- QUEBEC CANADA 1959
Internship and Year HOTEL-DIEO SANIT VALLIER- CHICOUTIMI QUEBEC 1959
Residency and Year VASSAR BROTHERS HOSPITAL- NY 1960
License Expiration Date **6/30/1998**
Remarks

License Number 7312
License Date 5/8/1986
Name **COVEY, MARK E MD**
Address CORE PEDIATRICS EXETER, 9 BUZELL AVE STE3EXETER, NH, 03833-2520
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1983
Internship and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1984
Residency and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 17258
License Date 9/2/2015
Name **COVINGTON, NANCY M MD**
Address 11390 OLD ROSWELL RD - STE 100, ALPHARETTA, GA, 30009-2058
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MISSISSIPI SCHOOL OF MEDICINE-JACKSON, MS USA 1981
Internship and Year CHARITY HOSPITAL OF LOUISIANA - LSU DIVISION- NEW ORLEANS, LA 1982
Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 9120
License Date 3/2/1994
Name **COVINGTON, RICHARD S DO**
Address MT MOOSE LAUKEE HLTH CTR, RR 1 BOX 227WARREN, NH, 03279-
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 1988
Internship and Year WARREN HOSPITAL - PHILLIPSBURG NJ 1992
Residency and Year WARREN HOSPITAL - PHILLIPSBURG NJ 1992
License Expiration Date **6/30/2001**
Remarks

License Number 7710
License Date 9/2/1987
Name **COWAN, THOMAS MD**
Address 69 MAIN ST, PETERBOROUGH, NH, 03458-
Specialty GP
Board Certified
School and Year of Graduation MICHIGAN STATE UNIV COLL OF HUMAN MED USA 1984
Internship and Year UNITED HEALTH SERVICES-JOHNSON CITY 1985
Residency and Year UNITED HEALTH SERVICES - JOHNSON CITY 1985
License Expiration Date **6/30/2005**
Remarks

License Number 16742
License Date 9/3/2014
Name **COWETT, RICHARD M MD**
Address 157 PINE HILL RD, BOXBOROUGH, MA, 01779
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1968
Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1969
Residency and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1970
License Expiration Date **6/30/2016**
Remarks

License Number 11773
License Date 11/6/2002
Name **COX JR, RALPH F MD**
Address 7200 N STATE HWY 161, IRVING, TX, 75039
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TEXAS-HOUSTON MED SCH - HOUSTON, TX USA 1982
Internship and Year LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1983
Residency and Year LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1985
License Expiration Date **6/30/2008**
Remarks

License Number 6640
License Date 1/6/1983
Name **COX III, EDWARD V MD**
Address 220 SUTTON ST, N ANDOVER, MA, 01845-1640
Specialty NS
Board Certified NS
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1969
Internship and Year MT SINAI HOSP-NY 1970
Residency and Year JACKSON MEM HOSP-MIAMI,FL 1977
License Expiration Date **6/30/2005**
Remarks

License Number 13197
License Date 8/2/2006
Name **COX, CYDNEY J MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 2001
Internship and Year MAINE MEDICAL CTR-PORTLAND, ME 2002
Residency and Year MAINE MEDICAL CTR-PORTLAND, ME 2005
License Expiration Date **6/30/2016**
Remarks

License Number 16704
License Date 8/6/2014
Name **COX, DEVEN D DO**
Address 302 LEXINGTON CT, YORKTOWN, VA, 23693
Specialty DR
Board Certified DR
School and Year of Graduation MIDWESTERN UNIVERSITY ARIZONA CAMPUS USA 2008
Internship and Year TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 2009
Residency and Year TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 2013
License Expiration Date **6/30/2016**
Remarks

License Number 9769
License Date 7/3/1996
Name **COX, WILLIAM H MD**
Address 4009 WASSON RD, BIG SPRING, TX, 79720
Specialty IM
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1957
Internship and Year UNIV HOSPITAL - CLEVELAND, OH 1958
Residency and Year UNIV HOSPITAL - CLEVELAND, OH 1960
License Expiration Date **6/30/1998**
Remarks **DECEASED 8-16-2011**

License Number 11727
License Date 9/4/2002
Name **COYLE, JOSEPH G MD**
Address 15 AIKEN AVE, FRANKLIN, NH, 03235
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF NEWFOUNDLAND - ST JOHNS, NEWFOUNDLAND CANADA 1977
Internship and Year MCMASTER UNIV - HAMILTON, ONTARIO CANADA 1979
Residency and Year MCMASTER UNIV - HAMILTON, ONTARIO CANADA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 16635
License Date 6/4/2014
Name **COYLEWRIGHT, MEGAN MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL OF MEDICINE USA 2005
Internship and Year JOHNS HOPINS HOSPITAL - BALTIMORE, MD 2006
Residency and Year JOHNS HOPINS HOSPITAL - BALTIMORE, MD 2009
License Expiration Date **6/30/2016**
Remarks

License Number 12023
License Date 8/6/2003
Name **COYNER, CORINNE F MD**
Address 1650 COCHRAN CIRCLE, PEDIATRICS CLINICCOLORADO SPRINGS, CO, 80913
Specialty PD
Board Certified PD
School and Year of Graduation EASTERN VIRGINIA MED SCHOOL, NORFOLD VA US 1995
Internship and Year WALTER REED ARMY MED CTR, WASHINGTON DC 1996
Residency and Year WALTER REED ARMY MED CTR, WASHINGTON DC 1998
License Expiration Date **6/30/2005**
Remarks

License Number 14677
 License Date 12/2/2009
 Name **COZZI, MICHAEL K MD**
 Address DARTMOUTH HITCHCOCK, 25 SOUTH RIVER RDBEDFORD, NH, 03101
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIVERSITY OF KANSAS USA 1996
 Internship and Year KANSAS MEDICAL EDUCATION FOUNDATION PROGRAM - TOPEKA, KS 1997
 Residency and Year KANSAS MEDICAL EDUCATION FOUNDATION PROGRAM 1999
 License Expiration Date **6/30/2017**

Remarks

License Number 9864
 License Date 11/6/1996
 Name **COZZOLINO, DAVID J MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty U
 Board Certified
 School and Year of Graduation UNIV OF HLTH SCI CHICAGO MED SCHOOL USA 1993
 Internship and Year MARY-HITCHCOCK MED CTR - NH 1995
 Residency and Year MARY- HITCHCOCK MED CTR 1999
 License Expiration Date **6/30/2000**

Remarks

License Number 4112
 License Date 7/28/1967
 Name **CRAIG, ALASTAIR M MD**
 Address NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301
 Specialty OBS
 Board Certified
 School and Year of Graduation EDINBURGH UNIV SCOTLAND 1962
 Internship and Year ENDINBURGH SCOTLAND 1963
 Residency and Year MEDICAL OFFICER IN ROYAL AIR FORCE SCOTLAND 1967
 License Expiration Date **6/30/2017**

Remarks

License Number 3213
 License Date 9/11/1957
 Name **CRAIG, EDYTHE L DO**
 Address 90 CRAIG RD, BRADFORD, NH, 03221
 Specialty GP
 Board Certified GP
 School and Year of Graduation MASSACHUSETTS COLLEGE OF OSTEOPATHY USA 1943
 Internship and Year OSTEOPATHIC HOSPITAL PORTLAND - MAINE 1944
 Residency and Year OSTEOPATHIC HOSPITAL - PORTLAND, ME 1945
 License Expiration Date **6/30/2002**

Remarks

License Number 4723
 License Date 7/7/1972
 Name **CRAMER JR, HARRY R MD**
 Address COAST VASCULAR& INTERVENTIONAL, 5147 NORTH 9TH AVE STE 318PENSACOLA, FL, 32504
 Specialty DR
 Board Certified DR
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE, PA USA 1971
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
 License Expiration Date **6/30/2016**
 Remarks

License Number 14834
 License Date 5/5/2010
 Name **CRAMER, ELIZABETH R MD**
 Address CONCORD PEDIATRICS, 248 PLEASANT ST STE 1700CONCORD, NH, 03301
 Specialty PD
 Board Certified PD
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2006
 Internship and Year STRONG MEMORIAL HOSP-GOLISANO CHILDRENS HOSP @ STRONG - ROCHESTER,NY 2007
 Residency and Year STRONG MEMORIAL HOSP-GOLISANO CHILDRENS HOSP @ STRONG - ROCHESTER,NY 2009
 License Expiration Date **6/30/2016**
 Remarks

License Number 13896
 License Date 4/2/2008
 Name **CRAMTON, RACHEL E MD**
 Address RHODE ISLAND HOSPITAL, 593 EDDY STPROVIDENCE, RI, 02905
 Specialty PD
 Board Certified PD
 School and Year of Graduation TEMPLE UNIV USA 2004
 Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2006
 Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2007
 License Expiration Date **6/30/2010**
 Remarks

License Number 8073
 License Date 5/10/1989
 Name **CRANDALL, ROBERT SCOTT MD**
 Address DHMC - BEDFORD MEDICAL PARK, 5 WASHINGTON PLACEBEDFORD, NH, 03110
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation STATE UNIV OF NY @ BUFFALO BUFFALO NY USA 1982
 Internship and Year SUNY BUFFALO AFIL HOSP/OBG BUFFALO NY 1983
 Residency and Year SUNY BUFFALO AFFIL HOSP/OBG BUFFALO NY 1986
 License Expiration Date **6/30/2017**
 Remarks

License Number 15123
License Date 2/2/2011
Name **CRANE JR, WILLIAM G DO**
Address 318 S EAST AVE, DRESSSER, WI, 54009
Specialty OPH
Board Certified OPH
School and Year of Graduation DES MOINES UNIVERSITY USA 1991
Internship and Year WILSON MEMORIAL REGIONAL MEDICAL CENTER UNITED HEALTH SERVICES - JOHNSON CITY, NY 1
Residency and Year UNIVERSITY OF MISSOURI @ KANSAN CITY SCHOOL OF MEDICINE-KANSAS CITY, MO 1997
License Expiration Date **6/30/2013**
Remarks

License Number 9315
License Date 11/2/1994
Name **CRANE, ANGELA R MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE USA 1985
Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1986
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1988
License Expiration Date **6/30/2012**
Remarks

License Number 13035
License Date 4/5/2006
Name **CRANE, CURTIS N MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty U
Board Certified
School and Year of Graduation UNIV OF IOWA, IOWA CITY IA USA 2002
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2008**
Remarks

License Number 16705
License Date 8/6/2014
Name **CRANLEY, ROBERT MD**
Address 829 RIVERVIEW DR, BRIELLE, NJ, 08730
Specialty DR
Board Certified DR
School and Year of Graduation BOSTON UNIVERSITY USA 1995
Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1996
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2000
License Expiration Date **6/30/2016**
Remarks

License Number 6844
License Date 2/2/1984
Name **CRATHERN, BRIAN C MD**
Address 176 DEWITT DR, ALTON, NH, 03809
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF TEXAS SOUTHWESTERN MED SCHOOL DALLAS USA 1976
Internship and Year WORCESTER CITY HOSPITAL MASS 1977
Residency and Year WORCESTER CITY HOSPITAL MASS. 1978
License Expiration Date **6/30/2016**
Remarks

License Number 9723
License Date 6/5/1996
Name **CRAVERO, JOSEPH P MD**
Address DHMC-ANES, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty AN
Board Certified PD
School and Year of Graduation UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1986
Internship and Year FITZSIMONS ARMY MEDICAL CENTER-AURORA CO 1987
Residency and Year FITZSIMONS ARMY MEDICAL CENTER-AURORA CO 1989
License Expiration Date **6/30/2016**
Remarks

License Number 11267
License Date 6/6/2001
Name **CRAWFORD, ANDREA B MD**
Address GLOUCESTER ORTHOPEDICS, PO BOX 646GLOUCESTER, VA, 23061
Specialty ORS
Board Certified ORS
School and Year of Graduation VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1977
Internship and Year MEDICAL COLLEGE OF VIRGINIA- RICHMOND, VA 1978
Residency and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1982
License Expiration Date **6/30/2005**
Remarks

License Number 14791
License Date 4/7/2010
Name **CRAWFORD, GLEN D MD**
Address SPORTS MED ATLANTIC ORTHO, 150 HIGHWAY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty ORS
Board Certified ORS
School and Year of Graduation STANFORD UNIVERSITY USA 1985
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1987
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 11619
License Date 6/5/2002
Name **CRAWFORD, LINDA M MD**
Address 7 ARTISAN LANE, PLYMOUTH, NH, 03264
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11107
License Date 11/1/2000
Name **CRAWFORD, WILLIAM L MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK MED COLL - VALHALLA, NY USA 1995
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1996
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12419
License Date 8/4/2004
Name **CREAGER, DICK N MD**
Address CVS CAREMARK, 2211 SANDERS RDNORTHBROOK, IL, 60062
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1982
Internship and Year UNIVERSITY OF ROCHESTER, ROCHESTER NY 1983
Residency and Year UNIVERSITY OF UTAH, SALT LAKE CITY UT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 17259
License Date 9/2/2015
Name **CREAGER, MARK A MD**
Address 75 FRANCIS ST, BOSTON, MA, 02115
Specialty CD
Board Certified CD
School and Year of Graduation TEMPLE UNIV SCHOOL OFMEDICINE, PHILA, PA USA 1974
Internship and Year BOSTON UNIVERSITY HOSPITAL- BOSTON, MA 1975
Residency and Year BOSTON UNIVIVERSITY HOSPITAL- BOSTON, MA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 7213
 License Date 10/3/1985
 Name **CREIGHTON, THOMAS W MD**
 Address UPPER VALLEY PEDIATRICS, RTE 5 UPPER PLAINSBRADFORD, VT, 05033
 Specialty PD
 Board Certified PD
 School and Year of Graduation DARTMOUTH-MED SCH USA 1982
 Internship and Year DATRMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR- HANOVER,NH 1985
 License Expiration Date **5/14/2002**
 Remarks **Settlement Agreement 5/14/02 INACTIVE LICENSE EFFECTIVE 5/14/02!!!!**
DECEASED 5/19/09

License Number 17050
 License Date 5/6/2015
 Name **CREPEAU, AMY Z MD**
 Address MAYO, 5777 E MAYO BLVD PHOENIX, AZ, 85054
 Specialty N
 Board Certified N
 School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 2007
 Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE 2008
 Residency and Year ST JOSEPHS HOSPITAL & MEDICINE - PHOENIX, AZ 2011
 License Expiration Date **6/30/2017**
 Remarks

License Number 8948
 License Date 5/5/1993
 Name **CRESPI, DENRICK L DO**
 Address 167 S RIVER RD, BEDFORD, NH, 03110
 Specialty OS
 Board Certified
 School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1966
 Internship and Year FLINT OSTEOPATHIC HOSPITAL - FLINT MI 1966
 Residency and Year FLINT OSTEOPATHIC HOSPITAL-FLINT,MI 1996
 License Expiration Date **6/30/2017**
 Remarks

License Number 8345
 License Date 6/6/1990
 Name **CRESPO, JORGE L MD**
 Address 745A RTE 63, PO BOX 339 CHESTERFIELD, NH, 03443
 Specialty D
 Board Certified D
 School and Year of Graduation UNIV OF MICHIGAN SCH - ANN ARBOR, MI USA 1986
 Internship and Year MARSHFIELD CLINIC / ST JOSEPH HOSPITAL - WI 1987
 Residency and Year UNIV TEXAS MEDICAL SCH - HOUSTON, TX 1990
 License Expiration Date **6/30/2016**
 Remarks

License Number 13036
License Date 4/5/2006
Name **CREWALK, JULIE-ANN M MD**
Address 4827 HUTCHINS PLACE, WASHINGTON, DC, 20007
Specialty PD
Board Certified
School and Year of Graduation THOMAS JEFFERSON UNIV, PHILADELPHIA PA USA 2002
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND, PAWTUCKET RI 2003
Residency and Year ALFRED I DUPONT HOSPITAL OF CHILDREN-THOMAS JEFFERSON UNIV, WILMINGTON DE 2005
License Expiration Date **6/30/2008**
Remarks

License Number 6007
License Date 1/5/1979
Name **CRICCO, ROBERT P MD**
Address VALLEY UROLOGISTS, 5 DUNNING STCLAREMONT, NH, 03743-2016
Specialty U
Board Certified U
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE -DC USA 1973
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1974
Residency and Year WEST VIRGINIA UNIV MEDICAL CENTER - MORGANTOWN, WV 1978
License Expiration Date **6/30/2017**
Remarks

License Number 4696
License Date 6/12/1972
Name **CRICHLAW, ROBERT W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1957
Internship and Year HOSPITAL OF THE UNIVERSITY OF PA-PHILADELPHIA PA 1958
Residency and Year HOSPITAL OF THE UNIVERSITY OF PA-PHILADELPHIA PA 1963
License Expiration Date **6/30/1999**
Remarks **Deceased 11/13/12**

License Number 11989
License Date 7/2/2003
Name **CRIDER, ANJA B MD**
Address 3616 NORTH STEVENS ST, TACOMA, WA, 98407
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE-BOSTON, MA USA 1992
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1993
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1996
License Expiration Date **6/30/2005**
Remarks **8/7/09 - Settlement Agreement**

License Number 3401
License Date 10/19/1960
Name **CRISP JR, NORMAN W MD**
Address 29 BERKELEY ST, NASHUA, NH, 03064
Specialty TS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1953
Internship and Year UNIVERSITY OF MINNESOTA 1954
Residency and Year UNIVERSITY OF MINNESOTA 1960
License Expiration Date **6/30/2006**
Remarks **Final Order - 1/7/2002-----Deceased August 2005**

License Number 3524
License Date 7/6/1962
Name **CRISP, JOHN E MD**
Address CRISP MED PROFESSIONAL ASSOC, 168 KINSLEY ST NASHUA, NH, 03060-3634
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VERMONT USA 1957
Internship and Year ROOSEVELT HOSPITAL - NEW YORK, NY 1958
Residency and Year ROOSEVELT HOSPITAL - NEW YORK, NY 1962
License Expiration Date **12/2/2011**
Remarks **DECEASED 12/2/11**

License Number 14792
License Date 4/7/2010
Name **CRISTESCU, DAN A MD**
Address DANBURY HOSPITAL, 24 HOSPITAL AVEDANBURY, CT, 06810
Specialty IM
Board Certified
School and Year of Graduation UNIV DE MED SI FARMACIE IULIU HATIEGANU ROMANIA
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2008
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2009
License Expiration Date **6/30/2012**
Remarks

License Number 13897
License Date 4/2/2008
Name **CRISTO JR, WILLIAM MD**
Address SALEM RADIOLOGY, 23 STILES RD STE 102 SALEM, NH, 03079
Specialty R
Board Certified R
School and Year of Graduation NY MEDICAL COLLEGE USA 1971
Internship and Year LENOX HILL HOSPITAL - NY, NY 1972
Residency and Year METROPOLITAN HOSPITAL CENTER-NY, NY 1975
License Expiration Date **6/30/2010**
Remarks

License Number 9884
License Date 12/4/1996
Name **CRITES, DANA L MD**
Address RIVERBEND COMMUNITY MENTAL, PO BOX 2032CONCORD, NH, 03301
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIV OF MARYLAND SCHOOL OF MEDICINE - BALTIMORE,MD USA 1985
Internship and Year FRANKLIN SQUARE HOSPITAL CENTER - MD 1986
Residency and Year PENN STATE UNIV HOSP - HERSHEY PA 1989
License Expiration Date **6/30/1999**
Remarks

License Number 13090
License Date 6/7/2006
Name **CRITES, DAVID J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2008**
Remarks

License Number 14451
License Date 6/3/2009
Name **CRITTENDEN, STANLEY D MD**
Address BOSTON UNIVERSITY MEDICAL CENTER, 650 ALBANY STREET EBRC 504BOSTON, MA, 02118
Specialty IM
Board Certified IM
School and Year of Graduation TULANE UNIVERSITY USA 2005
Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2006
Residency and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15055
License Date 11/3/2010
Name **CROCE, KEVIN J MD**
Address BRIGHAM & WOMEN'S HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY USA 2001
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2002
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 8/11/14

License Number 11305
License Date 7/11/2001
Name **CROCENZI, TODD S MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1994
Internship and Year UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE MD 1995
Residency and Year UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE MD 1996
License Expiration Date **1/30/2006**
Remarks **REQUESTED INACTIVE 1/30/06**

License Number 5267
License Date 12/2/1974
Name **CROCKER, AUGUSTUS T MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY USA 1944
Internship and Year
Residency and Year
License Expiration Date **6/30/1986**
Remarks **DECEASED 10/16/01**

License Number 12650
License Date 4/6/2005
Name **CROCKER, BENJAMIN MD**
Address 216 VAUGHAN STREET, PORTLAND, ME, 04102
Specialty P
Board Certified P
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1979
Internship and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1980
Residency and Year USC MEDICAL CENTER, LOS ANGELES CA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 11127
License Date 12/6/2000
Name **CROCKER, ROBERT L MD**
Address 4500 I-55 N SUITE 250, JACKSON, MS, 39211
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MISSISSIPPI SCH - JACKSON, MS USA 1979
Internship and Year UNIV OF TENNESSEE COLL OF MED - CHATTANOOGA, TN 1980
Residency and Year UNIV OV TENNESSEE COLL OF MED - CHATTANOOGA, TN 1982
License Expiration Date **6/30/2016**
Remarks

License Number 15212
License Date 5/4/2011
Name **CROCKETT, ANDREW O MD**
Address DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF UTAH USA 2005
Internship and Year OHIO STATE UNIVERSITY - COLUMBUS, OH 2006
Residency and Year OHIO STATE UNIVERSITY - COLUMBUS, OH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15374
License Date 9/7/2011
Name **CROCKETT, SARAH C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 2005
Internship and Year OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2006
Residency and Year OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 12543
License Date 12/1/2004
Name **CROITORU, DANIEL P MD**
Address DHMC-CHILDREN'S HOSP-GS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1983
Internship and Year NEW ENGLAND MED CTR, BOSTON MA 1984
Residency and Year NEW ENGLAND MED CTR, BOSTON MA 1089
License Expiration Date **6/30/2016**
Remarks

License Number 13531
License Date 6/6/2007
Name **CROMER, DORIS D MD**
Address YORK HOSPITAL FAMILY MEDICINE IN WELLS, 114 SANFORD RDWELLS, ME, 04090
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NEW YORK USA 1996
Internship and Year SUNY @ STONY BROOK - STONY BROOK, NY 1997
Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7214
License Date 10/3/1985
Name **CROMWELL, LAURENCE D MD**
Address DHMC - RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation STANFORD UNIV SCH MED - STANFORD, CA USA 1971
Internship and Year THE OREGON HEALTH SCIENCE CENTER UNIV HOSPITAL - PORTLAND, OR 1972
Residency and Year THE OREGON HEALTH SCIENCE CENTER UNIV HOSPITAL - PORTLAND, OR 1976
License Expiration Date **6/30/2017**
Remarks

License Number 6972
License Date 9/6/1984
Name **CRONENWETT, JACK L MD**
Address DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty VS
Board Certified VS
School and Year of Graduation STANFORD UNIV SCH MED-PALO ATLO,CA USA 1973
Internship and Year UNIV HOSPITAL-ANN ARBOR,MI 1974
Residency and Year UNIV HOSPITAL-ANN ARBOR,MI 1979
License Expiration Date **6/30/2016**
Remarks

License Number 15912
License Date 11/7/2012
Name **CRONIN, JONATHAN H MD**
Address MASS GEN HOSP, 55 FRUIT ST FOUNDERS 530BOSTON, MA, 02114
Specialty NPM
Board Certified NPM
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1980
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1981
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 6009
License Date 1/4/1979
Name **CRONIN, STEPHEN G MD**
Address 12 Amherst Street, Suite 1Nashua, NH, 03060
Specialty P
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSTIY USA 1963
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks **Deceased 7/03/96**

License Number 9885
License Date 12/4/1996
Name **CROSBY, CAROLYN S MD**
Address BELKNAP FAMILY HLTH CENTER, 238 DANIEL WEBSTER HGWYMEREDITH, NH, 03253
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1989
Internship and Year NAVAL MEDICAL CTR SAN DIEGO, CA 1990
Residency and Year NAVAL HOSPITAL - CA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 3988
License Date 1/16/1967
Name **CROSS, JUSTIN A MD**
Address 920 LASSINO COURT, PONTA GORDA, FL, 33950
Specialty OBG
Board Certified OBG
School and Year of Graduation MCGILL UNIF FACULTY OF MEDICINE - MONTREAL QUE CANADA 1960
Internship and Year GENESYS REGIONAL MEDICAN CENTER ST JOSEPH - FLINT, MI 1961
Residency and Year UNIV HOSPITAL SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 1967
License Expiration Date **6/30/1999**
Remarks

License Number 7269
License Date 2/6/1986
Name **CROSS, ROBERT S MD**
Address VAMC CENTRAL WESTERN MA, 421 N MAIN STLEEDS, MA, 01653
Specialty OM
Board Certified IM
School and Year of Graduation UNIV OF CALLIFORNIA SCH MED - SAN FRANCISCO USA 1973
Internship and Year GRADY MEMORIAL HOSPITAL - ATLANTA, GA 1974
Residency and Year GRADY MEMORIAL HOSPITAL - ATLANTA, GA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 11952
License Date 6/4/2003
Name **CROTEAU, RACHEL E DO**
Address DARTMOUTH-HITCHCOCK KEENE, 580/590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL OF OSTEOPATHIC-PHILADELPHIA PA USA 2000
Internship and Year ST LUKES HOSPITAL - BETHLEHEM PA 2001
Residency and Year ST LUKES HOSPITAL - BETHLEHEM PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10077
License Date 8/6/1997
Name **CROUCH, EDWARD P MD**
Address LIBERTY MUTUAL INSURANCE, 100 LIBERTY WAYDOVER, NH, 03821
Specialty IM
Board Certified IM
School and Year of Graduation SUNY-HLTH SCI CTR AT BROOKLYN COLL - NY USA 1980
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1981
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1983
License Expiration Date **6/30/2017**
Remarks

License Number 17156
License Date 7/1/2015
Name **CROUSE, DENNIS T MD**
Address 1825 LOGAN AVE, WATERLOO, IA, 50703
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TX @ GALVESTON USA 1982
Internship and Year UNIVERSITY OF TX MEDICAL BRANCH HOSPITALS - GALVESTON ,TX 1983
Residency and Year UNIVERSITY OF TX MEDICAL BRANCH HOSPITALS - GALVESTON ,TX 1985
License Expiration Date **6/30/2017**
Remarks

License Number 4830
License Date 9/7/1971
Name **CROW, HARTE C MD**
Address 24 PARTRIDGE RD, PO BOX 285ETNA, NH, 03750
Specialty R
Board Certified R
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1960
Internship and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1961
Residency and Year UNIV OF PENNSYLVANIA HOSPITAL - PHILA, PA 1968
License Expiration Date **6/30/2013**
Remarks

License Number 10859
License Date 4/5/2000
Name **CROW, PETER H MD**
Address NH ONCOLOGY PA, 200 TECHNOLOGY DRHOOKSETT, NH, 03106-2505
Specialty HEM
Board Certified HEM
School and Year of Graduation COLUMBIA UNIVERSITY USA 1994
Internship and Year UNIVERSITY OF VIRGINIA - CHARLOTTESVILLE VA 1995
Residency and Year UNIVERSITY OF VIRGINIA - CHARLOTTESVILLE VA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 9692
License Date 5/1/1996
Name **CROWE, DANIEL J MD**
Address SOUTHBORO MEDICAL GROUP, 24 NEWTON STSOUTHBORO, MA, 01772
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF WISCONSIN USA 1982
Internship and Year INTERNAL MEDICINE - SPOKANE, WA 1983
Residency and Year INTERNAL MEDICINE - SPOKANE, WA 1986
License Expiration Date **6/30/2010**
Remarks

License Number 9275
License Date 9/29/1994
Name **CROWELL, KAREN L MD**
Address 23 ERINGLEN WAY, CANAAN, NH, 03741
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1988
Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1993
Residency and Year HARTFORD HOSPITAL - HARTFORD CT 1993
License Expiration Date **6/30/2008**
Remarks

License Number 15288
License Date 7/6/2011
Name **CROWLEY, DAVID I MD**
Address DH CLINIC - MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03103
Specialty PDC
Board Certified PDC
School and Year of Graduation UNIVERSITY OF UTAH USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11901
License Date 5/7/2003
Name **CROWLEY, HEATHER L MD**
Address PATHOLOGY SPEC OF NE, PA, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NEW JERSEY-NEWARK, USA 1997
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - EAST CAMPUS- BOSTON, MA 2002
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - EAST CAMPUS- BOSTON, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13704
License Date 10/3/2007
Name **CROWLEY, STEPHEN F MD**
Address PO BOX 455, 36 LIGHTHOUSE RDOWLS HEAD, ME, 04854
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VIRGINIA USA 1963
Internship and Year GEORGE WASHINGTON UNIV-WASHINGTON,DC 1964
Residency and Year VIRGINIA MASON MEDICAL CENTER 1967
License Expiration Date **6/30/2009**
Remarks

License Number 5914
License Date 6/12/1978
Name **CROWLEY, TIMOTHY J MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 1975
Internship and Year
Residency and Year
License Expiration Date **5/18/1995**
Remarks

License Number 7991
License Date 11/9/1988
Name **CROZIER, ROBERT E MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1951
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 15825
License Date 9/5/2012
Name **CRUM, BRIAN A MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty N
Board Certified Y
School and Year of Graduation OREGON HEALTH & SCIENCE UNIV SCHOOL OF MED USA 1995
Internship and Year PROVIDENCE PORTLAND MEDICAL CENTER - PORTLAND, OR 1996
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1999
License Expiration Date **6/30/2016**
Remarks

License Number 10446
License Date 11/4/1998
Name **CRUSBERG, HEIDI MD**
Address LAMPREY HEALTH CARE, 207 S MAIN STNEWMARKET, NH, 03857-1821
Specialty FP
Board Certified FP
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE,MD USA 1995
Internship and Year UNIV OF COLORADO HEALTH SCI CTR - DENVER, CO 1996
Residency and Year UNIV OF COLORADO HEALTH SCI CTR - DENVER, CO 1998
License Expiration Date **6/30/2016**
Remarks

License Number 16536
License Date 4/2/2014
Name **CRUZ, EDWARD M MD**
Address 64 RAYDON RD EXT, YORK, ME, 03909
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1985
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1989
License Expiration Date **6/30/2016**
Remarks

License Number 13951
License Date 5/7/2008
Name **CRUZ, HEIDI M MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF CALIFORNIA USA 2003
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2004
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14218
License Date 11/5/2008
Name **CRUZ, MAIRENI R MD**
Address LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation UNIV NACIONAL PEDR HENRIQUEZ URENA DOMINICAN REPUBLIC 2000
Internship and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 2007
Residency and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 5214
License Date 7/15/1974
Name **CSERR, ROBERT MD**
Address 707 GREEN ACRES, N DIGHTON, MA, 02764
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1962
Internship and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1963
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1966
License Expiration Date **6/30/2004**
Remarks

License Number 15289
License Date 7/6/2011
Name **CUBUKCU-DIMOPULO, OLCAY MD**
Address NYGI AMERIPATH, 1 GREENWICH PLACESHELTON, CT, 06484
Specialty PTH
Board Certified PTH
School and Year of Graduation ISTANBUL UNIVERSITY TURKEY 1983
Internship and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1999
Residency and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2000
License Expiration Date **6/30/2017**
Remarks

License Number 14535
License Date 8/5/2009
Name **CUCIO, CYRILLE P MD**
Address ST. JOSEPH HOSPITAL - HOSPITALIST OFFICE, 172 KINSLEY RD NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE EAST PHILIPPINES 1992
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1996
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 15653
License Date 5/2/2012
Name **CUDDIHY, MARIA TERESA M P MD**
Address DR MARIA TERESA CUDDIHY, 505 BOICES LN OPTUM HEALTH KINGSTON, NY, 12401
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1990
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1992
License Expiration Date **6/30/2016**
Remarks

License Number 14010
License Date 6/4/2008
Name **CUGALJ, ADAM P DO**
Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty PM
Board Certified PM
School and Year of Graduation LAKE ERIE COLLEGE USA 2003
Internship and Year INGHAM REGIONAL MEDICAL CENTER - LANSING, MI 2004
Residency and Year INGHAM REGIONAL MEDICAL CENTER - LANSING, MI 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13313
License Date 11/1/2006
Name **CULCEA, CRISTINA M MD**
Address WESTERN MASS PEDIATRICS, 18 HOSPITAL DRIVEHOLYOKE, MA, 01040
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MEDICINE & PHARMACY, CAROL DAVILA ROMANIA 1989
Internship and Year UNIV OF NEBRASKA - OMAHA, NE 2002
Residency and Year UNIV OF NEBRASKA - OMAHA, NE 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12371
License Date 7/7/2004
Name **CULLAMAR, ERWIN K T MD**
Address WENTWORTH DOUGLAS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES, MANILA, PHILIPPINES PHILIPPINES 1996
Internship and Year STATE UNIVERSITY OF NY, BROOKLYN NY 1999
Residency and Year STATE UNIVERSITY OF NY, BROOKLYN NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 15913
License Date 11/7/2012
Name **CULLEN, ELIZABETH A MD**
Address UPPER VALLEY PATHOLOGY, 243 ELM STCLAREMONT, NH, 03743
Specialty PTH
Board Certified
School and Year of Graduation MCP HAHNEMANN SCHOOL OF MEDICINE USA 2001
Internship and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2002
Residency and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2003
License Expiration Date **6/30/2016**
Remarks

License Number 14956
License Date 8/4/2010
Name **CULLEN, MARY M DO**
Address MANCHESTER COMM HLTH CTR, 145 HOLLIS STMANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 4646
License Date 1/4/1971
Name **CULLEN, THOMAS F MD**
Address , PO BOX 312CENTRE SANDWICH, NH, 03227
Specialty GS
Board Certified GS
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1961
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2005**
Remarks

License Number 11306
License Date 7/11/2001
Name **CULLETON, JAMES F MD**
Address 87 CHASE POINT RD, MIRROR LAKE, NH, 03853
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 1943
Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER 1943
Residency and Year ELIZABETH MAGEE HOSPITAL PITTSBURG PA 1944
License Expiration Date **1/23/2015**
Remarks **RETIRED**
Deceased 1/23/15

License Number 15654
License Date 5/2/2012
Name **CULLINAN, AMELIA M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2003
Internship and Year NY MEDICAL COLLEGE @ ST VINCENTS HOSPITAL MEDICAL CTR - NEW YORK, NY 2004
Residency and Year NY MEDICAL COLLEGE @ ST VINCENTS HOSPITAL MEDICAL CTR - NEW YORK, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 12960
License Date 12/7/2005
Name **CULPEPPER, KELIEGH S MD**
Address 7485 E TANQUE VERDE RD, TUCSON, AZ, 85715
Specialty D
Board Certified D
School and Year of Graduation JOHNS HOPKINS UNIVERSITY, BALTIMORE MD US 1998
Internship and Year JOHN HOPKINS HOSPITAL, BALTIMORE MD 1999
Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 2002
License Expiration Date **6/30/2009**
Remarks

License Number 6105
License Date 8/17/1979
Name **CULVER, CHARLES M MD**
Address , , ,
Specialty P
Board Certified P
School and Year of Graduation DUKE UNIVERSITY USA 1968
Internship and Year
Residency and Year
License Expiration Date **12/23/1991**
Remarks **12/23/91 - Consent Order**

License Number 12024
License Date 8/6/2003
Name **CUMMINGS, ROBERT S MD**
Address QUALITY ORTHOPAEDIC CARE PC, 246 PLEASANT ST STE 106CONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1990
Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 1991
Residency and Year MCP HAHNEMANN UNIVERSITY, PHILADELPHIA PA (ALLEGHANY UNIVERSITY HOSP) 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12481
License Date 10/6/2004
Name **CUMMINS, JUSTIN S MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 2002
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2008**
Remarks

License Number 7146
License Date 7/10/1985
Name **CUNIS, DAVID J MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 71 HIGHLAND STPLYMOUTH, NH, 03264-1130
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-HANOVER, NH USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-HANOVER, NH 1980
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-HANOVER, NH 1982
License Expiration Date **6/30/2017**
Remarks

License Number 8074
License Date 5/10/1989
Name **CUNNIFF, JOSEPH P MD**
Address ELLIOT INTERNAL MEDICINE, ELLIOT MED CTR/ 40 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHL OF MED- BOSTON, MA USA 1983
Internship and Year FAULKNER HOSP BOSTON MA 1984
Residency and Year FAULKNER HOSP BOSTON MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 3894
License Date 12/13/1966
Name **CUNNINGHAM, COLETTE L MD**
Address 11 MURPHY CIR, PO BOX 4143MIDDLETOWN, RI, 02842
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY COLLEGE IRELAND 1955
Internship and Year NEW ROCHELLE HOSPITAL - NEW ROCHELLE NY 1957
Residency and Year HARLEM VALLEY STATE HOSPITAL - WINGDALE NY 1966
License Expiration Date **6/30/2006**
Remarks

License Number 10325
License Date 7/1/1998
Name **CUNNINGHAM, DAVID G MD**
Address 12 HOSPITAL DR, STE 9YORK, ME, 03909
Specialty CD
Board Certified CD
School and Year of Graduation STANFORD UNIV SCHOOL OF MED -STANFORD, CA USA 1991
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1992
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14063
License Date 7/9/2008
Name **CUNNINGHAM, MICHAEL J MD**
Address TRINITAS HOSPITAL, 655 E JERSEY STELAZABETH, NJ, 07206
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV GRENADA 2003
Internship and Year SETON HALL UNIV SCHOOL OF GRADUATE MEDICAL EDUCATION-SOUTH ORANGE, NJ 2004
Residency and Year SETON HALL UNIV SCHOOL OF GRADUATE MEDICAL EDUCATION-SOUTH ORANGE, NJ 2006
License Expiration Date **6/30/2012**
Remarks

License Number 15504
License Date 1/4/2012
Name **CUNNINGHAM, RUTHANN M MD**
Address ANALYTE HEALTH, 328 S JEFFERSON STE 770CHICAGO, IL, 60661
Specialty EM
Board Certified EM
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 1994
Residency and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 1996
License Expiration Date **6/30/2016**
Remarks

License Number 15243
License Date 6/1/2011
Name **CUNTO-AMESTY, GINA T MD**
Address QUEST DIAGNOSTICS, 415 MASSACHUSETTS AVECAMBRIDGE, MA, 02139
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSIDAD DEL ZULIA VENEZUELA 1983
Internship and Year ST BARNABAS MIDICAL CENTER - LIVINGSTON, NJ 2005
Residency and Year ST BARNABAS MIDICAL CENTER - LIVINGSTON, NJ 2008
License Expiration Date **6/30/2013**
Remarks

License Number 15789
License Date 8/1/2012
Name **CURATOLO, PETER W MD**
Address 27 HICKORY HILL RD, MANCHESTER, MA, 01944
Specialty DR
Board Certified DR
School and Year of Graduation VANDERBILT UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1984
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 13091
 License Date 6/7/2006
 Name **CURCIO, GARY J MD**
 Address ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIVERSITY OF ANTIGUA, BARBUDA BARBUDA 2003
 Internship and Year CONCORD HOSPITAL, CONCORD NH 2005
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
 License Expiration Date **6/30/2016**
 Remarks

License Number 3108
 License Date 3/14/1956
 Name **CURELOP, SIDNEY MD**
 Address 266 A MAIN ST, NASHUA, NH, 03060-
 Specialty IM
 Board Certified IM
 School and Year of Graduation TUFTS UNIVERSITY MEDICAL SCHOOL USA 1949
 Internship and Year BOSTON CITY HOSPITAL BOSTON - MASSACHUSETTS 1951
 Residency and Year NEW ENGLAND CENTER BOSTON - MASSACHUSETTS 1954
 License Expiration Date **3/18/2007**
 Remarks **Deceased 03/18/2007**

License Number 16507
 License Date 3/5/2014
 Name **CURIALE, GIOACCHINO G MD**
 Address NE NEUROLOGICAL ASSOC, 354 MERRIMACK STLAWRENCE, MA, 01843
 Specialty N
 Board Certified
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2009
 Internship and Year YALE-NEW HAVEN MEDICAL CENTER-NEW HAVEN, CT 2010
 Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2013
 License Expiration Date **6/30/2016**
 Remarks

License Number 13198
 License Date 8/2/2006
 Name **CURLEY, MATTHEW J MD**
 Address SOUTHERN NH MEDICAL CTR, 10 PROSPECT STNASHUA, NH, 03060
 Specialty PUD
 Board Certified PUD
 School and Year of Graduation GEORGETOWN UNIV USA 1998
 Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON MA 1999
 Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON MA 2001
 License Expiration Date **6/30/2016**
 Remarks

License Number 17260
License Date 9/2/2015
Name **CURLIK, SHARON M DO**
Address 7 N COLUMBUS BLVD APT 103, PHILADELPHIA, PA, 19106-1441
Specialty P
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE-PA USA 1979
Internship and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 1980
Residency and Year MCPHU MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 5622
License Date 10/7/1976
Name **CURRAN, DESMOND P MD**
Address 2 MARION DR, HOLLIS, NH, 03049
Specialty EM
Board Certified
School and Year of Graduation MIDDLESEX HOSPITAL MEDICAL SCHOOL LONDON ENGLAND LONDON 1963
Internship and Year ROYAL COLLEGE OF PHYSICIANS- ENGLAND 1966
Residency and Year ROYAL COLLEGE OF GENERAL PRACTITIONERS- ENGLAND 1973
License Expiration Date **6/30/2012**
Remarks

License Number 9316
License Date 11/2/1994
Name **CURRIE, JOHN L MD**
Address JOHN B AMOS CANCER CTR, 1831 5TH AVE COLUMBUS, GA, 31904
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NC AT CHAPEL HILL SCH OF MEDICINE USA 1967
Internship and Year HOSP UNIV OF PENNSYLVANIA - PHILADELPHIA PA 1968
Residency and Year HOSP UNIV OF PENNSYLVANIA - PHILADELPHIA PA 1972
License Expiration Date **6/30/2012**
Remarks **DECEASED 4/22/2015**

License Number 15340
License Date 8/3/2011
Name **CURRIER, MICHELLE P DO**
Address FAMILY TREE OF CONCORD, 81 HALL ST CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 15080
License Date 12/1/2010
Name **CURTIS JR, JOHN A MD**
Address CHESHIRE MED CTR/DH - KEENE, 580 COURT STKEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation COLUMBIA UNIVERSITY USA 2001
Internship and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2002
Residency and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 11847
License Date 3/5/2003
Name **CURTIS, GREGORY Q MD**
Address 276 NEWPORT RD, SUITE 215NEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY - ROSEAU, DOMINICA DOMINICA 1998
Internship and Year MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2001
Residency and Year MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 6918
License Date 7/5/1984
Name **CURTIS, H MANNING MD**
Address 565 TURNPIKE ST STE 375, N ANDOVER, MA, 01845-5923
Specialty CD
Board Certified CD
School and Year of Graduation TULANE UNIV SCH MED NEW ORLEANS,LA USA 1979
Internship and Year NEW ENGLAND DEACONESS HOSP-BOSOTN,MA 1980
Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON,MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 12570
License Date 1/5/2005
Name **CURTIS, JULIE S MD**
Address NMSI, 629-A E HILLSBORO BLVDDEERFIELD BEACH, FL, 33441
Specialty R
Board Certified R
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 1985
Internship and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1986
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1990
License Expiration Date **6/30/2009**
Remarks

License Number 11690
License Date 8/7/2002
Name **CURTIS, KEVIN M MD**
Address DHMC-EMERG MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756-0002
Specialty EM
Board Certified EM
School and Year of Graduation GEORGETOWN UNIV SCH OF MED- WASHINGTON, DC USA 1991
Internship and Year US NAVAL MEDICAL CENTER - SAN DIEGO, CA 1992
Residency and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1998
License Expiration Date **6/30/2016**
Remarks

License Number 7735
License Date 11/4/1987
Name **CURTIS, LYNN A MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 1974
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 8746
License Date 6/3/1992
Name **CURTIS, MICHAEL R MD**
Address MIDCOAST MEDICAL GROUP, 81M EDICAL CENTER DRBRUNSWICK, ME, 04011
Specialty U
Board Certified U
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
License Expiration Date **6/30/2016**
Remarks

License Number 9359
License Date 2/1/1995
Name **CURTIS, SHARON R MD**
Address 101 DESTER LANE, NO SCITUATE, RI, 02857
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1987
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON ME 1990
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON ME 1990
License Expiration Date **6/30/2011**
Remarks

License Number 3766
License Date 2/2/1965
Name **CUSACK JR, WILLIAM E MD**
Address , PO BOX 933DURHAM, NH, 03824
Specialty OBG
Board Certified OBG
School and Year of Graduation STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1955
Internship and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1956
Residency and Year U.S. NAVAL HOSPITAL - PHILA, PA 1962
License Expiration Date **6/30/2009**
Remarks

License Number 8958
License Date 6/2/1993
Name **CUSACK, CAITLIN M MD**
Address INSIGHT INFORMATICS, PO BOX 3726MANCHESTER, NH, 03105
Specialty OBG
Board Certified OBG
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT SYRACUSE USA 1989
Internship and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1993
Residency and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16941
License Date 2/4/2015
Name **CUSHING, GARY W MD**
Address 4 ROAEN DR, N CHELMSFORD, MA, 01863
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1980
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1981
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 5609
License Date 9/7/1976
Name **CUSHING, TYRONE S MD**
Address 575 CHESTNUT ST, WABAN, MA, 02468
Specialty PD
Board Certified PD
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1971
Internship and Year UNIVERSITY OF MARYLAND MED SYS, MARYLAND 1972
Residency and Year GRADY MEMORIAL HOSPITAL, GEORGIA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 8384
License Date 7/11/1990
Name **CUSI, PRISCILLA M MD**
Address SO NEVADA V A ADMIN HEALTHCARE, 6900 NORTH PECOS RDLAS VEGAS, NV, 89086
Specialty P
Board Certified P
School and Year of Graduation UNIV OF THE WAST RAMON MEM MED CTR-QUEZON PHILIPPINES 1977
Internship and Year VET ADMIN MED CTR -BROCKTON,MA 1988
Residency and Year VET ADMIN MED CTR-BROCKTON,MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 3647
License Date 9/11/1963
Name **CUSSON, DONALD L MD**
Address 146 HIGHVIEW TERRACE, MANCHESTER, NH, 03104
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1958
Internship and Year NEW BRITIAN HOSPITAL - NEW BRITAIN, CT 1959
Residency and Year ROBERT PARKAR HOSPITAL - SAYRE, PA 1963
License Expiration Date **6/30/2000**
Remarks **DECEASE 8/15/2008**

License Number 9360
License Date 2/1/1995
Name **CUTLER, JOEL E MD**
Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1980
Internship and Year OREGON HEALTH SCIENCE UNIV HOSPITAL - PORTLAND OR 1981
Residency and Year OREGON HEALTH SCIENCE UNIV HOSPITAL - PORTLAND OR 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11655
License Date 7/3/2002
Name **CVITKOVICH, DONALD G MD**
Address PULMONARY ASSOC OF YORK HOSP, 12 HOSPITAL DR STE CYORK, ME, 03909
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1974
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1975
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1977
License Expiration Date **6/30/2014**
Remarks

License Number 11443
License Date 11/7/2001
Name **CYRUS, MURIEL P MD**
Address NEW LONDON HOSPITAL, 560 COUNTY RDNEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1982
Internship and Year UNIV OF IOWA HOSPITAL - IOWA CITY, IA 1983
Residency and Year UNIV OF IOWA HOSPITAL - IOWA CITY, IA 1985
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 3029
License Date 6/11/1954
Name **CZACHOR, PETER S MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/18/1988**
Remarks **DECEASED 1/8/2010**

License Number 12372
License Date 7/7/2004
Name **CZARNECKI, FABRICE MD**
Address ODEPA, 809 GLENEAGLE COURTTOWSON, MD, 21286
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PARIS, PARIS FRANCE FRANCE 1999
Internship and Year FRANKLIN SQUARE HOSPITAL CTR, BALTIMORE MD 2002
Residency and Year FRANKLIN SQUARE HOSP CTR, BALTIMORE MD 2003
License Expiration Date **6/30/2016**
Remarks

License Number 10301
License Date 6/3/1998
Name **CZARNECKI, JOHN P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIV MED SCHOOL-CHICAGO,IL USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2001**
Remarks

License Number 11588
License Date 5/1/2002
Name **CZERWINSKI, PAUL MD**
Address LACONIA REGIONAL GENERAL HOSPI, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty AN
Board Certified AN
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1992
Internship and Year WRIGHT-PATTERSON MEDICAL CENTER - WRIGHT-PATTERSON AFB, OH 1993
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1997
License Expiration Date **7/3/2012**
Remarks **DECEASED 7/3/2012**

License Number 13199
License Date 8/2/2006
Name **CZUM, JULIANNA M MD**
Address DHMC - RADIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756-1000
Specialty R
Board Certified R
School and Year of Graduation UNIV OF NEW JERSEY USA 1993
Internship and Year BASSETT HEALTHCARE-COOPERSTOWN, NY 1994
Residency and Year ST BARNABAS MEDICAL CTR-LIVINGSTON, NJ 1998
License Expiration Date **6/30/2016**
Remarks

License Number 8729
License Date 5/6/1992
Name **DABUZHISKY, LEONID MD**
Address 114 WHITWELL ST, FLOOR A4 QUINCY, MA, 02169
Specialty ORS
Board Certified ORS
School and Year of Graduation SECOND MOSCOW MEDICAL SCHOOL URRS 1975
Internship and Year UNIVERSITY OF MASS MEDICAL SCHOOL]980
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER 1982
License Expiration Date **6/30/2016**
Remarks

License Number 8307
License Date 5/9/1990
Name **DACEY, LAWRENCE J MD**
Address DHMC-CARDIOTHORACIC SURGERY, ONE MEDICAL CENTER DR LEBANON, NH, 03756-
Specialty CDS
Board Certified CDS
School and Year of Graduation UNIVERRSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1984
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 7563
License Date 5/6/1987
Name **DACEY, LINDA B MD**
Address DARTMOUTH-HITCHCOCK KENDAL, 80 LYME RDHANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1984
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date **6/30/2017**
Remarks

License Number 13337
License Date 12/6/2006
Name **DACUYCUY, MARY ABIGAIL C MD**
Address FRANKLIN REGIONAL HOSPITAL, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF THE PHILIPPINES PHILIPPINES 1998
Internship and Year SUNY UPSTATE MEDICAL UNIV @ SYRACUSE-SYRACUSE, NY 2003
Residency and Year SUNY UPSTATE MEDICAL UNIV @ SYRACUSE- SYRACUSE, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 16065
License Date 4/3/2013
Name **DADEKIAN, GREGORY A MD**
Address DHMC / CARDIOLOGY DEPT, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 2006
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2007
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2009
License Expiration Date **6/30/2017**
Remarks

License Number 6192
License Date 5/8/1980
Name **DAGIANIS, JOHN J MD**
Address NASHUA EYE ASSOCIATES, 5 COLISEUM AVENASHUA, NH, 03063-3292
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF CINCINNATI COLL MED -CINCINNATI, OH USA 1976
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1977
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 8479
License Date 1/9/1991
Name **DAGINCOURT, PAUL G MD**
Address COASTAL COUNCILING, 24 FRONT STEXETER, NH, 03833-
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1992
License Expiration Date **6/30/2000**
Remarks

License Number 13792
License Date 1/11/2008
Name **D'AGOSTINO, ROBERT MD**
Address FAHC-PATRIC K ONE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1987
Internship and Year MT SINAI SCHOOL OF MEDICINE - NY, NY 1988
Residency and Year MT SINAI SCHOOL OF MEDICINE - NY, NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 7944
License Date 8/10/1988
Name **D'AGOSTINO, ROBERT M MD**
Address PRIMARY CARE OF MILFORD, 10 JONES RDMILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation UNIV DE PARIS VIL UER DE MED-PARIS FRANCE 1983
Internship and Year JF KENNEDY MED CTR-EDISON,NJ 1987
Residency and Year JF KENNEDY MED CTR - EDISON, NJ 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15695
License Date 6/6/2012
Name **DAHAL, KHAGENDRA B MD**
Address LAKES REG GEN HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation TRIHUVAN UNIVERSITY NEPAL 2009
Internship and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2010
Residency and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 13338
License Date 12/6/2006
Name **DAHUL, ADNAN M MD**
Address IPC HOSPITALISTS OF NE, PC, 819 WORCESTER ST STE 3SPRINGFIELD, MA, 01151
Specialty IM
Board Certified
School and Year of Graduation UNIV CENTRAL DEL ESTE(UCE) DOMINICAN REPUBLIC 1981
Internship and Year LEMUEL SHATTUCK HOSPITAL-JAMAICA PLAIN, MA 1983
Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 1985
License Expiration Date **6/30/2012**
Remarks

License Number 15826
License Date 9/5/2012
Name **DAHLE, DANIELLE N MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2010
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 10023
License Date 6/4/1997
Name **DAHMS, ERIC B MD**
Address 4134 FOURTH AVE APT 213, SAN DIEGO, CA, 92103
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-NH USA 1992
Internship and Year MERCY HOSPITAL MEDICAL CENTER - CA 1996
Residency and Year MERCY HOSPITAL MEDICAL CENTER-CA 1997
License Expiration Date **6/30/1998**
Remarks

License Number 6861
License Date 4/10/1984
Name **DAI, CHENG-TA R MD**
Address 168 KINSLEY ST, STE 20NASHUA, NH, 03060-3648
Specialty GE
Board Certified GE
School and Year of Graduation CHICAGO MED SCH-CHICAGO,IL USA 1978
Internship and Year NASSAU CO MED CTR-EAST MEADOW,NY 1979
Residency and Year UNIV HOSP-STONY BROOK-STONY BROOK,NY 1980
License Expiration Date **6/30/2016**
Remarks

License Number 11656
License Date 7/3/2002
Name **DAIGLE, CHRISTOPHER C MD**
Address 10 PROSPECT ST STE 401, NASHUA, NH, 03060
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIV OF NEW YORK- BROOKLYN, NY USA 1996
Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1997
Residency and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11268
License Date 6/6/2001
Name **DAIGLE, MARC MD**
Address MEMORIAL HOSPITAL, 3073 WHITE MOUNTAIN HIGHWAYNORTH CONWAY, NH, 03860
Specialty FP
Board Certified FM
School and Year of Graduation UNIV OF MED AND DENTISTRY NEW JERSEY MED SCH-PISCA USA 1996
Internship and Year CHESTNUT HILL HOSPITAL - PHILADELPHIA, PA 1997
Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1998
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/05-----REINSTATED 7/5/06**

License Number 10360
License Date 8/5/1998
Name **DAILY, ARTHUR D MD**
Address 300 HANOVER ST, FALL RIVER, MA, 02740
Specialty D
Board Certified D
School and Year of Graduation UNIV OF CA SAN FRANCISCO SCH OF MED - CA USA 1964
Internship and Year ORANGE COUNTY MED CTR- CA 1965
Residency and Year UNIV OF WISCONSIN HOSPITAL - WI 1968
License Expiration Date **6/30/2016**
Remarks

License Number 16967
License Date 3/4/2015
Name **DAILY, MATTHEW J MD**
Address 8 EAST PEARL ST, NASHUA, NH, 03060
Specialty DR
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NY UPSTATE MEDICAL UNIVERSITY USA 2009
Internship and Year ST JOSEPH HOSPITAL HEALTH CENTER - SYRACUSE, NY 2010
Residency and Year FLETCHER ALLEN HEALTH CARE - UNIVERSITY OF VT- BURLINGTON, VT 2014
License Expiration Date **6/30/2017**
Remarks

License Number 8525
License Date 5/8/1991
Name **DAINESI, STEPHEN J MD**
Address AMOSKEAG ANESTHESIA PLLC, ONE ELLIOT WAYMANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation MT SINAI SCH OF MED UNIV OF NY, NY USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1988
Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1991
License Expiration Date **6/30/2017**
Remarks

License Number 13037
License Date 4/5/2006
Name **DAINIAK, CHRISTOPHER N MD**
Address NH GASTROENTEROLOGY, 9 WASHINGTON PLACE SUITE 204BEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CONNECTICUT, FARMINGTON CT USA 1993
Internship and Year MAINE MEDICAL CTR, PORTLAND ME(1) YALE-NEW HAVEN HOSPITAL, NEW HAVEN, CT (2) 20
Residency and Year YALE-NEW HAVEN HOSPITAL, NEW HAVEN CT 2003
License Expiration Date **6/30/2016**
Remarks

License Number 9584
License Date 11/1/1995
Name **DALCO, JOHN C MD**
Address MERRIMAC RIVER MED SERVICES, 323 DERRY RDHUDSON, NH, 03051
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE USA 1958
Internship and Year BOSTON CITY HOSPITAL BOSTON, MA 1959
Residency and Year BOSTON CITY HOSPITAL BOSTON, MA 1963
License Expiration Date **2/8/2006**
Remarks **DECEASED 2/8/06**

License Number 9060
License Date 10/6/1993
Name **DALEY, JOHN P MD**
Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 1990
Internship and Year MEMORIAL HOSPITAL - PAWTUCKET RI 1993
Residency and Year MEMORIAL HOSPITAL - PAWTUCKET RI 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15124
 License Date 2/2/2011
 Name **DALIPI, TISHE V DO**
 Address 130 POST AVE APT#310, WESTBURY, NY, 11590
 Specialty IM
 Board Certified IM
 School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 1993
 Internship and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1994
 Residency and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1996
 License Expiration Date **6/30/2015**
 Remarks

License Number 8838
 License Date 11/4/1992
 Name **DALLAS, ROBERT V MD**
 Address 67 TIMBER LN, FRANCONIA, NH, 03580
 Specialty DR
 Board Certified R
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1969
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL ALBANY - NEW YORK 1970
 Residency and Year ALBANY MEDICAL CENTER HOSPITAL ALBANY - NEW YORK 1973
 License Expiration Date **6/30/2016**
 Remarks

License Number 3732
 License Date 9/5/1964
 Name **DALRYMPLE JR, JAMES M MD**
 Address , , ,
 Specialty
 Board Certified
 School and Year of Graduation
 Internship and Year
 Residency and Year
 License Expiration Date **6/30/1996**
 Remarks

License Number 5738
 License Date 6/13/1977
 Name **DALTON, EDWARD P MD**
 Address ELLIOT BREAST HEALTH CENTER, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
 Specialty GS
 Board Certified GS
 School and Year of Graduation ST LOUIS UNIVERSITY-ST LOUIS MO USA 1970
 Internship and Year UNIVERSITY HOSPITAL-ANN ARBOR MI 1971
 Residency and Year UNIVERSITY HOSPITAL-ANN ARBOR MI 1972
 License Expiration Date **6/30/2017**
 Remarks **1/10/06 - Settlement Agreement**

License Number 13619
License Date 8/1/2007
Name **DALY JR, EDWARD A MD**
Address VA HOSPITAL, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 2001
Internship and Year CONEMAUGH VALLEY MEMORIAL MEDICAL CENTER - JOHNSTOWN, PA 2002
Residency and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 2006
License Expiration Date **6/30/2017**
Remarks

License Number 7943
License Date 8/10/1988
Name **DALY, JOHN S F MD**
Address GRACE UROLOGICAL INC, 191 CLARK AVE STE 1BRATTLEBORO, VT, 05301
Specialty U
Board Certified U
School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON,MA USA 1970
Internship and Year MT AUBURN HOSP-CAMBRIDGE MA 1971
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 2227
License Date 7/22/1940
Name **DALY, KENNETH J MD**
Address 2124 ELM ST, MANCHESTER, NH, 03104-2315
Specialty U
Board Certified U
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1935
Internship and Year KINGS COUNTY HOSPITAL- BROOKLY, NY 1938
Residency and Year KINGS COUNTY HOSPITAL - BROOKLYN,NY 1940
License Expiration Date **2/17/2000**
Remarks **DECEASED 2/17/00**

License Number 14064
License Date 7/9/2008
Name **DALY, MARY E DO**
Address DHMC, 296MANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation MIDWESTERN UNIV USA 2002
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE EDUCATION-ROCHESTER, MN 2003
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE EDUCATION-ROCHESTER, MN 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12373
License Date 7/7/2004
Name **DALY-DUKOWICZ, JENNIFER D MD**
Address D H M C GENERAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 2001
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2002
Residency and Year BETH ESRAEL DEACONESS MED CTR, BOSTON MA 2003
License Expiration Date **6/30/2008**
Remarks

License Number 15620
License Date 4/4/2012
Name **DAM, MARIE MD**
Address NATURAE LLC, 100 SHATTUCK WAYPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 1986
Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 1988
License Expiration Date **6/30/2014**
Remarks

License Number 15404
License Date 10/5/2011
Name **DAMASCO, REMELINE C MD**
Address DH-KEENE FAM MED CTR, 590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1996
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1997
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7538
License Date 4/1/1987
Name **DAMAST, MELVYN MD**
Address 185 CANAL STREET #4003, SHELTON, CT, 06484
Specialty OPH
Board Certified OPH
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - STATEN ISLAND, NY USA 1967
Internship and Year US PUBLIC HEALTH SERVICES HOSPITAL - STATEN ISLAND, NY 1968
Residency and Year US PUBLIC HEALTH SERVICES HOSPITAL - STATEN ISLAND, NY 1971
License Expiration Date **6/30/2017**
Remarks

License Number 8615
License Date 8/7/1991
Name **DAMIANOS, ARISTOTLE MD**
Address ATLANTA DIGESTIVE SPECIALISTS, 330 BORTHWICK AVE STE 311PORTSMOUTH, NH, 03801
Specialty GE
Board Certified GE
School and Year of Graduation DARTMOUTH -HITCHCOCK MED - HANOVER USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1991
Residency and Year PENN SATE UNIV - HERSHEY, PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 13200
License Date 8/2/2006
Name **DANA, JAMES F MD**
Address ANESTHESIA CARE GROUP, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation TECHNION ISRAEL INSTITUTE OF TECHNOLOGY ISRAEL 2001
Internship and Year DHMC - LEBANON, NH 2002
Residency and Year SUNY @ STONY BROOK-UNIV HOSP - STONY BROOK, NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 2452
License Date 3/14/1946
Name **DANAIS, JOSEPH EDOUARD M MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **12/18/1989**
Remarks **DECEASED 12/18/89**

License Number 9724
License Date 6/5/1996
Name **DANBY, F WILLIAM MD**
Address 721 CHESTNUT ST, MANCHESTER, NH, 03104-3002
Specialty D
Board Certified D
School and Year of Graduation QUEENS UNIVERSITY-KINGSTON ONTARIO CANADA 1967
Internship and Year VANCOUVER GENERAL HOSPITAL-VANCOUVER, CANADA 1968
Residency and Year ST FRANCIS HOSPITAL-HONOLULU, HAWAII 1969
License Expiration Date **6/30/2016**
Remarks

License Number 11241
License Date 5/2/2001
Name **DANCA, MARY A MD**
Address NH DARTMOUTH FAMILY PRACTICE, 250 PLEASANT STCONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year HUTZEL HOSPITAL - DETROIT MI 1985
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY PA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 13579
License Date 7/11/2007
Name **DANDAMUDI, UDAY B MD**
Address FLORIDA CANCER AFFILIATES, 5500 LITTLE RDNEW PORT RICHEY, FL, 34655
Specialty HO
Board Certified
School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 1995
Internship and Year EDGEWATER MEDICAL CENTER - OLYMPIA FIELDS, IL 1998
Residency and Year METROPOLITAN HOSPITAL CENTER - NEW YORK , NY 2000
License Expiration Date **6/30/2013**
Remarks

License Number 7224
License Date 11/7/1985
Name **DANDEKAR, RANJAN N MD**
Address SOUTHERN NH PEDIATRICS, 280 MAIN ST STE 320NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF BOMBAY BOMBAY 1976
Internship and Year 0000
Residency and Year UNIV CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 11168
License Date 2/7/2001
Name **DANEHY, EDWARD J MD**
Address 3680 BROADWAY, FT MYERS, FL, 33901
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1989
Residency and Year NEW YORK UNIV MEDICAL CENTER - NEW YORK, NY 1993
License Expiration Date **6/30/2005**
Remarks

License Number 16212
License Date 7/3/2013
Name **DANES, STRATTON G MD**
Address CMC - THE SURGICAL CARE GROUP, 87 MCGREGOR ST., STE 3100MANCHESTER, NH, 03102
Specialty GS
Board Certified GS
School and Year of Graduation STATE UNIVERSITY OF NY USA 1998
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2000
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2003
License Expiration Date **6/30/2017**
Remarks

License Number 12736
License Date 6/1/2005
Name **DANESCHVAR, HOMAYOUN L MD**
Address PRIMARY CARE OF DOVER, 10 MEMBERS WAY STE 300DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation MEDIZINISCHE UNIVERSITY, WIEN, AUSTRIA AUSTRIA 1993
Internship and Year FAIRVIEW HOSPITAL, CLEVELAND OH 2004
Residency and Year FAIRVIEW HOSPITAL, CLEVELAND OH 2005
License Expiration Date **6/30/2015**
Remarks

License Number 7643
License Date 7/8/1987
Name **DANFORD, WILLIAM S MD**
Address WENTWORTH-DOUGLASS PHYS CORP, 19 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty CD
Board Certified CD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1980
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1981
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 4542
License Date 4/14/1970
Name **D'ANGELO, ERNEST P MD**
Address 330 BORTHWICK AVE STE 211, PORTSMOUTH, NH, 03801-4102
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF OTTAWA CANADA 1961
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1962
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1970
License Expiration Date **6/30/2008**
Remarks

License Number 11728
License Date 9/4/2002
Name **DANIELE, ANTHONY G MD**
Address 703 RIVERWAY PLACE, BEDFORD, NH, 03110
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CONNECTICUT-FARMINGTON, CT USA 1996
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CTR, FARMINGTON, CT 1997
Residency and Year LAHEY CLINIC MEDICAL CTR, BURLINGTON, MA 2001
License Expiration Date **6/30/2004**
Remarks

License Number 10154
License Date 11/5/1997
Name **DANIELE, KATHLEEN B MD**
Address AMHERST MEDICAL ASSOCIATES, PO BOX 1220AMHERST, NH, 03031-1220
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1994
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - CT 1997
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - CT 1997
License Expiration Date **6/30/2005**
Remarks

License Number 7297
License Date 4/3/1986
Name **DANIELL, CHRISTOPHER H MD**
Address CONCORD OTOLARYNGOLOGY, 194 PLEASANT ST STE 2CONCORD, NH, 03301-2915
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF VIRGINIA SCH MED - CHARLOTTESVILLE,VA USA 1981
Internship and Year UNIV HOSPITAL INC - BOSTON, MA 1982
Residency and Year STANFORD UNIV HOSPITAL - STANFORD, CA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 16066
License Date 4/3/2013
Name **DANIELS, CRAIG E MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty CCM
Board Certified CCM
School and Year of Graduation UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE USA 1998
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1999
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2001
License Expiration Date **6/30/2017**
Remarks

License Number 17212
License Date 8/5/2015
Name **DANIELS, DENNIS MD**
Address 1906A GREENWOOD DR, POPLAR BLUFF, MO, 63901
Specialty CCM
Board Certified CCM
School and Year of Graduation ROSS UNIVERSITY DOMINICA 1997
Internship and Year DREXEL UNIVERSITY COM-HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1998
Residency and Year DREXEL UNIVERSITY COM-HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 12025
License Date 8/6/2003
Name **DANIELSKI, MICHAEL C MD**
Address SEACOAST KIDNEY&HYPERTENSION, 875 GREENLAND RD C-10PORTSMOUTH, NH, 03801
Specialty NEP
Board Certified NEP
School and Year of Graduation U OF VERMONT, BURLINGTON VT US 1998
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1999
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2001
License Expiration Date **6/30/2017**
Remarks

License Number 9317
License Date 11/2/1994
Name **DANIELSON, CHARLES E MD**
Address WATERVILLE PEDIATRICS, 159 SILVER STWATERVILLE, ME, 04901
Specialty ID
Board Certified PD
School and Year of Graduation UNIV OF CT SCHOOL OF MEDICINE USA 1974
Internship and Year MARY I BASSETT HOSPITAL - COOPERSTOWN NY 1975
Residency and Year MARY I BASSETT HOSPITAL - COOPERSTOWN NY 1976
License Expiration Date **6/30/1999**
Remarks

License Number 9987
License Date 5/7/1997
Name **DANIELSON, CHRISTOPHER S DO**
Address DANIELSON SURGICAL ASSOC, 1290 HOSPITAL DR STE 3ST JOHNSBURY, VT, 05819
Specialty GS
Board Certified GS
School and Year of Graduation PHILADELPHIA COLL OF OSTEO MED-PA USA 1992
Internship and Year GRANDVIEW HOSPITAL-OSTEO OHIO 1997
Residency and Year GRANDVIEW HOSPITAL-OSTEO-OHIO 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13952
License Date 5/7/2008
Name **DANIELSON, GREGORY P MD**
Address COMP OTORLARYNGOLOGY/AUDIOLOGY, 3 ALUMNI DR STE 302EXETER, NH, 03833
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF VERMONT USA 2001
Internship and Year UNIV OF VT MEDICAL CENTER/FAHC - BURLINGTON, VT 2003
Residency and Year FLETCHER ALLEN HEALTH CARE 2007
License Expiration Date **6/30/2016**
Remarks

License Number 5957
License Date 8/3/1978
Name **DANIELSON, KENNETH S MD**
Address 1290 HOSPITAL DR STE 1, ST JONHSBURY, VT, 05819
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON, MA USA 1965
Internship and Year STRONG MEMORIAL HOSPITAL -ROCHESTER, NY 1966
Residency and Year CHILDREN'S HOSPITAL - WASHINGTON, DC 1975
License Expiration Date **6/30/2016**
Remarks

License Number 11990
License Date 7/2/2003
Name **DANIELSON, VALERIE J MD**
Address ELLIOT FAMILY MED@BEDFORD VIL, 15 CONSTITUTION DRBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 2000
Internship and Year TACOMA FAMILY MEDICINE - TACOMA, WA 2001
Residency and Year TACOMA FAMILY MEDICINE - TACOMA, WA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 14755
License Date 3/3/2010
Name **DANILOV, ALEXEY V MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation YAROSLAVL STATE MEDICAL ACADEMY RUSSIA 1997
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2005
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2007
License Expiration Date **8/4/2015**
Remarks **Requested Inactive 8-4-2015.**

License Number 16159
License Date 6/5/2013
Name **DANILOVA, OLGA V MD**
Address PORTLAND, OR VA MEDICAL CTR - DEPT PTH & LAB MED, 3710 SW US VETRN HOSP RDPORTLAND,
Specialty PTH
Board Certified PTH
School and Year of Graduation YAROSLAVL STATE MEDICAL ACADEMY RUSSIA 2000
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 12901
License Date 10/5/2005
Name **DANN, ELIZABETH W MD**
Address DHMC--DEPT RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 2002
Internship and Year UNIVERSITY OF MIAMI, MIAMI FL 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 14957
License Date 8/4/2010
Name **DANN, PHOEBE H MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation NEW YORK UNIVERSITY 2002
Internship and Year CALIFORNIA PACIFIC MEDICAL CENTER - SAN FRANCISCO, CA 2003
Residency and Year BELLEVUE HOSPITAL - NY, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 8154
License Date 7/12/1989
Name **DANNEMANN, ANDREW F MD**
Address SOUTHERN EYE SPECIALISTS PC, 1909 HONEYSUCKLE RD STE 2DOTHAN, AL, 36305
Specialty OPH
Board Certified OPH
School and Year of Graduation SUNY-HLTH SCI CTR COLL OF MED-SYRACUSE USA 1984
Internship and Year ST JOSEPH HOSP-SYRACUSE,NY 1985
Residency and Year ALBANY MED CTR-ALBANY,NY 1988
License Expiration Date **6/30/2015**
Remarks

License Number 14793
License Date 4/7/2010
Name **DANOSI, STEVE F MD**
Address SPEARE MEM HOSP, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty EM
Board Certified EM
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1979
Internship and Year SINAI-GRACE HOSPITAL - DETROIT, MI 1980
Residency and Year WAYNE STATE UNIVERSITY DETROIT MEDICAL CENTER - DETROIT, MI 1982
License Expiration Date **6/30/2016**
Remarks

License Number 10514
License Date 3/3/1999
Name **DANS, NESTOR F MD**
Address COASTAL CARDIOTHORIC ASSOC, 333 BORTHWICK AVE STE 402PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1985
Internship and Year TULANE UNIV SCH OF MED - NEW ORLEANS, LA 1986
Residency and Year TULANE UNIV SCH OF MED - NEW ORLEANS, LA 1987
License Expiration Date **6/30/2001**
Remarks

License Number 12482
License Date 10/6/2004
Name **DANYS, IRENA R MD**
Address CONCORD HOSPITAL /SLEEP CENTER, 18 FOUNDRY ST STE 103CONCORD, NH, 03301
Specialty N
Board Certified N
School and Year of Graduation MCMASTER UNIVERSITY, HAMILTON, ONTARIO, CANADA CANADA 1980
Internship and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 1981
Residency and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 10645
License Date 8/4/1999
Name **DAOUD, MOHAMMAD O MD**
Address 26235 WESTWOOD RD, WESTLAKE, OH, 44145
Specialty IM
Board Certified IM
School and Year of Graduation FAC OF MED UNIV OF JORDAN - AMMAN, JORDAN JORDAN 1991
Internship and Year SETON HALL UNIV - SOUTH ORANGE, NJ 1994
Residency and Year SETON HALL UNIV - SOUTH ORANGE, NJ 1996
License Expiration Date **6/30/2000**
Remarks

License Number 17051
License Date 5/6/2015
Name **DAOUD, VLADIMIR P MD**
Address 22 PHILLIPS ST #3, BOSTON, MA, 02114
Specialty GS
Board Certified
School and Year of Graduation VA COMMONWEALTH UNIVERSITY USA 2010
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2011
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13739
License Date 11/7/2007
Name **DAOUK, GHALEB H MD**
Address CHILDREN'S HOSP OF BOSTON, 300 LONGWOOD AVE HUNN 319BOSTON, MA, 02115
Specialty PD
Board Certified PD
School and Year of Graduation AMERICAN UNIV OF BEIRUT USA 1984
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1988
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 11351
License Date 8/1/2001
Name **D'APRIX JR, THOMAS F MD**
Address ELLIOT HOSPITAL EMERGENCY DEPT, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIV OF NEW YORK -SYRACUSE, NY USA 1996
Internship and Year SUNY AT BUFFALO GRADUATE MEDICAL - BUFFALO, NY 1999
Residency and Year SUNY AT BUFFALO GRADUATE MEDICAL - BUFFALO,NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 13898
License Date 4/2/2008
Name **DARCEY, CHRISTOPHER J MD**
Address ST TAMMANY PARISH HOSP, 1202 S TYLER STCOVINGTON, LA, 70433
Specialty IM
Board Certified IM
School and Year of Graduation LOUISIANA UNIV USA 2005
Internship and Year LOUISIANA STATE UNIV MED CENTER - NEW ORLEANS, LA & DARTMOUTH HITCHCOCK MED CENTE
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2010**
Remarks

License Number 15914
License Date 11/7/2012
Name **DARD, SHABIR H MD**
Address 8402 TIMBERLAND CIRCLE, ELLICOTT CITY, MD, 21043
Specialty FP
Board Certified FP
School and Year of Graduation SPARTAN HEALTH SCIENCES UNIVERSITY ST LUCIA 2004
Internship and Year ATLANTA MEDICAL CENTER - MORROW, GA 2010
Residency and Year ATLANTA MEDICAL CENTER - MORROW, GA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16442
License Date 1/8/2014
Name **DARGIN, JAMES M MD**
Address 5 TANGLEWOOD DR, NASHUA, NH, 03062
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY USA 2004
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2005
Residency and Year BOSTON MEDICAL CENTER - BOSTON MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 9959
License Date 4/2/1997
Name **DARGIS, BRIGITTE F MD**
Address CORNER MED CTR - 195 INDUSTRIAL PARKWAY, PO BOX 83LYNDONVILLE, VT, 05851
Specialty FP
Board Certified
School and Year of Graduation UNIV OF MONTREAL -PROVIDENCE QUEBEC CANADA 1990
Internship and Year NOTRE-DAME HOSPITAL MONTREAL QUEBEC CANADA 1991
Residency and Year NOTRE-DAME HOSPITAL MONTREAL QUEBEC CANADA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 15017
License Date 10/6/2010
Name **DARGON, DOREEN M MD**
Address 4251 MONUMENT RD UNIT#402, JACKSONVILLE, FL, 32225
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1980
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1982
License Expiration Date **6/30/2014**
Remarks

License Number 13392
License Date 2/7/2007
Name **DARLINGTON, ALBERT C MD**
Address PREMISE HEALTH, 1176 STRATFORD RDSCHENECTADY, NY, 12308
Specialty GPM
Board Certified GPM
School and Year of Graduation MICHIGAN STATE UNIV USA 1977
Internship and Year TROVER CLINIC FOUNDATION-MADISONVILLE, KY 1978
Residency and Year TROVER CLINIC FOUNDATION-MADISONVILLE, KY 1980
License Expiration Date **6/30/2017**
Remarks

License Number 8346
License Date 6/6/1990
Name **DARNALL JR, ROBERT A MD**
Address DHMC PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NPM
Board Certified NPM
School and Year of Graduation UNIV OF CALIFORNIA USA 1972
Internship and Year UNIV HOSP-CLEVELAND,OH 1973
Residency and Year STANFORD UNIV HOSP-STANFORD,CA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 9562
License Date 10/4/1995
Name **DARNELL, GARY P MD**
Address 32 LIVERMORE ST 1, PORTSMOUTH, NH, 03801
Specialty P
Board Certified
School and Year of Graduation UNIV OF CA IRVINE CA COLLEDGE OF MEDICINE USA 1968
Internship and Year KAPIOLANTI CHILDREN HOSPITAL HONOLULU, HI 1969
Residency and Year ORANGE COUNTY MEDICAL CENTER ORANGE, CA 1973
License Expiration Date **6/30/2003**
Remarks

License Number 13953
License Date 5/7/2008
Name **DARULOVA, MARTINA MD**
Address CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation KARLOVY UNIV CZECH REPUBLIC 1996
Internship and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1998
Residency and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2000
License Expiration Date **6/30/2016**
Remarks

License Number 11149
License Date 1/3/2001
Name **DAS, ANINDITA MD**
Address FOUNDATION PEDIATRICS, 280 MAIN ST SUITE 111NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CALCUTTA INDIA 1994
Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK NY 1998
Residency and Year METROPOLITAN HOSPITAL CENTER - NEW YORK NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 8498
License Date 3/6/1991
Name **DAS, ANITA K MD**
Address HENDERSONVILLE OB/GYN, 630 FIFTH AVE WESTHENDERSONVILLE, NC, 28739
Specialty OBG
Board Certified OBG
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1985
Internship and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1986
Residency and Year METHODIST HOSPITAL - INDIANAPOLIS, IN 1991
License Expiration Date **6/30/2007**
Remarks

License Number 10989
License Date 7/5/2000
Name **DAS, DEEPAK K MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ANUGRAH NARAIN MAGADH MED COLL-GAYA,BIHAR INDIA 1993
Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1998
Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1999
License Expiration Date **6/30/2008**
Remarks

License Number 13620
License Date 8/1/2007
Name **DAS, ROHIT R MD**
Address DEPT OF NEUROLOGY EEG LAB, 75 FRANCIS STBOSTON, MA, 02115
Specialty N
Board Certified N
School and Year of Graduation BANGALORE UNIV INDIA 2000
Internship and Year UNIV OF MISSOURI SCHOOL OF MEDICINE - KANSAS CITY, MO 2003
Residency and Year UPMC MCKEESPORT HOSPITAL - MCKEESPORT, PA 2004
License Expiration Date **6/30/2011**
Remarks

License Number 11867
License Date 4/2/2003
Name **DAS, SHILPI MD**
Address 2035 TIMOTHY RD, APT F107ATHENS, GA, 30606
Specialty PD
Board Certified IM
School and Year of Graduation UNIV OF MUMBAI, MAHARASHTRA, INDIA INDIA 1996
Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2000
Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2003
License Expiration Date **6/30/2009**
Remarks

License Number 6862
License Date 4/10/1984
Name **DASARI, GHANTESWAR MD**
Address BROCKTON/WESTROXBURY, VA MEDICAL CENTERBROCKTON, MA, 02401-
Specialty DR
Board Certified
School and Year of Graduation KAKATIYA MED COLL OSMANIA UNIV-WARANGAL INDIA 1967
Internship and Year U CT SCH OF MED INTEG PROG-FARMINGTON,CT 1980
Residency and Year U CT SCH MED INTEG PROG-FARMINGTON,CT 1980
License Expiration Date **6/30/2004**
Remarks

License Number 11902
License Date 5/7/2003
Name **DASARI, SANDHYA R MD**
Address 280 MAIN ST, NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation KURNOOL MEDICAL COLL - ANDHRA PRADESH INDIA INDIA 1996
Internship and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 2001
Residency and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16784
License Date 10/1/2014
Name **DASILVA, SEAN L MD**
Address 126 BENNINGTON HILLS CT, W HENRIETTA, NY, 14586
Specialty AN
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2004
Internship and Year UNIVERSITY OF ARKANSAS OF MEDICAL SCIENCES - LITTLE ROCK, AR 2006
Residency and Year UNIVERSITY OF ARKANSAS OF MEDICAL SCIENCES - LITTLE ROCK, AR 2009
License Expiration Date **6/30/2016**
Remarks

License Number 16302
License Date 9/4/2013
Name **DASSEL, JEFFREY W MD**
Address 1302 RICHARDS ALLEY, WILMINGTON, DE, 19806
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2002
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2003
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2005
License Expiration Date **6/30/2015**
Remarks

License Number 16508
License Date 3/5/2014
Name **DASTI, UMER R MD**
Address HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2008
Internship and Year SETON HALL UNIVERSITY SCHOOL OF HEALTH AND MEDICAL- PATERSON, NJ 2009
Residency and Year SETON HALL UNIVERSITY SCHOOL OF HEALTH AND MEDICAL- PATERSON, NJ 2012
License Expiration Date **6/30/2016**
Remarks

License Number 13580
License Date 7/11/2007
Name **DAUGHERTY, TODD D MD**
Address DARTMOUTH-HITCHCOCK/RHEU DEPT, 590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI USA 2001
Internship and Year WRIGHT STATE UNIV - DAYTON, OH 2002
Residency and Year CHRIST HOSPITAL - CINCINNATI, OH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 10233
License Date 2/4/1998
Name **D'AURIA, JOHN J MD**
Address ADVANCED PAIN CARE INC, 1921 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL, 33607
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF PA SCH OF MED - PHILADELPHIA, PA USA 1980
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1983
Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1987
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL ON 6/30/06 REINSTATED ON 3/5/08**

License Number 12868
License Date 9/7/2005
Name **DAVATOL-HAG, HAMID R MD**
Address ELLIOT HOSP-HOSPITALIST PROGRA, ONE ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF OHIO, TOLEDO OH US 1997
Internship and Year ST MARYS MERCY MED CTR, GRAND RAPIDS MI 1998
Residency and Year GRANT MEDICAL CTR, COLUMBUS OH 2000
License Expiration Date **10/29/2011**
Remarks **DECEASED 10/29/11**

License Number 12651
License Date 4/6/2005
Name **DAVE, HETAL R MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation PRAMUKHSWAMI MEDICAL COLLEGE, INDIA 1995
Internship and Year ST JOSEPH MERCY, PONTIAC MI 2002
Residency and Year ST JOSEPH MERCY, PONTIAC MI 2003
License Expiration Date **6/30/2017**
Remarks

License Number 9563
License Date 10/4/1995
Name **DAVE, RAJESH M MD**
Address HOLY SPIRIT CARDIOLOGY, 875 POPLAR CHURCH RD STE 400CAMP HILL, PA, 17011
Specialty CD
Board Certified IM
School and Year of Graduation M P SHAH MED COLL SAURASHTRA UNIV,JAMNAGAR GUJARAT INDIA 1988
Internship and Year READING HOSPITAL MEDICAL CENTER READING, MA 1994
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER, NH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 5813
License Date 9/1/1977
Name **DAVE, RAMESH P MD**
Address 1057 PROFILE RD, PO BOX 723FRANCONIA, NH, 03580-0723
Specialty PTH
Board Certified PTH
School and Year of Graduation BJ MEDICAL COLLEGE GUJARAT UNIV INDIA 1969
Internship and Year MANCHESTER MEMORIAL HOSPITAL MANCHESTER 1972
Residency and Year N C BAPTIST HOSPITAL WINSTON SALEM 1975
License Expiration Date **6/30/2007**
Remarks

License Number 13740
License Date 11/7/2007
Name **DAVE, SACHIN B MD**
Address MONADNOCK NEUROLOGY CTR, 454 OLD STREET RD, STE 107PETERBOROUGH, NH, 03458
Specialty N
Board Certified N
School and Year of Graduation GUJARAT UNIV INDIA 2000
Internship and Year WESTLAKE HOSPITAL-MELROSE PARK, IL 2004
Residency and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL CTR 2007
License Expiration Date **6/30/2017**
Remarks

License Number 10266
License Date 5/6/1998
Name **DAVEY SHIPMAN, SUZANNE MD**
Address WOMEN'S CARE CENTER, 141 MASCOMA STLEBANON, NH, 03766
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1998
Residency and Year DARTMOUTH HTICHCOCK MED CTR-HANOVER,NH 1998
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON RENEWAL 6/30/02--REINSTATED 11/2/05**

License Number 12212
License Date 2/4/2004
Name **DAVID, HENRY E DO**
Address DAVID ORTHOPAEDIC ASSOC PA, PO BOX 897VOORHEES, NJ, 08043
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF KANSAS CITY, KANSAS CITY MO US 1968
Internship and Year KENNEDY MEMORIAL HOSP, CHERRY HILL NJ 1969
Residency and Year MERCY CATHOLIC MEDICAL CTR, DARBY PA 1973
License Expiration Date **6/30/2010**
Remarks

License Number 10267
License Date 5/6/1998
Name **DAVID, SEAN P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, HANOVER NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, HANOVER NH 1998
License Expiration Date **6/30/1999**
Remarks

License Number 13486
License Date 5/9/2007
Name **DAVIDOFF, ALAN B MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation STATE UNIV OF NEW YORK USA 1980
Internship and Year BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 1981
Residency and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 1984
License Expiration Date **6/30/2017**
Remarks

License Number 10781
License Date 12/1/1999
Name **DAVIDSON, KAREN M MD**
Address 75 FRANCIS ST, OB/GYN DEPTBOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1991
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 13393
License Date 2/7/2007
Name **DAVIDSON, MICHAEL B DO**
Address ENDOCRINOLOGY & DIABETES CONS, 10 MEMBER WAY STE 400DOVER, NH, 03820
Specialty IM
Board Certified END
School and Year of Graduation UNIV OF NE COLLEGE OF OSTEOPATHIC MED USA 2002
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2003
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 7343
License Date 6/12/1986
Name **DAVIDSON, PETER K MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY 1983
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 9564
License Date 10/4/1995
Name **DAVIDSON, THOMAS E MD**
Address ANDOVER OB/GYN, 323 LOWELL ST STE 302ANDOVER, MA, 01810
Specialty OBG
Board Certified OBG
School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE DETROIT, MI USA 1991
Internship and Year UNIV OF ILLINOIS CHICAGO, IL 1995
Residency and Year UNIV OF ILLINOIS CHICAGO, IL 1995
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03 REINSTATED 7/7/04**

License Number 16537
License Date 4/2/2014
Name **DAVIE, EMILY S MD**
Address DOVER PEDIATRICS, 17 OLD ROLLINSFORD RD #5DOVER, NH, 03850
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2011
Internship and Year UNIVERSITY OF VT COLLEGE OF MEDICINE - BURLINGTON, VT 2012
Residency and Year UNIVERSITY OF VT COLLEGE OF MEDICINE - BURLINGTON, VT 2014
License Expiration Date **6/30/2016**
Remarks

License Number 13450
License Date 4/4/2007
Name **DAVIES, DANIEL L DO**
Address APPLIEDORE MEDICAL GROUP, 125 AVIATION AVE STE 201PORTSMOUTH, NH, 03840
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND USA 1989
Internship and Year ST. FRANCIS HOSPITAL/MT SINAI HOSPITAL - HARTFORD, CT 1990
Residency and Year UNIV OF CONNECTICUT HEALTH CTR - FARMINGTON, CT 1992
License Expiration Date **6/30/2017**
Remarks

License Number 17105
License Date 6/3/2015
Name **DAVIES, GARETH M MD**
Address COASTAL NH NEUROSURGEONS, 330 BORTHWICK AVE - STE 300PORTSMOUTH, NH, 03801
Specialty NS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2008
Residency and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 12869
License Date 9/7/2005
Name **DAVIES, LOUISE MD**
Address DHMC - OTOLARYNGOLOGY, 1 MEDICAL CENTER DR, CLINIC 4FLEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 1998
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1999
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 4927
License Date 12/4/1972
Name **DAVILA, MARIA A MD**
Address 1611 HOOKSETT RD, HOOKSETT, NH, 03106-1650
Specialty IM
Board Certified
School and Year of Graduation UNIV OF SALAMANCA SPAIN 1966
Internship and Year AUXILIO MUTUO HOSPITAL - PUERTO RICO 1968
Residency and Year VA HOSPITAL - NEWINGTON, CT 1969
License Expiration Date **6/30/2016**
Remarks

License Number 11307
License Date 7/11/2001
Name **DAVIN, TANJA C MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1997
Internship and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 1998
Residency and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2000
License Expiration Date **2/1/2006**
Remarks **DECEASED 2/1/06**

License Number 12599
License Date 2/2/2005
Name **DAVIS III, WILLIAM A MD**
Address 280 BERESFORD CREEK ST, DANIEL ISLAND, SC, 29492
Specialty R
Board Certified R
School and Year of Graduation EMORY UNIVERSITY, ATLANTA GA US 1962
Internship and Year EMORY UNIVERSITY, ATLANTA GA 1963
Residency and Year EMORY UNIVERSITY, ATLANTA GA 1964
License Expiration Date **6/30/2007**
Remarks

License Number 12374
License Date 7/7/2004
Name **DAVIS JR, ROBERT H MD**
Address 6125 STEPHEN'S CROSSING, MECHANICSBURG, PA, 17050
Specialty P
Board Certified P
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1975
Internship and Year PENNSYLVANIA STATE UNIVERSITY, HERSHEY PA 1976
Residency and Year PENNSYLVANIA STATE UNIVERSITY, HERSHEY PA 1978
License Expiration Date **6/30/2014**
Remarks

License Number 16706
License Date 8/6/2014
Name **DAVIS, ADEBANKE C MD**
Address 25 JEFFERSON ST APT 3G, HACKENSACK, NJ, 07601
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2006
Internship and Year ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ENGLEWOOD, NJ 2008
Residency and Year ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ENGLEWOOD, NJ 2011
License Expiration Date **6/30/2016**
Remarks

License Number 15213
License Date 5/4/2011
Name **DAVIS, ALEXANDER D MD**
Address ACCESS SPORTS MED & ORTHO, ONE HAMPTON RD STE 200EXETER, NH, 03833
Specialty ORS
Board Certified AS
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year BOSTON UNIVERSITY BOSTON, MA 2005
Residency and Year BOSTON UNIVERSITY BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 14315
License Date 2/4/2009
Name **DAVIS, ANN J MD**
Address DARTMOUTH MEDICAL SCHOOL, REMSEN 302HANOVER, NH, 03755
Specialty OBG
Board Certified OBG
School and Year of Graduation OREGON HEALTH & SCIENCE UNIV USA 1980
Internship and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL & CLINICS - AUGUSTA, GA 1981
Residency and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL & CLINICS - AUGUSTA, GA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 7264
License Date 1/17/1986
Name **DAVIS, BRUCE H MD**
Address TRILLIUM DIAGNOSTIC LLC, 81 RESEARCH DR SCARBOROUGH, ME, 04070-6357
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1977
Internship and Year UNIV OF COLORADO HEALTH SCI CENTER - DENVER, CO 1979
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1982
License Expiration Date **6/30/2003**
Remarks

License Number 15056
License Date 11/3/2010
Name **DAVIS, GARRETT C MD**
Address DHMC/DEPT OF ORTHOPADICS, 1 MED CTR DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2014**
Remarks

License Number 5418
License Date 9/3/1975
Name **DAVIS, HELEN MD**
Address 57 MAIN ST, FRANCESTOWN, NH, 03043-
Specialty PD
Board Certified PD
School and Year of Graduation SOUTHWESTERN MEDICAL SCHOOL UNIV OF TEXAS USA 1951
Internship and Year PARKLAND HOSPITAL - DALLAS, TX 1952
Residency and Year UNIV OF TEXAS HOSPITAL - GALVESTON, TX 1957
License Expiration Date **6/30/2005**
Remarks **Deceased 1/22/2011**

License Number 7644
License Date 7/8/1987
Name **DAVIS, JEFFREY J MD**
Address MONADNOCK COMMUNITY HOSP, 452 OLD STREET RD PETERBOROUGH, NH, 03458
Specialty AN
Board Certified
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT CT 1976
Residency and Year BETH ISREAL MEDICAL CENTER - NEW YORK NY 1984
License Expiration Date **6/30/2007**
Remarks

License Number 8943
License Date 5/5/1993
Name **DAVIS, JOHN A MD**
Address 49 WALPOLE ST STE 1, NORWOOD, MA, 02062-
Specialty OM
Board Certified OM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1972
Internship and Year MT AURBURN HOSPITAL - CAMBRIDGE MA 1973
Residency and Year MT AURBURN HOSPITAL - CAMBRIDGE MA 1975
License Expiration Date **6/30/2011**
Remarks

License Number 10326
License Date 7/1/1998
Name **DAVIS, JULIE S MD**
Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DRWHITE RIVER JCT, VT, 05001-9263
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1995
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIV - PAWTUCKET, RI 1996
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIV - PAWTUCKET, RI 1998
License Expiration Date **6/30/2016**
Remarks

License Number 14620
License Date 10/7/2009
Name **DAVIS, KATHRYN L MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation CREIGHTON UNIVERSITY USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2013**
Remarks

License Number 12737
License Date 6/1/2005
Name **DAVIS, MARK C MD**
Address VIRTUAL RADIOLOGIC PROFESSIONA, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation RUSH UNIVERSITY, CHICAGO IL US 1983
Internship and Year GREATER BALTIMORE MED CTR, BALTIMORE MD 1984
Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1987
License Expiration Date **6/30/2017**
Remarks

License Number 15529
License Date 2/1/2012
Name **DAVIS, MATTHEW J MD**
Address NH HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2008
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE HEALTH ALLIANCE-CAMBRIDGE, MA 2009
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE HEALTH ALLIANCE-CAMBRIDGE, MA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 3542
License Date 9/12/1962
Name **DAVIS, MICHAEL D MD**
Address 1040 BALMORAL DR, NASHVILLE, TN, 37220
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF BONN SCHOOL OF MEDICINE GERMANY 1950
Internship and Year COLUMBUS HOSPITAL - CHICAGO, IL 1951
Residency and Year MICHAEL REESE HOSPITAL - CHICAGO, IL 1952
License Expiration Date **6/30/2000**
Remarks **DECEASED 3/13/2012**

License Number 10418
License Date 10/7/1998
Name **DAVIS, ROBERT F MD**
Address GRANITE STATE ORTHOPEDICS, 17 PROSPECT STNASHUA, NH, 03060
Specialty ORS
Board Certified ORS
School and Year of Graduation W VIRGINIA UNIV SCH OF MED - MORGANTOWN, WV USA 1992
Internship and Year WEST VIRGINIA UNIV MEDICAL SCHOOL - MORGANTOWN, WV 1997
Residency and Year GRADUATE HOSPITAL - PHILADELPHIA, PA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 11483
License Date 1/2/2002
Name **DAVIS, ROBERT M MD**
Address 1898 DESERT FOREST WAY, HENDERSON, NV, 89012
Specialty FP
Board Certified FP
School and Year of Graduation AUTOMOMOUS UNIV OF GAUDALAJARA - SAN ANTONIO, TX USA 1976
Internship and Year COLUMBIA PRESBYTERIAN/ ST LUKES MEDICAL CENTER - DENVER, CO 1978
Residency and Year WESTERN MEDICAL CENTER - SANTA ANA, CA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 10385
 License Date 9/2/1998
 Name **DAVIS, SHERRILL A MD**
 Address PEDIATRIC PROFESSIONAL ASSOC, 413 BROADWAY ROUTE 28METHUEN, MA, 01844
 Specialty PD
 Board Certified PD
 School and Year of Graduation UNIV OF MISSOURI - KANSAS CITY, MO USA 1984
 Internship and Year GUNDERSEN MEDICAL FOUNDATION LA CROSSE HOSPITAL - LACROSSE, WI 1985
 Residency and Year UNIV OF MASSACHUSETTS - WORCESTER, MA 1988
 License Expiration Date **6/30/2004**
 Remarks

License Number 12870
 License Date 9/7/2005
 Name **DAVIS, STEVEN W MD**
 Address VIRTUAL RADIOLOGIC PROFESSIONA, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
 Specialty R
 Board Certified R
 School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 1993
 Internship and Year JOHNS HOPKINS HOSP, BALTIMORE MD 1994
 Residency and Year JOHNS HOPKINS HOSP, BALTIMORE MD 1997
 License Expiration Date **6/30/2013**
 Remarks

License Number 9886
 License Date 12/4/1996
 Name **DAVIS, SYBIL A MD**
 Address DR EWINGS OFFICE, 248 PLEASANT ST # 2750CONCORD, NH, 03301
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation UNIV OF SOUTHERN CA SCHOOL OF MEDICAL LOS ANGELES USA 1986
 Internship and Year KAISER FOUNDATION HOSPITAL OF LOS ANGELES,CA 1990
 Residency and Year KAISER FOUNDATION HOSPITAL OF LOS ANGELES, CA 1990
 License Expiration Date **6/30/1998**
 Remarks

License Number 8693
 License Date 4/1/1992
 Name **DAVIS, THOMAS H MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty ON
 Board Certified IM
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1986
 Internship and Year MEDICAL CENTER HOSPITAL BURLINGTON - VERMONT 1987
 Residency and Year MEDICAL CENTER HOSPITAL BURLINGTON - VERMONT 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 13899
License Date 4/2/2008
Name **DAVIS, THOMAS N MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF NEW MEXICO USA 1979
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1980
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11557
License Date 4/3/2002
Name **DAVIS, THOMAS S MD**
Address DHMC-DIV OF HEMOTOLOGY, ONE MEDICAL CTR DRHANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1997
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1998
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 2002
License Expiration Date **6/30/2006**
Remarks

License Number 7992
License Date 11/9/1988
Name **DAVISON, MARTHA F MD**
Address 2505 STILLWATER DR, CHAMPAIGN, IL, 61821
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1968
Internship and Year CHILDREN'S HOSPITAL -SAN FRANCISCO CA 1969
Residency and Year CHILDREN'S HOSPITAL - PHILADELPHIA PA 1981
License Expiration Date **6/30/2004**
Remarks

License Number 6239
License Date 7/3/1980
Name **DAVISON, WILLIAM T MD**
Address RR 2 BOX 589, CORNISH, NH, 03745-
Specialty ORS
Board Certified ORS
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1944
Internship and Year UNIVERSITY HOSPITAL - BOSTON MA 1945
Residency and Year UNIVERSITY HOSPITAL - BOSTON MA 1945
License Expiration Date **6/30/1999**
Remarks

License Number 9475
 License Date 7/5/1995
 Name **DAVISS, WILLIAM B MD**
 Address DHMC - DEPT OF PSYCHIATRY, ONE MED CTR DRLEBANON, NH, 03756
 Specialty CHP
 Board Certified CHP
 School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 1988
 Internship and Year UNIVERSITY HOSPITAL S TEXAS MEDICAL CENTER - SAN ANTONIO TX 1989
 Residency and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY UT 1994
 License Expiration Date **6/30/2017**
 Remarks **Lapsed 6/30/01 - Reinstated 5/4/11**

License Number 15101
 License Date 1/5/2011
 Name **DAVTYAN, ARAM V MD**
 Address 11600 INDIAN HILLS RD,, MISSION HILLS, CA, 91345
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 2004
 Internship and Year WAUKESHA FAMILY MEDICINE RESIDENCY PROGRAM - WAUKESHA, WI 2007
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
 License Expiration Date **6/30/2015**
 Remarks

License Number 9942
 License Date 3/5/1997
 Name **DAWISKIBA, WIESLAW C MD**
 Address INTERVENTIONAL PAIN CTR, 4000 BEESTON HILL 4005C'STED ST CROIX, VI, 00820
 Specialty AN
 Board Certified
 School and Year of Graduation AKAD MED BIALYSTOCK POLAND POLAND 1974
 Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - NY 1987
 Residency and Year UNIV HOSPITAL-SUNY HEALTH SCIENCE CENTER - NY 1993
 License Expiration Date **6/30/2017**
 Remarks

License Number 15505
 License Date 1/4/2012
 Name **DAWSON, COURTNEY K MD**
 Address 40 ALLIED DRIVE SUITE 1-2, DEDHAM, MA, 02026
 Specialty ORS
 Board Certified
 School and Year of Graduation PENNSYLVANIA STATE UNIV COLLEGE OF MEDICINE USA 2005
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2006
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
 License Expiration Date **6/30/2016**
 Remarks

License Number 5363
License Date 7/10/1975
Name **DAY, RALPH W MD**
Address UNIV OKLAHOMA-TULSA, 4502 EAST 41ST STTULSA, OK, 74135-2512
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF OKLAHOMA COLLEGE OF MEDICINE USA 1970
Internship and Year UNIV OF OKLAHOMA - OKLAHOMA CITY, OK 1971
Residency and Year UNIV OF OKLAHOMA - OKLAHOMA CITY, OK 1974
License Expiration Date **6/30/2017**
Remarks

License Number 10484
License Date 1/6/1999
Name **DAY, RICHARD G MD**
Address UNUM 2211 CONGRESS ST, PORTLAND, ME, 04103
Specialty PM
Board Certified PM
School and Year of Graduation FREE SCHOOL OF MEDICINE - LILLE, FRANCE FRANCE 1989
Internship and Year ALLEGHENY UNIV HOSPITAL - PHILADELPHIA,PA 1990
Residency and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1991
License Expiration Date **6/30/2003**
Remarks

License Number 11352
License Date 8/1/2001
Name **DAY, XUAN-TRANG T MD**
Address 445 CYPRESS ST STE 9, MANCHESTER, NH, 03101
Specialty IM
Board Certified
School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1997
Internship and Year INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 1999
Residency and Year INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 2001
License Expiration Date **6/30/2005**
Remarks

License Number 13705
License Date 10/3/2007
Name **DAYAL, YOGESHWAR MD**
Address CARIS PATHOLOGY, 8400 ESTERS BLVD #190IRVING, TX, 75063
Specialty PTH
Board Certified PTH
School and Year of Graduation INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 1963
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1969
Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR-EAST CAMPUS - BOSTON, MA 1971
License Expiration Date **6/30/2009**
Remarks

License Number 10705
License Date 10/6/1999
Name **DAYNO, ALAN L MD**
Address COMMUNITY PHYSICIANS, 125 NORTH ELM ST 3RD FLWESTFIELD, MA, 01085
Specialty IM
Board Certified IM
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year BAYSTATE MEDICAL CENTER 1979
Residency and Year BAY STATE MEDICAL CENTER 1980
License Expiration Date **5/7/2012**
Remarks **Deceased 5/7/2012**

License Number 15214
License Date 5/4/2011
Name **DAYNO, MATTHEW C MD**
Address ELLIOT HOSP - EMERGENCY MEDICI, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIVERSITY USA 2007
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 17052
License Date 5/6/2015
Name **DE AGUIRRE RIVERA, MANUEL R MD**
Address 119 TOWNE ST UNIT 550, STAMFORD, CT, 06902
Specialty IM
Board Certified IM
School and Year of Graduation UNIV FRANCISCO MARROQUIN GUATEMALA 2007
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2010
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2012
License Expiration Date **6/30/2017**
Remarks

License Number 15915
License Date 11/7/2012
Name **DE AMORIM BERNSTEIN, KAREN MD**
Address MASS GEN HOSP, 55 FRUIT STBOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSIDADE CATOLICA DO PARANA BRAZIL 1997
Internship and Year VA MEDICAL CENTER - LOS ANGELES, CA 2004
Residency and Year VA MEDICAL CENTER - LOS ANGELES, CA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 16104
License Date 5/1/2013
Name **DE ASLA, RICHARD J MD**
Address EXCEL ORTHO SPEC, 200 UNICORN PARK DR STE 201WOBURN, MA, 01801
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1995
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1997
Residency and Year UNIVERSITY HOSPITAL OF CLEVELAND - CASE MEDICAL CENTER - CLEVELAND, OH 2001
License Expiration Date **6/30/2017**
Remarks **Lapsedf for non-renewal 6/30/2015. Renewed 8/14/15.**

License Number 10748
License Date 11/3/1999
Name **DE BUJANDA, MARILENA MD**
Address 1525 AVENUE BERNARD #5, OUTREMONTQUEBEC CANADA, , H2V 1W7
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF SHERBROOKE FACULTY OF MED CANADA 1994
Internship and Year UNIVERSITY OF SHERBROOKE-CANADA 1995
Residency and Year UNIVERSITY OF SHERBROOKE-CANADA 1999
License Expiration Date **6/30/2001**
Remarks

License Number 12293
License Date 5/5/2004
Name **DE CAROLIS, HEATHER L DO**
Address FRANKLIN MEMORIAL HOSP, 111 FRANKLIN HEALTH COMMONSFARMINGTON, ME, 04938
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year MAINE MEDICAL CENTER, PORTLAND ME 2001
Residency and Year MAINE MEDICAL CENTER, PORTLAND ME 2004
License Expiration Date **6/30/2016**
Remarks

License Number 15747
License Date 7/11/2012
Name **DE FIGUEIREDO, JOHN M MD**
Address FRISBIE MEM HOSP-GEROPSYCHIATRY, 11 WHITEHALL ROADROCHESTER, NH, 03867
Specialty P
Board Certified P
School and Year of Graduation GOA MEDICAL COLLEGE INDIA 1973
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1978
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1980
License Expiration Date **6/30/2014**
Remarks

License Number 8857
 License Date 12/2/1992
 Name **DE FRAHN, LINDA S DO**
 Address GRAFTON COUNTY NURSING, 3855 DARTMOUTH COLLEGE HWYHAVERHILL, NH, 03774
 Specialty FP
 Board Certified FP
 School and Year of Graduation OHIO UNIVERSITY USA 1985
 Internship and Year PARKVIEW HOSPITAL TOLEDO - OHIO 1986
 Residency and Year METROPOLITAN MEDICAL CENTER ST LOUIS - MISSOURI 1991
 License Expiration Date **6/30/2014**
 Remarks

License Number 10269
 License Date 5/6/1998
 Name **DE JOE, KAREN L DO**
 Address TARRYTOWN INTERNAL MEDICINE, 275 MAMMOTH RD MANCHESTER, NH, 03109
 Specialty IM
 Board Certified
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 1993
 Internship and Year ST ELIZABETH HLTH CTR, YOUNGSTOWN OH 1994
 Residency and Year STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1996
 License Expiration Date **6/30/2002**
 Remarks **LICENSE RENEWAL DENIED 6/20/02. DR DE JOE DID NOT REQUEST A HEARING ON THIS DENIAL BY 7/19/02.**

License Number 5475
 License Date 2/5/1976
 Name **DE JOHN, JAMES P MD**
 Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867
 Specialty PD
 Board Certified PD
 School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE ST LOUIS USA 1971
 Internship and Year UNIVERSITY HOSP CLEVELAND OH 1972
 Residency and Year UNIVERSITY HOSP CLEVELAND OH 1974
 License Expiration Date **6/30/2016**
 Remarks

License Number 13092
 License Date 6/7/2006
 Name **DE LEE, RYAN J MD**
 Address OREGON MEDICAL GROUP - GATEWAY MED CTR, 1007 HARLOW RD SUITE 210 SPRINGFIELD, OR, 9
 Specialty IM
 Board Certified IM
 School and Year of Graduation LOYOLA UNIVERSITY, MAYWOOD IL US 2003
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
 License Expiration Date **6/30/2016**
 Remarks **lapsed 6/30/10 - reinstated 4/3/13**

License Number 14065
License Date 7/9/2008
Name **DE LEON, HECTOR E MD**
Address 5620 FOSSIL CREEK PKWY, FORT COLLINS, CO, 80525
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF TEXAS USA 2005
Internship and Year DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS-AUSTIN, TX 2006
Residency and Year DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS-AUSTIN, TX 2008
License Expiration Date **6/30/2012**
Remarks

License Number 6129
License Date 10/26/1979
Name **DE LOS HEROS, REINALDO O MD**
Address 11 HOWARD GROVE, DERRY, NH, 03038
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE PUERTO RICO 1975
Internship and Year SHEPPARD ENOCH PRATT HOSPITAL - TOWSON, MD 1976
Residency and Year SHEPPARD ENOCH PRATT HOSPITAL - TOWSON, MD 1978
License Expiration Date **7/8/1997**
Remarks **7/8/97 - SETTLEMENT AGREEMENT**

License Number 14537
License Date 8/5/2009
Name **DE MARTINO, RANDALL R MD**
Address MAYO CLINIC, 200 FIRST ST SW ROCHESTER, MN, 55905
Specialty VS
Board Certified
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13339
License Date 12/6/2006
Name **DE MEESTER, CYNTHIA A MD**
Address WETERN MASS PEDIATRIC, 18 HOPSTIAL DR HOLYOHE, MA, 01040
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CALIFORNIA LOS ANGELES USA 1995
Internship and Year KAPIOLANI MEDICAL CTR FOR WOMEN & CHILDREN-HONOLULU, HI 1996
Residency and Year KAPIOLANI MEDICAL CTR FOR WOMEN & CHILDREN-HONOLULU, HI 1998
License Expiration Date **6/30/2010**
Remarks

License Number 7835
License Date 5/4/1988
Name **DE NESNERA, ALEXANDER P MD**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301-3852
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1986
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 6694
License Date 5/5/1983
Name **DE NIORD, RICHARD N MD**
Address 37152 FISHERMAN'S WHARF, WAUBUN, MN, 56589
Specialty GS
Board Certified GS
School and Year of Graduation YALE UNIV SCH MED -NEW HAVEN,CT USA 1952
Internship and Year YALE-NEW HAVEN,CT 1953
Residency and Year YALE-NEW HAVEN HOSP 1956
License Expiration Date **6/30/2005**
Remarks **Deceased 4/30/10**

License Number 16968
License Date 3/4/2015
Name **DE PERALTA, EDGAR T MD**
Address 915 BROADWAY STE 1200, NEW YORK, NY, 10010
Specialty N
Board Certified N
School and Year of Graduation DAVAO MEDICAL SCHOOL FOUNDATION PHILIPPINES 2001
Internship and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER-ODESSA, TX 2003
Residency and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER-ODESSA, TX 2005
License Expiration Date **6/30/2017**
Remarks

License Number T1892
License Date 6/26/1986
Name **DE PIERRO, KATHLEEN MD**
Address MARY HITCHCOCK CLINIC, 2 MAYNARD STREETHANOVER, NH, 03756
Specialty P
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1988**
Remarks

License Number 6493
License Date 2/8/1983
Name **DE STEFANO, PAUL M MD**
Address 1650 HOSPITAL DR STE 500, SANTA FE, NM, 87505
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1979
Internship and Year BETH ISRAEL HOSP-BOSTON,MA 1980
Residency and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1980
License Expiration Date **8/1/1998**
Remarks

License Number 16996
License Date 4/1/2015
Name **de VENECIA, CARLA A MD**
Address 1919 CLAREDON BLVD #228, ARLINGTON, VA, 22201
Specialty DR
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NY @ STONEY BROOK USA 2009
Internship and Year NORTH-SHORE-LONG ISLAND JEWISH (NYU SOM) - MANHASSET, NY 2010
Residency and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 2014
License Expiration Date **6/30/2017**
Remarks

License Number 13372
License Date 1/3/2007
Name **DE VERA, ADELA M MD**
Address MONADNOCK REGIONAL PEDIATRICS, 454 OLD ST RC STE 106PETERBOROUGH, NH, 03458
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF E RAMON MAGSAYSAY PHILIPPINES 1986
Internship and Year LINCOLN MEDICAL AND MENTAL HEALTH CTR - BRONX, NY 1992
Residency and Year LINCOLN MEDICAL AND MENTAL HEALTH CTR - BRONX, NY 1994
License Expiration Date **6/30/2017**
Remarks

License Number 13093
License Date 6/7/2006
Name **DE VERA, JOSEPH M MD**
Address CMC-MCH HOSPITALISTS, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE EAST, RAMON MAGSAYSAY, PHILIPPIN PHILIPPINES 1986
Internship and Year METROPOLITAN HOSPITAL CTR, NEW YORK NY 1993
Residency and Year METROPOLITAN HOSPITAL CTR, NEW YORK NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 11169
License Date 2/7/2001
Name **DE VILLA, VICTOR ADALBERT G MD**
Address ROBERT A LEVINE MD, 5 COLISEUM AVENASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation COLL OF MED UNIV OF PHILIPPINES - MANILA PHILIPPIN PHILIPPINES 1994
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 1996
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 1997
License Expiration Date **6/30/2003**
Remarks

License Number 11365
License Date 9/5/2001
Name **DE YOUNG, ANNA M MD**
Address DOVER WOMENS HEALTH PA, 700 CENTRAL AVEDOVER, NH, 03820
Specialty OBG
Board Certified OBG
School and Year of Graduation WAYNE STATE UNIV SCH OF MED- DETROIT, MI USA 1992
Internship and Year OHIO STATE UNIVERSITY HOSPITAL - COLUMBUS, OH 1993
Residency and Year OHIO STATE UNIVERSITY HOSPITAL - COLUMBUS, OH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5988
License Date 10/5/1978
Name **DEAETT, DOUGLAS A MD**
Address 1 BRIDGMAN RD, HANOVER, NH, 03755
Specialty EM
Board Certified
School and Year of Graduation UNIV OF VT COLLEGE MEDICAL BURLINGTON, VT USA 1974
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1975
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
License Expiration Date **6/30/2016**
Remarks

License Number 14339
License Date 3/4/2009
Name **DEAL, MARY R MD**
Address 22 WHITE ST, CONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation UNIV OF TEXAS USA 1979
Internship and Year SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 1980
Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10268
License Date 5/6/1998
Name **DEAN, EDWARD M MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1987
Internship and Year BAYSTATE MEDICAL CTR-SPRINGFIELD,MA 1990
Residency and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 1990
License Expiration Date **6/30/2003**
Remarks

License Number 16942
License Date 2/4/2015
Name **DEAN, KRISTIN M MD**
Address DOCTOR ON DEMAND, 121 SPEAR ST STE 426SAN FRANCISCO, CA, 94105
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2010
Internship and Year KAISER FOUNDATION HOSPITAL - WOODLAND HILL, CA 2011
Residency and Year KAISER FOUNDATION HOSPITAL - WOODLAND HILL, CA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 9476
License Date 7/5/1995
Name **DEAN, SHERVIN C MD**
Address TRISTAN RADIOLOGY SPECIALISTS, 4518 UNION DEPOSIT RDHARRISBURG, PA, 17111
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF TX MEDICAL SCHOOL AT HOUSTON USA 1993
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9212
License Date 7/6/1994
Name **DEAN, WENDY K MD**
Address 1130 CREEK RD, CARLISLE, PA, 17013
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MASSACHUSETS MEDICAL SCHOOL USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date **6/30/2006**
Remarks

License Number 9037
License Date 9/1/1993
Name **DEANGELIS, CYNTHIA L MD**
Address TALLMAN EYE ASSOCIATES, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843
Specialty OPH
Board Certified OPH
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1989
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN CT 1992
License Expiration Date **6/30/2017**
Remarks

License Number 7899
License Date 7/6/1988
Name **DEARANI, ABRAHAM C MD**
Address ONE SAND HILL RD, PETERBOROUGH, NH, 03458
Specialty FP
Board Certified
School and Year of Graduation GEORGETOWN UNIV SCH MED - WASHINGTON, DC USA 1953
Internship and Year NAVAL HOSPITAL - NEWPORT, RI 1954
Residency and Year UNIV HOSPITAL - BOSTON, MA 1957
License Expiration Date **6/30/2014**
Remarks

License Number 8042
License Date 3/1/1989
Name **DEASON, KATHRYN L MD**
Address 269 CURRIER DR, MANCHESTER, NH, 03104
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF IOWA COLL OF MED - IOWA CITY , IA USA 1978
Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 1979
Residency and Year MARICOPA MEDICAL CENTER - PHOENIX,AZ 1982
License Expiration Date **6/30/2015**
Remarks

License Number 14536
License Date 8/5/2009
Name **DEBELL, MARC C MD**
Address HEYWOOD HOSPITAL, 242 GREEN STGARDNER, MA, 01440
Specialty EM
Board Certified EM
School and Year of Graduation COLUMBIA UNIVERSITY USA 1993
Internship and Year MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1995
Residency and Year MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1996
License Expiration Date **6/30/2015**
Remarks

License Number 13394
License Date 2/7/2007
Name **DEBERGHES, PAMELA J MD**
Address 7650 FARGO DR, COLORADO SPRING, CO, 80920
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1996
Internship and Year ST MARYS HOSPITAL & MEDICAL CTR - GRAND JUNCTION, CO 1997
Residency and Year ST MARYS HOSPITAL & MEDICAL CTR - GRAND JUNCTION, CO 1999
License Expiration Date **6/30/2011**
Remarks

License Number 13451
License Date 4/4/2007
Name **DEBLASIO BONESHO, ALEXANDRA L MD**
Address CORE PEDIATRIC & ADOLESCENT MEDICINE EPPING, 212 CALEF HIGHWAY EPPING, NH, 03042
Specialty PD
Board Certified PD
School and Year of Graduation RUSH UNIV USA 1999
Internship and Year RUSH UNIV MEDICAL CENTER-CHICAGO, IL 2000
Residency and Year RUSH UNIV MEDICAL CENTER-CHICAGO, IL 2002
License Expiration Date **6/30/2017**
Remarks

License Number 5858
License Date 2/13/1978
Name **DEBONIS, GERALD M MD**
Address , PO BOX 88 PETERBOROUGH, NH, 03458
Specialty ORS
Board Certified ORS
School and Year of Graduation NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL USA 1966
Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1967
Residency and Year NEW YORK MEDICAL COLLEGE HOSPITAL CENTER - NEW YORK, NY 1974
License Expiration Date **6/30/2008**
Remarks

License Number 10297
License Date 5/6/1998
Name **DEBRAH, CHARLES A MD**
Address MERCY MEDICAL CENTER, NORTH IOWA 1000 4TH ST NEMASON CITY, IA, 50401
Specialty OBG
Board Certified
School and Year of Graduation SEMMELWEIS MEDICAL UNIVERSITY HUNGARY 1985
Internship and Year BAYLOR COLLEGE OF MEDICINE-TX 1996
Residency and Year BAYLOR COLLEGE OF MEDICINE-TX 1998
License Expiration Date **6/30/2000**
Remarks

License Number 13706
License Date 10/3/2007
Name **DECANDIA, GREGORY G MD**
Address SOUTHBURY TRAINING SCHOOL, 1872 SO BRITAIN RDSOUTHBURY, CT, 06488
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT USA 1986
Internship and Year UNIV OF CONNECTICUT/ASYLUM HILL FAMILY PRACTICE CENTER - HARTFORD, CT 1987
Residency and Year UNIV OF CONNECTICUT/ASYLUM HILL FAMILY PRACTICE CENTER - HARTFORD, CT 1989
License Expiration Date **6/30/2015**
Remarks

License Number 11811
License Date 1/8/2003
Name **DECAPRIO, JOHN V MD**
Address WOMENS REPRODUCTIVE HEALTH, 248 PLEASANT ST STE 2750CONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1983
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1984
Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1987
License Expiration Date **6/30/2003**
Remarks

License Number 9565
License Date 10/4/1995
Name **DECESARIS, VINCENT A MD**
Address RADIOLOGY ASSOCIATES, 38 HAMLET AVEWOONSOCKET, RI, 02895-4423
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF VT COLLEDGE OF MEDICINE BURLINGTON, VT USA 1970
Internship and Year PACIFIC PRESBY MEDICAL CENTER SAN FRANCISCO, CA 1971
Residency and Year RHODE ISLAND HOSPITAL PROVIDENCE, RI 1974
License Expiration Date **6/30/2017**
Remarks

License Number 8301
License Date 4/4/1990
Name **DECH, ELMER R MD**
Address 82 PETERBOROUGH ST, JAFFREY, NH, 03452-
Specialty FP
Board Certified FP
School and Year of Graduation HAHNEMANN UNIV SCH OF MED - PHILA, PA USA 1962
Internship and Year POLYCLINIC MEDICAL CENTER - HARRISBURG, PA 1963
Residency and Year POLYCLINIC MEDICAL CENTER-HARRISBURG,PA 1963
License Expiration Date **6/30/2003**
Remarks

License Number 9241
License Date 8/3/1994
Name **DECHIRICO, CORIN E DO**
Address SOUTHERN NH MED CTR W CAMPUS, 29 NORTHWEST BLVD NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF OSTEO MEDICINE AND HEALTH SCIENCE USA 1990
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1994
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5976
License Date 9/7/1978
Name **DECKER, THOMAS N MD**
Address STRAFFORD MED ASSOC, 10 MEMBERS WAY STE 302 DOVER, NH, 03820-
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICINE - PA USA 1974
Internship and Year HOSPITAL UNIV OF PITTSBURGH, PA 1975
Residency and Year HOSPITAL UNIV OF PITTSBURGH, PA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 6139
License Date 11/16/1979
Name **deCONSTANT, JEAN W MD**
Address , , ,
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF LOUISVILLE, KY USA 1962
Internship and Year
Residency and Year
License Expiration Date **2/7/1980**
Remarks **2/7/80 LICENSE REVOKED**

License Number 3439
License Date 3/11/1961
Name **DEELY, NICHOLAS F MD**
Address , PO BOX 80503 FAIRBANKS, AK, 99708-
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF AMSTERDAM NETHERLANDS 1955
Internship and Year LOWELL GENERAL HOSPITAL- LOWELL, MA 1958
Residency and Year THE MONTREAL CHILDREN'S HOSPITAL 1960
License Expiration Date **6/30/2005**
Remarks

License Number 13240
License Date 9/6/2006
Name **DEEM, KENNITH C MD**
Address 48 MILTON ST, WILLIAMSVILLE, NY, 14221
Specialty PTX
Board Certified PTX
School and Year of Graduation WASHINGTON UNIV USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR - LEBANON NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR - LEBANON NH 2006
License Expiration Date **6/30/2008**

Remarks

License Number 9599
License Date 12/6/1995
Name **DEERY, ELIZA A MD**
Address LAKES REGION GENERAL HOSP, HIGHLAND ST LACONIA, NH, 03246-
Specialty CCA
Board Certified CCA
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1988
Internship and Year MAINE MEDICAL CENTER-PORTLAND,ME 1994
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
License Expiration Date **6/30/2017**

Remarks

License Number 12738
License Date 6/1/2005
Name **DEFEO, GUY A DO**
Address 9 WEST APACHE LN, FREEDOM, NH, 03836
Specialty FP
Board Certified OMM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1988
Internship and Year INLAND HOSPITAL, WATERVILLE ME 1989
Residency and Year UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME 1990
License Expiration Date **6/30/2017**

Remarks

License Number 10819
License Date 2/2/2000
Name **DEFOSSEZ, STEVEN M MD**
Address BEVERLY HOSPITAL, DEPT OF RADIOLOGY BEVERLY, MA, 01915
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON , MA USA 1985
Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1986
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1990
License Expiration Date **6/30/2008**

Remarks

License Number 12294
License Date 5/5/2004
Name **DEGE, JAY E MD**
Address WEEKS HOSPITAL, 173 MIDDLE STLANCASTER, NH, 03584
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MINNESOTA, DULUTH MN US 1994
Internship and Year EASTERN MAINE MED CTR, BANGOR ME 1995
Residency and Year EASTERN MAINE MEDICAL CTR, BANGOR ME 1997
License Expiration Date **6/30/2016**
Remarks

License Number 8794
License Date 9/2/1992
Name **DEGNAN, PETER J MD**
Address UNH HEALTH SERVICES, 4 PETTEE BROOK LNDURHAM, NH, 03824
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year MERCY MEDICAL CENTER DENVER - CO 1991
Residency and Year MERCY MEDICAL CENTER DENVER - CO 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13282
License Date 10/4/2006
Name **DEGREAFFENREIDTE, DEANNE L MD**
Address 7 SWITCHBUD PLACE, SUITE 192-176THE WOODLANDS, TX, 77380
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC US 1999
Internship and Year CHRIST HOSPITAL, OAK LAWN IL 2001
Residency and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 2003
License Expiration Date **6/30/2016**
Remarks

License Number 10500
License Date 2/3/1999
Name **DEGREGORIO, PAUL G MD**
Address CONCORD OPHTHALMALOGIC ASSOC, 2 PILLSBURY STCONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1992
Internship and Year MACNEAL MEMORIAL HOSPITAL - BERWYN, IL 1993
Residency and Year UNIV OF SOUTH FLORIDA - TAMPA, FL 1995
License Expiration Date **6/30/2017**
Remarks

License Number 6448
License Date 8/6/1981
Name **DEGULIS, JOSEPH M MD**
Address 255 FORESAIL RD, SALISBURY, NC, 28146
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1978
Internship and Year AKRON GEN MED CTR-AKRON,OH 1979
Residency and Year CLEVELAND CLINIC-CLEVELAND-OH 1979
License Expiration Date **6/30/2013**
Remarks **LAPSED FOR NON-RENEWAL 6/30/07...**
REINSTATED ON 6/4/08

License Number 6693
License Date 5/5/1983
Name **DEGUZMAN, VITALI H MD**
Address SO NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03060-
Specialty AN
Board Certified
School and Year of Graduation FACULTY OF MED , SURGERY UNIV SANTO TOMAS PHILIPPINES 1964
Internship and Year WATERBURY HOSPITAL HEALTH CTR - WATERBURY, CT 1971
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 16509
License Date 3/5/2014
Name **DEHAAS, SHERRI L MD**
Address 148 CONVENT AVE, BENNINGTON, VT, 05201-1709
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE USA 1999
Internship and Year ALTOONA REGIONAL HEALTH SYSTEM - ALTOONA, PA 2000
Residency and Year ALTOONA REGIONAL HEALTH SYSTEM - ALTOONA, PA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 4242
License Date 4/16/1968
Name **DEHART, G KENNETH MD**
Address LAKES REGION GENERAL HOSP, HIGHLAND ST DEPT OF RADIOLOGYLACONIA, NH, 03246
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE - NY USA 1965
Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1966
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE & MEDICAL CENTER - BURLINGTON, VT 1968
License Expiration Date **6/30/1999**
Remarks

License Number 11399
License Date 9/5/2001
Name **DEHMLOW, PAMELA G MD**
Address MED SOLUTIONS INC, 730 COOL SPRINGS BLVD STE 800FRANKLIN, TN, 37067
Specialty FP
Board Certified
School and Year of Graduation FINCH UNIV/CHICAGO MED SCH - N CHICAGO, IL USA 1984
Internship and Year UNIV OF ILLINOIS - PEORIA, IL 1985
Residency and Year UNIV OF ILLINOIS - PEORIA, IL 1987
License Expiration Date **6/30/2011**
Remarks

License Number 6822
License Date 12/1/1983
Name **DEIFIK, DAVID S MD**
Address LAMPREY HEALTH CARE, 22 PROSPECT STNASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation BAYLOR COLL MED -HOUSTON,TX USA 1976
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1977
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1980
License Expiration Date **6/30/2017**
Remarks

License Number 8155
License Date 7/12/1989
Name **DEIHIM-PANAH, MOHAMMAD ALI MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL SCHOOL OF TEHRAN IN IRAN IRAN 1967
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks **Deceased 8/29/12**

License Number 15980
License Date 1/9/2013
Name **DEISLER, PATRICIA C MD**
Address 1 BLUE WAVE LANE, SACO, ME, 04072
Specialty ON
Board Certified ON
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1989
Internship and Year ST LUKE'S ROOSEVELT HOSPITAL CENTER - NY, NY 1990
Residency and Year ST LUKE'S ROOSEVELT HOSPITAL CENTER - NY, NY 1992
License Expiration Date **6/30/2015**
Remarks

License Number 3476
License Date 9/13/1961
Name **DEITCH, SELMA R MD**
Address CHILD HEALTH SERVICES, 1245 ELM STMANCHESTER, NH, 03101-1858
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1949
Internship and Year THE SPRINGFIELD HOSPITAL- SPRINGFIELD MA 1950
Residency and Year BOSTON FLOATING HOSPITAL- BOSTON MA 1953
License Expiration Date **6/30/2005**
Remarks **DECEASED 2/7/04**

License Number 16105
License Date 5/1/2013
Name **DEJICA, VALERIA M MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE MED SI FARMACIE IULIU HATIEGANU ROMANIA 2002
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD,MA 2011
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD,MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 5651
License Date 12/6/1976
Name **DEJONG, JACOB B MD**
Address PSYCHOTHERAPY ASSOC INC, 165 ROCHESTER HILL RDROCHESTER, NH, 03867-
Specialty P
Board Certified P
School and Year of Graduation FACULTEIT DER GENEESKUNDE UNIV VAN AMSTERDAM AMSTERDAM 1951
Internship and Year ST LUKES HOSP 1953
Residency and Year FAIRFIELD HILLS HOSPITAL 1954
License Expiration Date **6/30/2004**
Remarks

License Number 13954
License Date 5/7/2008
Name **DEKONING, ELISHA P MD**
Address DHMC-EMERGENCY DEPARTMENT, ONE MED CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year UNIV OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2006
Residency and Year UNIV OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6573
License Date 6/24/1982
Name **DEL GIUDICE, PAUL F MD**
Address ANESTHESIA CARE GROUP, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1979
Internship and Year MEMORIAL HOSPITAL - WORCESTER, MA 1980
Residency and Year MEMORIAL HOSPITAL - WORCESTER, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 7518
License Date 3/4/1987
Name **DEL GIUDICE, STEPHEN M MD**
Address DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty D
Board Certified D
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1981
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1982
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1986
License Expiration Date **6/30/2017**
Remarks

License Number 7165
License Date 7/17/1985
Name **DEL RIO, ARMANDO I MD**
Address 83 MOUNTAIN VIEW RD, TEMPLE, NH, 03084
Specialty IM
Board Certified IM
School and Year of Graduation AUTONOMOUS UNIVERSITY OF GUADAL MEXICO MEXICO 1975
Internship and Year CABRINI MEDICAL CENTER-NEW YORK, NY 1977
Residency and Year CABRINI MEDICAL CENTER-NEW YORK, NY 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14987
License Date 9/1/2010
Name **DELACH, MARIANNE V DO**
Address 103 STILES RD STE 203, SALEM, NH, 03079
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year ST FRANCIS HOSPITAL & MEDICAL CENTER - HARTFORD, CT 2007
Residency and Year ST FRANCIS HOSPITAL & MEDICAL CENTER - HARTFORD, CT 2010
License Expiration Date **6/30/2012**
Remarks

License Number 14125
License Date 8/6/2008
Name **DELAGO, AUGUSTIN J MD**
Address CAPITAL CARDIOLOGY ASSOC, 7 SOUTHWOOD BLVDALBANY, NY, 12211
Specialty CD
Board Certified CD
School and Year of Graduation ST GEORGE'S UNIV USA 1987
Internship and Year ST FRANCIS HOSPITAL/MT SINAI HOSPITAL - HARTFORD, CT 1988
Residency and Year ST FRANCIS HOSPITAL/MT SINAI HOSPITAL - HARTFORD, CT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 13707
License Date 10/3/2007
Name **DELAVALLADE, DAWN N MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MARYLAND USA 2000
Internship and Year WASHINGTON HOSPITAL CENTER-WASHINGTON, DC 2001
Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2005
License Expiration Date **6/30/2017**
Remarks

License Number 5902
License Date 5/4/1978
Name **DELEASA, GAIL M MD**
Address JUPITOR URGENT CARE, 1335 W INDIANTOWN RDJUPITOR, FL, 33458
Specialty EM
Board Certified EM
School and Year of Graduation CMDNJ NEW JERSEY MEDICAL SCHOOL NEWARK, NJ USA 1974
Internship and Year CMDNJ MEDICAL SCHOOL HOSPITAL MARTLAND NEWMARK, NJ 1975
Residency and Year CMDNJ MEDICAL SCHOOL HOSPITAL MARTLAND NEWMARK, NJ 1978
License Expiration Date **6/30/2004**
Remarks

License Number 16943
License Date 2/4/2015
Name **DELEO III, MICHAEL J MD**
Address 143 BARRIE RD, ARDMORE, PA, 19003
Specialty DR
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS SCHOOL OF MEDICINE USA 2009
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 15018
License Date 10/6/2010
Name **DELEONARDO JR, ROSS S MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 2006
Internship and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2007
Residency and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2010
License Expiration Date **6/30/2014**
Remarks

License Number 5175
License Date 6/10/1974
Name **DELFAUSSE, PETER B MD**
Address 29 HAZEN DR, CONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIV OF COLORADO MEDICAL SCHOOL USA 1970
Internship and Year GENERAL ROSE MEMORIAL HOSPITAL - DENVER, CO 1971
Residency and Year MARY HITHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
License Expiration Date **6/30/2016**
Remarks

License Number 7313
License Date 5/8/1986
Name **DELISI, NATE F DO**
Address GRANITE STATE OSTEOPATHIC, 11 KIMBALL DR UNIT 127HOOKSETT, NH, 03106
Specialty FP
Board Certified OS
School and Year of Graduation PHILIA COLL OF OSTEO MED - PHILA, PA USA 1982
Internship and Year USAF MEDICAL CENTER SCOTT -SCOTT AFB, IL 1984
Residency and Year NATE F DELISI HOSPITAL - COLUMBUS, OH 1986
License Expiration Date **6/30/2016**
Remarks

License Number 7298
License Date 4/3/1986
Name **DELLA GROTTA, GARY T MD**
Address DERRY PEDIATRICS, 43B BIRCH STDERRY, NH, 03038-2765
Specialty PD
Board Certified PD
School and Year of Graduation BROWN UNIV OF BIOLOGICAL MED SCI PROVID-RI USA 1981
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1982
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1984
License Expiration Date **6/30/2016**
Remarks

License Number 12739
License Date 6/1/2005
Name **DELLAPIAZZA, DANA DO**
Address 3056 ESTATE DR, OAKDALE, PA, 15071
Specialty AN
Board Certified AN
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year WESTERN PENNSYLVANIA HOSPITAL, PITTSBURGH PA 2002
Residency and Year WESTERN PENNSYLVANIA HOSPITAL, PITTSBURGH PA 2005
License Expiration Date **6/30/2007**
Remarks

License Number 15057
License Date 11/3/2010
Name **DELLAVALLA, JOSEPH P MD**
Address ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty SM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2001
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2002
Residency and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2004
License Expiration Date **6/30/2016**
Remarks

License Number 6706
License Date 6/2/1983
Name **DELOGE, KENNETH A MD**
Address 30 WILSON AVE, CONCORD, NH, 03301
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MASS. SCH MED -WORCESTER,MA USA 1978
Internship and Year HARTFORD HOSP-HARTFORD,CT 1979
Residency and Year HARTFORD HOSP-HARTFORD,CT 1981
License Expiration Date **6/30/2015**
Remarks

License Number 12483
License Date 10/6/2004
Name **DELONG, PETER A MD**
Address DHMC - PULMONARY DIV, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation WAKE FOREST UNIVERSITY, WINSTON-SALEM NC US 1996
Internship and Year UNIVERSITY OF PA, PHILADELPHIA PA 1997
Residency and Year UNIVERSITY OF PA, PHILADELPHIA PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12420
License Date 8/4/2004
Name **DELORIE, AMY M DO**
Address PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year ST BARNABAS HOSPITAL, BRONX NY 2000
Residency and Year ST BARNABAS HOSPITAL, BRONX NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12452
License Date 9/1/2004
Name **DELORIE, CHRISTOPHER J DO**
Address YORK PAIN CONSULTANT LLC, PA, 1 BRICKYARD LNYORK, ME, 03909
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year MEMORIAL HOSP, YORK PA 2000
Residency and Year MT SINAI MED CTR, NEW YORK NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12979
License Date 12/7/2005
Name **DELSHAD, ARASH MD**
Address MED IMAGING GROUP OF HILLSBORO, 335 SE 8TH AVEHILLSBORO, OR, 97123
Specialty R
Board Certified R
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 1998
Internship and Year BOSTON UNIVERSITY, ROXBURY MA 1999
Residency and Year LOS ANGELES COUNTY-USC MEDICAL CTR, LOS ANGELES CA 2003
License Expiration Date **6/30/2011**
Remarks

License Number 16343
License Date 10/2/2013
Name **DEMAERSCHALK, BART M MD**
Address MAYO CLINIC ARIZONA, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation UNIV OF BRITISH COLUMBIA FACULTY OF MEDICINE CANADA 1994
Internship and Year UNIVERSITY OF WESTERN ONTARIO - LONDON, ONTARIO, CANADA 1995
Residency and Year UNIVERSITY OF WESTERN ONTARIO - LONDON, ONTARIO, CANADA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10932
License Date 6/7/2000
Name **DEMALLIE, DIANE A MD**
Address , PO BOX 60793COLORADO SPRINGS, CO, 80960
Specialty P
Board Certified P
School and Year of Graduation DUKE UNIV SCHOOL OF MED - DURHAM, NC USA 1991
Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1992
Residency and Year WASHINGTON UNIV - ST LOUIS, MO 1995
License Expiration Date **6/30/2004**
Remarks

License Number 9903
License Date 1/8/1997
Name **DEMARS, LESLIE R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VT COLLEGE OF MEDICINE BURLINGTON USA 1987
Internship and Year UNIV OF NORTH CAROLINA HOSPITAL - NC 1991
Residency and Year UNIV OF NORTH CAROLINA HOSPITAL - NC 1991
License Expiration Date **6/30/2017**
Remarks

License Number 16303
License Date 9/4/2013
Name **DEMARTINO, WENDY A MD**
Address EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2005
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2006
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11019
License Date 8/2/2000
Name **DEMAS, CHRISTOPHER P MD**
Address DHMC-PLASTIC SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF CINCINNATI - CINCINNATI, OH USA 1981
Internship and Year ST LUKE'S-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1982
Residency and Year UMDNJ-ROBERT WOOD JOHNSTON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1986
License Expiration Date **6/30/2012**
Remarks

License Number 11868
License Date 4/2/2003
Name **DEMASI, MARK A DO**
Address 441 WEST AVENUE 2ND FL, OCEAN CITY, NJ, 08226
Specialty OBG
Board Certified OBG
School and Year of Graduation PHILADELPHIA COLLEGE - PHILADELPHIA, PA USA 1988
Internship and Year KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1989
Residency and Year KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1993
License Expiration Date **6/30/2015**
Remarks

License Number 11751
License Date 10/2/2002
Name **DEMASI, PAUL E DO**
Address 173 MIDDLE ST, LANCASTER, NH, 03584
Specialty IM
Board Certified IM
School and Year of Graduation KIRKSVILLE COLLEGE, KIRKSVILLE MO USA 1997
Internship and Year UNION HOSPITAL - NYCOM, UNION NJ 1998
Residency and Year UNION HOSPITAL - NYCOM, UNION NJ 2000
License Expiration Date **6/30/2016**
Remarks

License Number 7114
License Date 6/6/1985
Name **DEMATTEO, CARL S MD**
Address CHESHIRE MED CTR DH KEENE, 590 COURT STKEENE, NH, 03431
Specialty ID
Board Certified ID
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOOL OF MEDICINE USA 1974
Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON VT 1975
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON VT 1976
License Expiration Date **6/30/2017**
Remarks

License Number 6291
License Date 9/11/1980
Name **DEMEO, ROBERT R MD**
Address , , ,
Specialty OPH
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **1/31/1986**
Remarks

License Number 15827
License Date 9/5/2012
Name **DEMETRIOU, EMILY T MD**
Address MAINE MEDICAL PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty END
Board Certified END
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008
License Expiration Date **8/3/2015**
Remarks **Requested inactive 8/3/2015.**

License Number 4488
License Date 10/14/1969
Name **DEMIRGIAN, EDWARD I MD**
Address 12 BISCAYNE PKWY, NASHUA, NH, 03064
Specialty GP
Board Certified
School and Year of Graduation INSTITUTUL MEDICO-FARMACEUTIC - BUCHARIST RUMANIA 1954
Internship and Year OLTENITA GENERAL HOSPITAL - RUMANIA 1963
Residency and Year GRAFTON STATE HOSPITAL -MA 1964
License Expiration Date **6/30/2011**
Remarks **Deceased 1/15/12**

License Number 12484
License Date 10/6/2004
Name **DEMMER, LAURIE A MD**
Address NEMC BOX 340, 750 WASHINGTON STBOSTON, MA, 02111
Specialty PD
Board Certified PD
School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1987
Internship and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1988
Residency and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1990
License Expiration Date **6/30/2006**
Remarks

License Number 2772
License Date 9/8/1949
Name **DEMOPOULOS, JAMES T MD**
Address 5 WOODLAND RD, DOVER, NH, 03820-4232
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIVERSITY USA 1945
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1946
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1946
License Expiration Date **6/30/2005**
Remarks

License Number 9539
License Date 9/6/1995
Name **DEMPSEY, PETER K MD**
Address LAHEY CLINIC MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805-
Specialty NS
Board Certified NS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE BOSTON MA USA 1986
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON NH 1987
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON NH 1992
License Expiration Date **6/30/2001**
Remarks

License Number 3505
License Date 3/17/1962
Name **DENAPOLI, JORGE H MD**
Address 166 N MAIN ST, ANDOVER, MA, 01810-3571
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF BUENOS AIRES MEDICAL SCHOOL ARGENTINA 1955
Internship and Year HARLEM HOSPITAL- NY 1956
Residency and Year GARDNER STATE HOSPITAL- EAST GARDNER, MA 1960
License Expiration Date **6/30/2003**
Remarks

License Number 5300
License Date 2/21/1975
Name **DENATALE, JOSEPH F MD**
Address , , ,
Specialty VS
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1985**
Remarks

License Number 10202
License Date 1/7/1998
Name **DENDRINOS, GEORGE A MD**
Address SOMERSET MEDICAL CENTER, 110 REHILL AVESOMERVILLE, NJ, 08876
Specialty FP
Board Certified
School and Year of Graduation ROSS UNIV SCH OF MED VET MED ROSEAU DOMINICA 1995
Internship and Year SOMERSET MEDICAL CENTER - NJ 1998
Residency and Year SOMERSET MEDICAL CENTER - NJ 1998
License Expiration Date **6/30/1998**
Remarks

License Number 16857
License Date 12/3/2014
Name **DENISON JR, WILLIAM C MD**
Address NEWTON WELLESLEY HOSPITAL, 2014 WASHINGTON AVENEWTON, MA, 02462
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year BASSETT MEDICAL CENTER - COOPERSTOWN, NY 1986
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 10582
License Date 6/2/1999
Name **DENKINGER JR, MARSHALL E MD**
Address DARTMOUTH HITCHCOCK MEDICAL CT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1987
Internship and Year NATIONAL PERSONNEL RECORDS CTR- ST LOUIS, MO 1988
Residency and Year NATIONAL PERSONNEL RECORDS CTR - ST LOUIS, MO 1989
License Expiration Date **6/30/2000**
Remarks

License Number 6146
License Date 12/10/1979
Name **DENMARK, LARRY W MD**
Address 23 FACTORY ST, NASHUA, NH, 03060-3310
Specialty DR
Board Certified DR
School and Year of Graduation NEW YORK MED. COLL, NY USA 1970
Internship and Year LENOX HILL HOSP. NY 1971
Residency and Year LENOX HILL HOSP. 1976
License Expiration Date **6/30/2005**
Remarks

License Number 11621
License Date 6/5/2002
Name **DENNERY, MORICE P MD**
Address MEMORIAL HOSPITAL, 3073 WHITE MOUNTAIN HWYNORTH CONWAY, NH, 03860
Specialty U
Board Certified U
School and Year of Graduation HOWARD UNIV COLLEGE OF MED-WASHINGTON, DC USA 1996
Internship and Year HOWARD UNIV HOSPITAL - WASHINGTON, DC 1997
Residency and Year HOWARD UNIV HOSPITAL - WASHINGTON, DC 1998
License Expiration Date **6/30/2016**
Remarks

License Number 7026
License Date 1/10/1985
Name **DENNIS, DAVID T MD**
Address CDC, PO BOX 2087FT COLLINS, CO, 80522-2087
Specialty GPM
Board Certified GPM
School and Year of Graduation CORNELL UNIV MED COLL-NY USA 1965
Internship and Year SAN FRANCISCO GEN HOSP-SAN FRANCISCO 1966
Residency and Year CHARITY HOSP-NEW ORLEANS,LA 1968
License Expiration Date **6/30/2003**
Remarks

License Number 8385
License Date 7/11/1990
Name **DENNIS, DEBORAH T MD**
Address SJ FAMILY MED CTRS, 460 AMHERST STNASHUA, NH, 03063-
Specialty FP
Board Certified FP
School and Year of Graduation SUNY-HLTH SCI CTR AT BROOKLYN - BROOKLYN,NY USA 1976
Internship and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1977
Residency and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1979
License Expiration Date **6/30/2016**
Remarks

License Number 14652
License Date 11/4/2009
Name **DENOFRIO, DAVID MD**
Address TUFTS MEDICAL CENTER, 800 WASHINGTON STBOSTON, MA, 02111
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year WASHINGTON UNIVERSITY-ST LOUIS, MO 1989
Residency and Year WASHINGTON UNIVERSITY-ST LOUIS, MO 1991
License Expiration Date **6/30/2017**
Remarks

License Number 16344
License Date 10/2/2013
Name **DENT, DAVID V DO**
Address DARTMOUTH-HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF N TEXAS HEALTH SCIENCE CTR USA 2000
Internship and Year UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2001
Residency and Year UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2002
License Expiration Date **6/30/2017**
Remarks

License Number 9394
License Date 4/5/1995
Name **DENUNE, DAVID P MD**
Address 96 SHELTON RD, SWAMPSCOTT, MA, 01907
Specialty P
Board Certified P
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1971
Internship and Year GRADY MEMORIAL HOSPITAL - ATLANTA GA 1972
Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON MA 1974
License Expiration Date **6/30/2011**
Remarks

License Number 11729
License Date 9/4/2002
Name **DEQUATTRO, NICOLE MD**
Address CAPITAL WOMEN'S CARE, 1400 FOREST GLEN RD STE 525 SILVER SPRING, MD, 20910
Specialty OBG
Board Certified OBG
School and Year of Graduation BROWN UNIVERSITY SCH OF MED-PROVIDENCE, RI USA 1994
Internship and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1995
Residency and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1998
License Expiration Date **6/30/2012**
Remarks

License Number 9477
License Date 7/5/1995
Name **DERANIAN, PAUL K MD**
Address CORE HEALTH SERVICES, 9 BUZELL AVE STE #2 EXETER, NH, 03833
Specialty PUD
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR MI 1991
Residency and Year YALE UNIVERSITY - NEW HAVEN CT 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5616
License Date 9/20/1976
Name **DERBY, DENNIS R MD**
Address , PO BOX 1028 EXETER, NH, 03833-4816
Specialty U
Board Certified U
School and Year of Graduation STATE UNIV OF NY UPSTATE MED CENTER SYRACUSE USA 1958
Internship and Year ROCHESTER GEN HOSPITAL 1959
Residency and Year ST VENCINT HOSPITAL 1961
License Expiration Date **6/30/2000**
Remarks

License Number 13856
 License Date 3/5/2008
 Name **DEROO, TERESA A MD**
 Address 11995 SINGLETREE LANE STE 500, EDEN PRAIRIE, MN, 55344
 Specialty R
 Board Certified R
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1986
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1987
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1991
 License Expiration Date **6/30/2016**
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/30/14

License Number 10933
 License Date 6/7/2000
 Name **DEROOK, FRANCES A MD**
 Address CENTRAL MAINE HEART & VASCULAR, 300 MAIN STLEWISTON, ME, 04240
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIV OF CINCINNATI - CINCINNATI, OH USA 1987
 Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1988
 Residency and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1990
 License Expiration Date **6/30/2003**
 Remarks

License Number 6041
 License Date 5/3/1979
 Name **DERSE, DONALD F MD**
 Address , PO BOX 519N CONWAY, NH, 03860-0519
 Specialty FP
 Board Certified FP
 School and Year of Graduation CMDNJ RUTGERS MEDICAL SCHOOL - PISCATAWAY, NJ USA 1976
 Internship and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1977
 Residency and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1979
 License Expiration Date **6/30/2005**
 Remarks

License Number 14316
 License Date 2/4/2009
 Name **DESAI, MANOJ H MD**
 Address 3000 BROADWAY, PO BOX 986MOUNT VERNON, IL, 62864
 Specialty U
 Board Certified U
 School and Year of Graduation GUJARAT UNIV INDIA 1968
 Internship and Year NORWALK HOSPITAL - NORWALK, CT 1972
 Residency and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1973
 License Expiration Date **6/30/2017**
 Remarks

License Number 14283
License Date 1/7/2009
Name **DESAI, MEENAKSHI M MD**
Address 3000 BROADWAY, PO BOX 986MOUNT VERNON, IL, 62864
Specialty OPH
Board Certified OPH
School and Year of Graduation GUJARAT UNIV INDIA 1967
Internship and Year ROBINSON MEMORIAL HOSPITAL - RAVENNA, OH 1971
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1973
License Expiration Date **6/30/2017**
Remarks

License Number 15474
License Date 12/7/2011
Name **DESAI, NIRAV K MD**
Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 2005
Internship and Year SAINT CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 2006
Residency and Year SAINT CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 2008
License Expiration Date **6/30/2013**
Remarks

License Number 11691
License Date 8/7/2002
Name **DESAI, ROBERT K MD**
Address 114 WOODLAND ST, HARTFORD, CT, 06105
Specialty R
Board Certified R
School and Year of Graduation STATE UNIV OF NEW YORK - STONY BROOK, NY USA 1981
Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1982
Residency and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1985
License Expiration Date **6/30/2006**
Remarks

License Number 13038
License Date 4/5/2006
Name **DESAI-BARTOLI, SONALEE M MD**
Address NASHUA EYE ASSOCIATES, 5 COLISEUM AVENASHUA, NH, 03063
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF ILLINOIS, CHICAGO IL USA 2001
Internship and Year LEMUEL SHATTUCK HOSPITAL- JAMAICA PLAIN MA 2002
Residency and Year BRONX-LEBANON HOSPITAL CTR-BRONX NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11051
License Date 9/6/2000
Name **DESANTIS, DOUGLAS H MD**
Address PORTSMOUTH INTERNAL MED ASSOC, 330 BORTHWICK AVE STE 205PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation SUNY UPSTATE UNIV OF NY- SYRACUSE, NY USA 1992
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1993
Residency and Year SUNY AT STONY BROOK - STONY BROOK, NY 1994
License Expiration Date **6/30/2014**
Remarks

License Number 11211
License Date 4/4/2001
Name **DESENA, MATTHEW T MD**
Address LONDONDERRY PEDIATRICS, 25 BUTTRICK RD BLDG 4LONDONDERRY, NH, 03053
Specialty PD
Board Certified PD
School and Year of Graduation FINCH UNIV OF HLTH SCI - N CHICAGO, IL USA 1991
Internship and Year UNIV OF S FLORIDA - ST PETERSBURG, FL 1993
Residency and Year UNIV OF S FLORIDA - ST PETERSBURG, FL 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10934
License Date 6/7/2000
Name **DESHAIES, MARC R MD**
Address MARY HITCHCOCK MEMEORIAL HOSP, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1990
Internship and Year CHRIST HOSPITAL AND MEDICAL CENTER - OAK LAWN, IL 1991
Residency and Year CHRIST HOSPITAL AND MEDICAL CENTER - OAK LAWN, IL 1993
License Expiration Date **6/30/2006**
Remarks

License Number 12839
License Date 8/3/2005
Name **DESILVA, ELIOT G MD**
Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VIRGINIA, RICHMOND VA US 2002
Internship and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 2003
Residency and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11128
License Date 12/6/2000
Name **DESIMONE, JOSEPH P MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified CDS
School and Year of Graduation UNIV OF CONNECTICUT SCH - FARMINGTON, CT USA 1997
Internship and Year UNIV OF CONNECTICUT SCH OF MEDICINE - FARMINGTON, CT 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 9300
License Date 10/5/1994
Name **DESJARDINS, MARK A MD**
Address NACC-GROTON, PO BOX 600GROTON, CT, 06349-5600
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLESEX CT 1990
Residency and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLESEX CT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 3418
License Date 3/8/1961
Name **DESMARAIS, ROBERT A MD**
Address 101 BRUCE RD, MANCHESTER, NH, 03104-3921
Specialty GP
Board Certified
School and Year of Graduation ST. LOUIS UNIVERSITY USA 1957
Internship and Year HURLEY HOSPITAL- FLINT, MI 1958
Residency and Year U.S. PUBLIC HEALTH SERVICE- NORFOLK, VA 1961
License Expiration Date **6/30/2002**
Remarks

License Number 16707
License Date 8/6/2014
Name **DESOCIO, CRISTI A MD**
Address FOUNDATION MED PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty FP
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2012
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12026
License Date 8/6/2003
Name **DESROCHERS, DAVID A MD**
Address DHMC RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation CORNELL UNIVERSITY, NEW YORK NY US 1976
Internship and Year MILTON S HERSHEY MED CTR, HERSHEY PA 1977
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1978
License Expiration Date **6/30/2013**
Remarks

License Number 3337
License Date 1/29/1960
Name **DESROCHERS, GERARD C MD**
Address CONVENIENT MEDICAL CARE, 648 BELMONT STMANCHESTER, NH, 03104-5137
Specialty FP
Board Certified
School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1947
Internship and Year BOSTON CITY HOSPITAL- BOSTON, MA 1950
Residency and Year BOSTON CITY HOSPITAL- BOSTON, MA 1951
License Expiration Date **6/30/2001**
Remarks **Deceased 1/15/2007**

License Number 14756
License Date 3/3/2010
Name **DESROSIERS, KEVIN P MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DART,PITJ JOTCJCPCL ,EDOCA; CEMTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13661
License Date 9/5/2007
Name **DESTIGTER, KRISTEN K MD**
Address FAHC, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation CASE WESTERN RESERVE UNIV USA 1990
Internship and Year UNIV HOSPITALS OF CLEVELAND-CLEVELAND, OH 1991
Residency and Year UNIV HOSPITALS OF CLEVELAND-CLEVELAND, OH 1995
License Expiration Date **6/30/2009**
Remarks

License Number 11774
License Date 11/6/2002
Name **DESTRO, MARYANNA MD**
Address AUSTIN EYE CLINIC, 510 N W SECOND STAUSTIN, MN, 55912
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MD USA 1983
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1984
Residency and Year UNIV OF WISCONSIN - MADISON, WI 1987
License Expiration Date **6/30/2008**
Remarks

License Number 11526
License Date 3/6/2002
Name **DETERS, ROBERT L MD**
Address NH NEURO SPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty PM
Board Certified PM
School and Year of Graduation WRIGHT STATE UNIV - DAYTON, OH USA 1987
Internship and Year NEW YORK PRESBYTERIAN HOSP- NEW YORK, NY 1988
Residency and Year UNIV HEALTH CENTER - PITTSBURGH, PA 1989
License Expiration Date **6/30/2010**
Remarks

License Number 15435
License Date 11/2/2011
Name **DETLIE, TORE MD**
Address VIRTUAL RADIOLOGIC PROF, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 1984
Internship and Year HENNEPIN COUNTY MEDICAL CENTER, MINNEAPOLIS, MN 1985
Residency and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MN 1989
License Expiration Date **6/30/2015**
Remarks

License Number 12961
License Date 12/7/2005
Name **DETOLLA, DANIEL H MD**
Address SEACOAST DENTAL IMPLANT & ORAL, 200 GRIFFIN RD STE 8PORTSMOUTH, NH, 03801
Specialty OS
Board Certified OS
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 2002
Internship and Year STATE UNIVERSITY OF NY, BUFFALO NY 2003
Residency and Year STATE UNIVERSITY OF NY, BUFFALO NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 6919
 License Date 7/5/1984
 Name **DETWEILER, MARK K MD**
 Address LONDONDERRY GASTROENTEROLOGY, 1B COMMONS DR UNIT 9ALONDONDERRY, NH, 03053
 Specialty GE
 Board Certified GE
 School and Year of Graduation PENNSYLVANIA STATE UNIV MILTON S HERSHEY,PA USA 1979
 Internship and Year MED CTR HOSP-BURLINGTON,VT 1980
 Residency and Year MED CTR HOSP-BURLINGTON,VT 1981
 License Expiration Date **6/30/2016**
 Remarks **12/13/00 - Settlement Agreement** **2/10/04 - Settlement Agreement**

License Number 5771
 License Date 7/7/1977
 Name **DETWILER, CHARLES K MD**
 Address BEDFORD COMMONS, 32 RIVERWAY PLBEDFORD, NH, 03110-6744
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation HAHNEMANN MEDICAL COLLEGE-PHILADELPHIA PA USA 1970
 Internship and Year ST JOSEPHS HOSPITAL-SYRACUSE NY 1971
 Residency and Year UPSTATE MEDICAL CENTER-SYRACUSE NY 1974
 License Expiration Date **6/30/2005**
 Remarks

License Number 6081
 License Date 7/3/1979
 Name **DETWILLER, JOHN P MD**
 Address CONCORD EYE CARE P.C., 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NY USA 1974
 Internship and Year MARY I BASSETT HOSPITAL - COOPERSTOWN, NY 1975
 Residency and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1979
 License Expiration Date **9/1/1998**
 Remarks **DECEASED 9/1/98**

License Number 8587
 License Date 7/17/1991
 Name **DEUELL, BARBARA L MD**
 Address ALLERGY ASSOCIATES OF NH, 100 GRIFFIN RD STE APORTSMOUTH, NH, 03801
 Specialty AI
 Board Certified AI
 School and Year of Graduation SUNY AT BUFFALO SCH OF MED BIOMEDICAL - NY USA 1985
 Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1986
 Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1988
 License Expiration Date **6/30/2017**
 Remarks

License Number 12302
License Date 5/5/2004
Name **DEUR, LAUREN G MD**
Address 507 BALDWIN LN, HOLLIDAYSBURG, PA, 16648
Specialty R
Board Certified R
School and Year of Graduation ALBERT EINSTEIN COLLEGE, BRONX NY US 1996
Internship and Year NY MEDICAL COLLEGE, NEW YORK NY 1997
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 2001
License Expiration Date **6/30/2010**
Remarks

License Number 12235
License Date 3/3/2004
Name **DEUR, TOMISLAV MD**
Address 507 BALDWIN LN, HOLLIDAYSBURG, PA, 16648
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF NY, BROOKLYN NY US 1996
Internship and Year STATEN ISLAND UNIVERSITY HOSP, STATEN ISLAND, NY 1997
Residency and Year NEW YORK UNIVERSITY, NEW YORK, NY 2001
License Expiration Date **6/30/2010**
Remarks

License Number 7441
License Date 10/2/1986
Name **DEUSKAR, SUDAN MD**
Address 104 WESTMINSTER AVE, SUMMERVILLE, SC, 29485
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF BOMBAY INDIA 1968
Internship and Year CITY HOSP CTR ELMHURST NY 1969
Residency and Year ROOSEVELT HOSP NEW YORK NY 1972
License Expiration Date **6/30/1998**
Remarks

License Number 10203
License Date 1/7/1998
Name **DEVANNY, SCOTT R MD**
Address QUALITY ORTHO - DARTMOUTH HITCHCOCK, 246 PLEASANT ST STE 106 MEM BUILDINGCONCORD,
Specialty ORS
Board Certified ORS
School and Year of Graduation PA STATE UNIV COLL OF MED- HERSHEY, PA USA 1993
Internship and Year CLEVELAND CLINIC FOUNDATION - OH 1998
Residency and Year CLEVELAND CLINIC FOUNDATION - OH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 3161
License Date 9/12/1956
Name **DEVILLAFANE, JORGE A MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/31/1995**
Remarks **Deceased 1/4/04**

License Number 13532
License Date 6/6/2007
Name **DEVINE, JOHN A DO**
Address 275 MAMMOTH RD, MANCHESTER, NH, 03104-4127
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 1983
Internship and Year NORTHWEST GENERAL HOSPITAL - MILWAUKEE, WI 1984
Residency and Year NORTHWEST GENERAL HOSPITAL - MILWAUKEE, WI 1985
License Expiration Date **6/30/2011**
Remarks **Deceased 11/16/2013**

License Number 7169
License Date 8/1/1985
Name **DEVINE, JUDITH A MD**
Address 765 S MAIN ST, MANCHESTER, NH, 03102-5141
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV-BOSTON,MA USA 1983
Internship and Year VET ADMIN MED CTR-BOSTON,MA 1984
Residency and Year VETS ADMIN MED CTR-BOSTON,MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 8240
License Date 11/1/1989
Name **DEVINE, PATRICIA MD**
Address IMUGEN, 315 NORWOOD PARK SOUTHNORWOOD, MA, 02062
Specialty PTH
Board Certified PTH
School and Year of Graduation NEW YORK MED COLL - VALHALLA, NY USA 1979
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1980
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE- ROCHESTER, NH 1984
License Expiration Date **6/30/2017**
Remarks

License Number 6026
License Date 4/5/1979
Name **DEVITO JR, GEORGE A MD**
Address NH DARTMOUTH FAMILY MEDICINE, RESIDENCY-CONCORD HOSPCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLLEGE MEDICINE - BURLINGTON, VT USA 1976
Internship and Year UNIV HOSPITAL - ANN ARBOR, MI 1977
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date **6/30/2017**
Remarks

License Number 15405
License Date 10/5/2011
Name **DEVITSKIY, SERGEY MD**
Address DHMC - SECTION OF HEMATOLOGY/ONCOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 0375
Specialty IM
Board Certified IM
School and Year of Graduation KURSK STATE MEDICAL UNIVERSITY RUSSIA 1989
Internship and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2005
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 9988
License Date 5/7/1997
Name **DEVLIN, JOHN T MD**
Address MAINE MEDICAL CTR, 100 US ROUTE ONE UNIT #116SCARBOROUGH, ME, 04074-9308
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV OF MED COLL-NY USA 1977
Internship and Year MAINE MEDICAL CTR-ME 1980
Residency and Year MAINE MEDICAL CTR-ME 1980
License Expiration Date **6/30/2000**
Remarks

License Number 12453
License Date 9/1/2004
Name **DEVRIES, JAMES T MD**
Address DHMC - CARDIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 1999
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2000
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14583
License Date 9/2/2009
Name **DEWAN, ANIL K MD**
Address PATHOLOGY SPECIALISTS OF NE, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MANCHESTER IN ENGLAND UNITED KINGDOM 2001
Internship and Year PENN STATE UNIV MILTON S HERSHEY MEDICAL CT - HERSEY, PA 2005
Residency and Year PENN STATE UNIV MILTON S HERSHEY MEDICAL CT - HERSEY, PA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 8266
License Date 1/10/1990
Name **DEWEY, ROBERT C MD**
Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102-3730
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED-CINCINNATI,OH USA 1980
Internship and Year WASHINGTON HOSP CTR-WASHINGTON,SC 1981
Residency and Year WASHINGTON HOSP CTR-WASHINGTON,DC 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7519
License Date 3/4/1987
Name **DEWHIRST, WILLIAM E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MED SCHOOL-HANOVER,NH USA 1982
Internship and Year DARTMOUTH -HITCHCOCK MED CTR 1983
Residency and Year MASS GENERAL HOSPITAL 1985
License Expiration Date **6/30/2017**
Remarks

License Number 17157
License Date 7/1/2015
Name **DEWITT, STEVEN M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 10361
License Date 8/5/1998
Name **DEWITT, TANYA S MD**
Address WOMEN'S HEALTH CARE SPECIALIST, 75 THOMAS JOHNSON DR STE JFREDERICK, MD, 21702
Specialty OBG
Board Certified OBG
School and Year of Graduation PENN STATE UNIV COLL OF MED - UNIV PARK, PA USA 1983
Internship and Year CHRISTINA CARE HEALTH SERVICES CHRISTINA HOSPITAL - NEWARK, DE 1984
Residency and Year CHRISTINA CARE HEALTH SERVICES CHRISTINA HOSPITAL - NEWARK, DE 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14284
License Date 1/7/2009
Name **DEXTER, STEPHEN E MD**
Address 1407 NARROW LANE, JOHNSON CITY, TN, 37604
Specialty IM
Board Certified
School and Year of Graduation ST GEORGE UNIV GRENADA 2006
Internship and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2007
Residency and Year WAKE FOREST UNIV/BAPTIST MEDICAL CTR - WINSTON-SALEM, NC 2008
License Expiration Date **6/30/2011**
Remarks

License Number 8386
License Date 7/11/1990
Name **DEXTER, WILLIAM W MD**
Address 272 CONGRESS ST, PORTLAND, ME, 04101
Specialty FP
Board Certified FP
School and Year of Graduation VA COMMONWEALTH UNIV MED COLL-RICHMOND,VA USA 1986
Internship and Year MAINE MED CTR-PORTLAND,ME 1987
Residency and Year MAINE MED CTR-PORTLAND,ME 1989
License Expiration Date **6/30/2006**
Remarks

License Number 16213
License Date 7/3/2013
Name **DEY, BIMALANGSHU R MD**
Address MASS GEN HOSP, ZERO EMERSON PL 55 FRUIT STBOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation SEMMELWEIS UNIVERSITY HUNGARY 1985
Internship and Year CARILION CLINIC-VIRGINIA TECH CARILION SOM - ROANOKE, VA 1991
Residency and Year CARILION CLINIC-VIRGINIA TECH CARILION SOM - ROANOKE, VA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 11527
License Date 3/6/2002
Name **DHAR, ABHIK D MD**
Address D H M C, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty D
Board Certified
School and Year of Graduation UNIV OF SO CAROLINA - COLUMBIA SC USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2003**
Remarks

License Number 16636
License Date 6/4/2014
Name **DHAS, VIJILADEVI P MD**
Address EMP, FIVE ALUMNI DREXETER, NH, 03833
Specialty EM
Board Certified EM
School and Year of Graduation UNIV CENTRAL DEL CARIBE SCHOOL OF MEDICINE PUERTO RICO 2001
Internship and Year MAYO SCHOOL OF GRADUATE MED EDUCATION - ROCHESTER, MN 2002
Residency and Year MAYO SCHOOL OF GRADUATE MED EDUCATION - ROCHESTER, MN 2004
License Expiration Date **6/30/2016**
Remarks

License Number 6873
License Date 5/10/1984
Name **D'HEMECOURT, ANDRE A MD**
Address THE EYE CENTER OF CONCORD, 2 PILLSBURY STCONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH USA 1979
Internship and Year UNIV OF VIRGINIA HOSP-CHARLOTTESVILLE,VA 1984
Residency and Year UNIV OF VIRGINIA HOSPITAL-CHARLOTTESVILLE,VA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 11903
License Date 5/7/2003
Name **DHILLON, SAMJOT S MD**
Address DEPT OF MED-THORACIC ONCOLOGY, ELM AND CARLTON STREETSBUFFALO, NY, 14263
Specialty IM
Board Certified IM
School and Year of Graduation ALL INDIA INSTITUTE MED SCH - NEW DELHI, INDIA INDIA 1997
Internship and Year ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 2000
Residency and Year BAYLOR COLLEGE OF MEDICINE - TEXAS MEDICAL CENTER - HOUSTON, TX 2002
License Expiration Date **6/30/2009**
Remarks

License Number 11308
License Date 7/11/2001
Name **DHILLON, SANDEEP K MD**
Address 41 WALNUT ST, LEXINGTON, MA, 02421
Specialty IM
Board Certified IM
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1998
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER MN 2000
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER MN 2001
License Expiration Date **6/30/2007**
Remarks

License Number 12990
License Date 2/1/2006
Name **DHINGRA, RAVI MD**
Address UNIVERSITY OF WISCONSIN - MADISON, 600 HIGHLAND AVE., MC5701MADISON, WI, 53792
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PUNE, PUNE MAHARASHTRA INDIA INDIA 1996
Internship and Year BROOKDALE UNIVERSITY, BROOKLYN NY 2001
Residency and Year BROOKDALE UNIVERSITY, BROOKLYN NY 2003
License Expiration Date **6/30/2014**
Remarks

License Number 13373
License Date 1/3/2007
Name **DIAB, MICHEL B MD**
Address 9 BUZELL AVE, EXETER, NH, 03833
Specialty FP
Board Certified
School and Year of Graduation SACKER SCHOOL OF MED @ TEL AVIV UNIV ISRAEL 1989
Internship and Year UNIV OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2005
Residency and Year UNIV OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2007
License Expiration Date **6/30/2011**
Remarks

License Number 12783
License Date 7/6/2005
Name **DIAMANT, MORRIS A MD**
Address BRIGHAM AND WOMAN'S HOSP, 850 BOYLSTON ST 5TH FLCHESTNUT HILL, MA, 02467
Specialty R
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY USA 1978
Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1982
Residency and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1982
License Expiration Date **6/30/2007**
Remarks

License Number 14317
License Date 2/4/2009
Name **DIAZ JR, GUSTAVO A MD**
Address DOCTOR ON DUTY, 100 WILSON RDMONTERAY, CA, 93955
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF TEXAS USA 1982
Internship and Year BAYLOR UNIV MEDICAL CENTER PROGRAM - DALLAS, TX 1983
Residency and Year BAYLOR UNIV MEDICAL CENTER PROGRAM - DALLAS, TX 1984
License Expiration Date **6/30/2013**
Remarks

License Number 15475
License Date 12/7/2011
Name **DIAZ, LAZARO A MD**
Address WENTWORTH DOUGLAS HOSPITAL, 19 OLD ROLLINSFORD RDDOVER, NH, 03820
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF MINNESOTA MED SCHOOL USA 1995
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1996
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14340
License Date 3/4/2009
Name **DIAZ, MARCO N MD**
Address MMP MAINE CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1991
Internship and Year BOSTON MEDICAL CENTER - BOSTON , MA 1992
Residency and Year BOSTON MEDICAL CENTER - BOSTON , MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 15957
License Date 12/5/2012
Name **DIAZ, MARIA M MD**
Address PARKLAND MEDICAL CENTER, 1 PARKLAND DRIVEDERRY, NH, 03038
Specialty EM
Board Certified EM
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2006
Internship and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14285
License Date 1/7/2009
Name **DIAZ-HORSLEY, JANNELL F MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation LOMA LINDA UNIV SCHOOL OF MEDICINE USA 2000
Internship and Year LOMA LINDA UNIV MEDICAL CTR - LOMA LINDA, CA 2001
Residency and Year LOMA LINDA UNIV MEDICAL CTR - LOMA LINDA, CA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 5613
License Date 9/15/1976
Name **DIBBLE JR, FRANK B MD**
Address MANCHESTER VETS ADMIN HOSP, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NEW YORK DOWNSTATE MEDICAL CENTER USA 1970
Internship and Year ST JOSEPHS HOSP HEALTH CENTER SYRACUSE 1971
Residency and Year ST JOSEPHS HOSP HEALTH CENTER SYRACUES 1975
License Expiration Date **6/30/2016**
Remarks

License Number 9014
License Date 8/4/1993
Name **DIBRIGIDA, LISA A MD**
Address CHILD HEALTH SERVICES, 1245 ELM STMANCHESTER, NH, 03101
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15290
License Date 7/6/2011
Name **DICAPUA, JOHN F MD**
Address N AMERICAN PARTNERS IN ANESTHESIA, 68 SOUTH SERVICE RDMELVILLE, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE OF THE CITY UNIV OF NY USA 1989
Internship and Year WESTCHESTER MEDICAL CENTER - VALHALLA, NY 1990
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15867
License Date 10/3/2012
Name **DICAPUA, SAMUEL M DO**
Address NEW HAMPSHIRE HEALTH FAMILIES, 2 EXECUTIVE PARK DRIVEBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1988
Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1989
Residency and Year BRIGHTON MEDICAL CENTER - PORTLAND, ME 1991
License Expiration Date **6/30/2016**
Remarks

License Number 12784
License Date 7/6/2005
Name **DICESARE, KEVIN J MD**
Address FOUNDATION COLLABORATIVE CARE, 19 TYLER ST STE 103NASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA USA 1996
Internship and Year MAINE MEDICAL CENTER, PORTLAND ME 1997
Residency and Year MAINE MEDICAL CENTER, PORTLAND ME 2000
License Expiration Date **6/30/2017**
Remarks

License Number 13581
License Date 7/11/2007
Name **DICK III, JOHN F MD**
Address DHMC- SEC OF HOSPITAL MED, ONE MED CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2004
Residency and Year UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16160
License Date 6/5/2013
Name **DICK, LESLIE S MD**
Address DARTMOUTH HITCHCOCK PEDIATRICS, 253 PLEASANT STREETCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1996
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1997
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1999
License Expiration Date **6/30/2017**
Remarks

License Number 8887
License Date 2/3/1993
Name **DICKERSON-KHOUZAM, LYNDA M MD**
Address 7377 N CARRUTH AVE, FRESNO, CA, 93711-0513
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE USA 1977
Internship and Year UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER - OKLAHOMA CITY OK 1978
Residency and Year UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER - OKLAHOMA CITY OK 1980
License Expiration Date **6/30/2007**
Remarks

License Number 11775
License Date 11/6/2002
Name **DICKEY, KEVIN W MD**
Address DHMC DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation EMORY UNIV SCH OF MEDICINE - ATLANTA, GA USA 1985
Internship and Year EMORY UNIV - ATLANTA, GA 1986
Residency and Year EMORY UNIV - ATLANTA, GA 1987
License Expiration Date **6/30/2006**
Remarks

License Number 13794
License Date 1/11/2008
Name **DICKINSON JR, ARCHIE W MD**
Address DH MERRIMACK FAMILY PRACTICE, 294 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation DALHOUSIE UNIV CANADA 1997
Internship and Year UNIV OF WESTERN ONTARIO, FACULTY OF MEDICINE & DENTISTRY- LONDON, ON CANADA 1998
Residency and Year UNIV OF WESTERN ONTARIO, FACULTY OF MEDICINE & DENTISTRY-LONDON, ON CANADA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 8463
License Date 12/5/1990
Name **DICKISON, ANNE E MD**
Address 511 SE FIFTH AVE #805, FT LAUDERDALE, FL, 33301
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR,MI USA 1980
Internship and Year CHILDRENS HOSPITAL - PHILA, PA 1981
Residency and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1985
License Expiration Date **6/30/2008**
Remarks

License Number 8075
License Date 5/10/1989
Name **DICKS, PETER S MD**
Address PO BOX 212, AMHERST, NH, 03031
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1986
Internship and Year HENNEPIN CO MEDICAL CENTER, MINNEAPOLIS MN 1987
Residency and Year HENNEPIN CO MEDICAL CENTER, MINNEAPOLIS MN 1989
License Expiration Date **6/30/2017**
Remarks

License Number 4728
License Date 7/13/1972
Name **DICKSON, JAMES R MD**
Address 406 BOSTON POST RD, PORT CHESTER, NY, 10573
Specialty ORS
Board Certified ORS
School and Year of Graduation NEW YORK MEDICAL COLLEGE-NEW YORK NY USA 1971
Internship and Year GREENWICH HOSPITAL-GREENWICH CT 1972
Residency and Year GREENWICH HOSPITAL - GREENWICH, CT 1972
License Expiration Date **6/30/2003**
Remarks

License Number 14538
License Date 8/5/2009
Name **DICKSON, ROLLAND C MD**
Address DHMC-DEPT OF HEPAT & GASTRO, 1 MED CTR DRLEBANON, NH, 03756
Specialty HEP
Board Certified HEP
School and Year of Graduation UNIVERSITY OF TOLEDO USA 1986
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE- ROCHESTER, MN 1987
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1989
License Expiration Date **6/30/2017**
Remarks

License Number 16067
License Date 4/3/2013
Name **DICOSTANZO, DAMIAN P MD**
Address AMERIPATH NY LLC DBA DERMPATH DIAGNOSTICS, 100 MIDLAND AVE FL 2PORT CHESTER, NY, 105
Specialty PTH
Board Certified PTH
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year MEDICAL UNIVERSITY OF SOUTH SAROLINA, CHARLESTON, SC 1983
Residency and Year MEDICAL UNIVERSITY OF SOUTH SAROLINA, CHARLESTON, SC 1985
License Expiration Date **6/30/2017**
Remarks

License Number 13582
License Date 7/11/2007
Name **DIDDEE, ANU MD**
Address LAHEY CLINIC, 1 ESSEX CTR DEPEABODY, MA, 01960
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF DELHI INDIA 1995
Internship and Year JACOBI MEDICAL CENTER - BRONX, NY 1997
Residency and Year JACOBI MEDICAL CENTER - BRONX, NY 1999
License Expiration Date **6/30/2013**
Remarks

License Number 6515
License Date 4/1/1982
Name **DIEDERICH, GARY D MD**
Address MID STATE HEALTH, 101 BOULDER POINT DR BLDA STE1PLYMOUTH, NH, 03264
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA UNIV HERSHEY MED CTR, PA USA 1979
Internship and Year AKRON CITY HOSPITAL - AKRON, OH 1980
Residency and Year AKRON CITY HOSPITAL - AKRON, OH 1982
License Expiration Date **6/30/2016**
Remarks

License Number 13094
License Date 6/7/2006
Name **DIEDWARDO, CHRISTINE A MD**
Address 16 HAYDEN AVE, LEXINGTON, MA, 02421
Specialty PS
Board Certified PS
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1992
Internship and Year BOSTON UNIVERSITY, ROXBURY MA 1993
Residency and Year BOSTON UNIVERSITY, ROXBURY MA 1997
License Expiration Date **6/30/2008**
Remarks

License Number 9414
License Date 5/3/1995
Name **DIEGEL, ROGER J MD**
Address 150 COMMONS WAY, KALISPELL, MT, 59901
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1993
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1994
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1996
License Expiration Date **6/30/2007**
Remarks

License Number 6342
License Date 3/5/1981
Name **DIEHL, SCOTT J MD**
Address 305 RIVERWAY PL, BEDFORD, NH, 03110-6744
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK DOWNSTATE COLL-BROOKLYN,NY USA 1977
Internship and Year CARNEY HOSP-BOSTON,MA 1978
Residency and Year CARNEY HOSP-BOSTON,MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 12255
License Date 4/7/2004
Name **DIENER, JAKOW G MD**
Address 360 BROOK RD, BETHLEHEM, NH, 03574
Specialty IM
Board Certified ON
School and Year of Graduation SUNY @ BROOKLYN, BROOKLYN NY US 1973
Internship and Year NASSAU UNIVERSITY, EAST MEADOW NY 1974
Residency and Year NASSAU UNIVERSITY, EAST MEADOW NY 1976
License Expiration Date **6/30/2016**
Remarks

License Number 10782
License Date 12/1/1999
Name **DIERKS, STEPHEN M MD**
Address LACONIA CLINIC, 724 MAIN ST LACONIA, NH, 03269
Specialty U
Board Certified U
School and Year of Graduation UNIV OF TEXAS-HOUSTON MED SCH-HOUSTON,TX USA 1989
Internship and Year WASHINGTON UNIV SCH OF MEDICINE - ST LOUIS, MO 1990
Residency and Year WASHINGTON UNIV SCH OF MEDICINE - ST LOUIS, MO 1996
License Expiration Date **6/30/2017**
Remarks

License Number 6588
License Date 7/15/1982
Name **DIETRICH, ALLEN J MD**
Address DHMC/RUBIN 833, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation CASE WESTERN RESERVE UNIV-CLEVELAND,OH USA 1973
Internship and Year CAMBRIDGE HOSP-CAMBRIDGE,MA 1974
Residency and Year HIGHLAND HOSP0-ROCHESTER,NY 1977
License Expiration Date **6/30/2012**
Remarks

License Number 13741
License Date 11/7/2007
Name **DIETRICH, PETER A MD**
Address FAHC, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty DR
Board Certified DR
School and Year of Graduation CASE WESTERN RESERVE UNIV USA 1965
Internship and Year METROHEALTH MEDICAL CENTER-CLEVELAND, OH 1966
Residency and Year STANFORD UNIV SCHOOL OF MEDICINE - STANFORD, CA 1969
License Expiration Date **6/30/2009**
Remarks

License Number 16361
License Date 11/6/2013
Name **DIETRICH, ROGER W MD**
Address 30 SOUTHERN HEIGHTS DR, VERNON, VT, 05354
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1976
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1977
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 16751
License Date 9/3/2014
Name **DIETZ, DUANE A MD**
Address PO BOX 180, SEGUIN, TX, 78156
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF TX-HOUSTON MEDICAL SCHOOL USA 1990
Internship and Year CONROE FAMILY MEDICINE RESIDENCY PROGRAM - CONROE, TX 1991
Residency and Year CONROE FAMILY MEDICINE RESIDENCY PROGRAM - CONROE, TX 1993
License Expiration Date **6/30/2016**
Remarks

License Number 10935
License Date 6/7/2000
Name **DIETZMAN, DANIEL B MD**
Address 815 COURT ST, KEENE, NH, 03431
Specialty D
Board Certified D
School and Year of Graduation UNIV OF WASHINGTON - SEATTLE, WA USA 1995
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996
Residency and Year SUNY AT BUFFALO - BUFFALO, NY 1999
License Expiration Date **6/30/2003**
Remarks

License Number 9881
License Date 12/4/1996
Name **DiFLORIO ALEXANDER, ROBERTA M MD**
Address DHMC - RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL COLLEGE THOMAS JEFFERSON UNIV USA 1990
Internship and Year LANKENAU HOSP - WYNNEWOOD, PA 1991
Residency and Year MARY HITCHCOCK MEMORIAL HOSP, HANOVER, NH 1997
License Expiration Date **6/30/2016**
Remarks

License Number 14011
License Date 6/4/2008
Name **DIGMAN, COLLEEN R MD**
Address VALLEY REG HOSP-ASSOC IN MED, 241 ELM STCLAREMONT, NH, 03743
Specialty END
Board Certified END
School and Year of Graduation GEORGETOWN UNIV USA 2000
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2001
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date **6/30/2010**
Remarks

License Number 9960
License Date 4/2/1997
Name **DILLARD, J. WAYNE DO**
Address 715 ALFRED RD, ARUNDEL, ME, 04072
Specialty PM
Board Certified PM
School and Year of Graduation COLL OF OSTEO MED OF THE PACIFIC POMONA, CA USA 1988
Internship and Year UNIV OF MASS MEDICAL CENTER - MA 1989
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1993
License Expiration Date **6/30/2015**
Remarks

License Number 10936
License Date 6/7/2000
Name **DILLON, GERARD A MD**
Address MEMORIAL BLDG STE 103, 246 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NY - BUFFALO, NY USA 1992
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1995
License Expiration Date **6/30/2016**
Remarks

License Number 14066
License Date 7/9/2008
Name **DILONE-ARELLANO, HELING S MD**
Address STEWARD MEDICAL (METHUEN MEDICAL GROUP), 33 LAWRENCE STMETHUEN, MA, 01844
Specialty FP
Board Certified
School and Year of Graduation UNIV IBEROAMERICANA DOMINICAN REPUBLIC 1998
Internship and Year ST JOSEPHS MEDICAL CENTER - YONKERS,NY 2004
Residency and Year ST JOSEPHS MEDICAL CENTER - YONKERS,NY 2006
License Expiration Date **6/30/2014**
Remarks

License Number 13314
License Date 11/1/2006
Name **DIMAILIG-DAVID, ANNA BELINDA S MD**
Address 1309 S DEERBERRY TRAIL, SIOUX FALLS, SD, 57106
Specialty PD
Board Certified
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 1993
Internship and Year ELMHURST HOSPITAL CTR-MT SINAI SERVICES - ELMHURST, NY 2004
Residency and Year ELMHURST HOSPITAL CTR-MT SINAI SERVICES - ELMHURST, NY 2006
License Expiration Date **6/30/2010**
Remarks

License Number 4790
License Date 6/14/1971
Name **DIMAIO, FRANCIS H MD**
Address 228 CARMITA AVE, RUTHERFORD, NJ, 07070
Specialty OTO
Board Certified
School and Year of Graduation ST ANDREWS UNIV SCOTLAND 1966
Internship and Year OTTAWA GENERAL HOSPITAL - ONTARIO, CANADA 1969
Residency and Year OTTAWA GENERAL HOSPITAL - ONTARIO, CANADA 1971
License Expiration Date **6/30/2002**
Remarks

License Number 3334
License Date 1/6/1960
Name **DIMAMBRO, ARTHUR R MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 12162
License Date 12/3/2003
Name **DIMASI, MATTHEW H MD**
Address X RAY PA, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1995
Internship and Year MALDEN MEDICAL CTR, MALDEN MA 1996
Residency and Year BOSTON MEDICAL CTR, BOSTON MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 6324
License Date 12/1/1980
Name **DIMOND, ROBERT L MD**
Address 3 ROCKY LEDGE RD, MERRIMACK, NH, 03054
Specialty D
Board Certified D
School and Year of Graduation UNIV OF MICHIGAN MED SCH,ARBOR MI USA 1967
Internship and Year UNIV OF OREG MEDICAL SCH HOSP-PORTLAND,OR 1968
Residency and Year UNIV OF OREG MED SCH HOSP-PORTLAND,OR 1975
License Expiration Date **6/30/1998**
Remarks

License Number 13621
License Date 8/1/2007
Name **DIMOV, GUEORGUI D MD**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL UNIV PLOVDIV BULGARIA 1996
Internship and Year FLOWER HOSPITAL FAMILY PHYSICIANS ASSOC- SYLVANIA, OH 2005
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2007
License Expiration Date **6/30/2017**
Remarks

License Number 13010
License Date 3/1/2006
Name **DINAN JR, JOHN T MD**
Address 20 GARDINER ST, RICHMOND, ME, 04357
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1960
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1961
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1962
License Expiration Date **6/30/2016**
Remarks

License Number 16214
License Date 7/3/2013
Name **DINANI, AMREEN M MD**
Address 1 MEDICAL CENTER DRIVE, LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN ST MAARTEN 2005
Internship and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2007
Residency and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12571
License Date 1/5/2005
Name **DINGES, SUSAN A MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF NEW YORK, SYRACUSE NY US 1988
Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1989
Residency and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1992
License Expiration Date **6/30/2013**
Remarks

License Number 7900
License Date 7/6/1988
Name **DINICOLA, MARIBETH M MD**
Address 3 ALUMNI DR STE 401, EXETER, NH, 03833-2123
Specialty OBG
Board Certified OBG
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILA, PA USA 1984
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1985
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 12871
License Date 9/7/2005
Name **DINNERSTEIN, ERIC MD**
Address MAINE NEROLOGY, 49 SPRING STSCARBOROUGH, ME, 04074
Specialty N
Board Certified
School and Year of Graduation HEBREW UNIVERSITY, JERUSALEM ISRAEL ISRAEL 2001
Internship and Year BROOKLYN HOSPITAL CTR, BROOKLYN NY 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2009**
Remarks

License Number 14012
License Date 6/4/2008
Name **DINUBILA, JENNIFER L DO**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STREET KEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLLEGE USA 2002
Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2003
Residency and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10990
License Date 7/5/2000
Name **DINULOS, JAMES G MD**
Address SEACOAST DERMATOLOGY PLLC, 330 BORTHWICK AVE STE 303 PORTSMOUTH, NH, 03801
Specialty PD
Board Certified PD
School and Year of Graduation EASTERN VIRGINIA MED SCH - NORFOLK, VA USA 1994
Internship and Year CHILDREN'S HOSPITAL AND MEDICAL CENTER - SEATTLE, WA 1995
Residency and Year CHILDREN'S HOSPITAL AND MEDICAL CENTER - SEATTLE, WA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 11088
License Date 10/4/2000
Name **DINULOS, MARY BETH MD**
Address DHMC-PEDIATRICS, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA- PHILA- PA USA 1990
Internship and Year CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS- NORFOLK, VA 1991
Residency and Year CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS - NORFOLK, VA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 17158
License Date 7/1/2015
Name **DION, NEIL T MD**
Address MGH, 55 FRUIT ST YAWKEY 3 BOSTON, MA, 02114
Specialty ORS
Board Certified
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2009
Internship and Year NORTHWESTERN UNIVERSITY-FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2010
Residency and Year NORTHWESTERN UNIVERSITY-FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2014
License Expiration Date **6/30/2017**
Remarks

License Number 16577
License Date 5/7/2014
Name **DIONNE, ANDREA M DO**
Address LACONIA CLINIC - CARING FOR WOMEN, 734 NO MAIN ST LACONIA, NH, 03246
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2010
Internship and Year MCLAREN GREATER LANSING - LANSING, MI 2011
Residency and Year MCLAREN GREATER LANSING - LANSING, MI 2014
License Expiration Date **6/30/2016**
Remarks

License Number 9413
License Date 5/3/1995
Name **DIONNE, LESLIE M MD**
Address DARTMOUTH-HITCHCOCK, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1990
Internship and Year PROVIDENCE MEDICAL CENTER, RI 1993
Residency and Year PROVIDENCE MEDICAL CENTER, RI 1993
License Expiration Date **6/30/2017**
Remarks

License Number 8077
License Date 5/10/1989
Name **DIONNE, PIERRE L MD**
Address HUDSON MEDICAL ASSOC, 225 DERRY RD HUDSON, NH, 03051-3020
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF OTTAWA FAC OF MED OTTAWA ONT CANADA 1986
Internship and Year MIDDLESEX MEM HOSP MIDDLETOWN CT 1987
Residency and Year MIDDLESEX MEM HOSP MIDDLETOWN CT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 3641
License Date 9/11/1963
Name **DIONNE, ROGER R MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF OTTAWA - CANADA CANADA 1959
Internship and Year U S NAVAL HOSPITAL - ST ALBANS, NY 1960
Residency and Year U S NAVAL HOSPITAL - ST ALBANS, NY 1960
License Expiration Date **6/30/2011**
Remarks

License Number 14492
License Date 7/1/2009
Name **DIONNE-ODOM, JODIE A MD**
Address DHMC/INFECTIOUS DISIASE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ID
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NEW YORK, NY 2003
Residency and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NEW YORK, NY 2006
License Expiration Date **6/30/2015**
Remarks

License Number 9415
License Date 5/3/1995
Name **DIPASTINA, JOHN A DO**
Address THE HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1985
Internship and Year THE MEDICAL CENTER OF DELEWARE 1995
Residency and Year THE MEDICAL CENTER OF DELEWARE 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10234
License Date 2/4/1998
Name **DIPRE, MICHAEL P MD**
Address LACONIA CLINIC, 724 N MAIN ST PO BOX 637LACONIA, NH, 03246
Specialty IM
Board Certified
School and Year of Graduation NY UNIV SCH OF MED, NY, NY USA 1985
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1986
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1988
License Expiration Date **6/30/2016**
Remarks **10/22/08 - Settlement Agreement**
11/17/08 - Order Amending Settlement Agreement.
6/7/10 - Order Restoring Privileges to Prescribe Schedule II & III Narcotics.
3/21/12 - Order of Emergency Suspension of Prescribing Privileges & Notice of Hearing.
2/8/13 - Settlement Agreement

License Number 5134
License Date 1/7/1974
Name **DIRESTA, THOMAS M MD**
Address 27 OCEAN ST, LYNN, MA, 01902-2022
Specialty FP
Board Certified
School and Year of Graduation COLL OF OSTEOPATHIC MED-DES MOINES IA USA 1964
Internship and Year PONTIAC OSTEOPATHIC HOSP-PONTIAC MI 1965
Residency and Year PONTIAC OSTEOPATHIC HOSP - PONTIAC, MI 1965
License Expiration Date **6/30/2000**
Remarks **Deceased 7/9/13**

License Number 13452
License Date 4/4/2007
Name **DIRITO-HERBERT, NICOLA M DO**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation MIDWESTERN UNIV USA 1993
Internship and Year MIDWESTERN UNIV-CHICAGO COLLEGE OF OSTEOPATHIC MED - OLYMPIA FIELDS, IL 1994
Residency and Year YORK HOSPITAL - YORK, PA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 11150
License Date 1/3/2001
Name **DIRKSMEIER, PETER J MD**
Address SEACOAST ORTHOPEDICS & SPORTS, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 1995
Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1996
Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 8868
License Date 12/2/1992
Name **DISCIPIO, ANTHONY W MD**
Address DHMC-CARDIOTHORACIC SURGERY, ONE MEDICAL CENTER DR LEBANON, NH, 03756-
Specialty GS
Board Certified TS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1989
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 4928
License Date 12/4/1972
Name **DISIMONE, ALLAN A MD**
Address ST JOSEPH HEALTH SERVICES, 200 HIGH SERVICE AVENORTH PROVIDENCE, RI, 02904
Specialty GS
Board Certified GS
School and Year of Graduation GEORGETOWN MEDICAL CENTER - WASHINGTON, DC USA 1955
Internship and Year ST JOSEPH'S HOSPITAL - PROVIDENCE, RI 1956
Residency and Year VETERANS ADMINISTRATION HOSPITAL - NEWINGTON, CT 1957
License Expiration Date **6/30/2010**
Remarks **DECEASED 3/22/2012**

License Number 11528
License Date 3/6/2002
Name **DISKIN, ARTHUR L MD**
Address 1050 CARIBBEAN WAY, STE 333MIAMI, FL, 33132
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MIAMI - MIAMI, FL USA 1979
Internship and Year UNIV OF SO CALIFORNIA - LOS ANGELES, CA 1980
Residency and Year LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 7802
License Date 3/9/1988
Name **DISSIN, JONATHAN MD**
Address ALBERT EINSTEIN MED, 5401 OLD YORK RD KLEIN 405PHILADELHPIA, PA, 19141
Specialty N
Board Certified
School and Year of Graduation ST GOERGE UNIV SCH OF MED-ST GEORGE GREENDA USA 1982
Internship and Year GREATER BALTIMORE MED CTR-BALTIMORE,MD 1983
Residency and Year MASS GEN HOSP-BOSTON,MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 10463
License Date 12/2/1998
Name **DiSTEFANO, MARK S MD**
Address 95 VERNON STREET, WORCESTER, MA, 01610
Specialty GS
Board Certified
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1979
Internship and Year UNIV OF MASS - WORCHESTER, MA 1980
Residency and Year UNIV OF MASS - WORCHESTER, MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 11444
License Date 11/7/2001
Name **DITRI, JOHN A MD**
Address 580 COURT ST, KEENE, NH, 03431
Specialty PM
Board Certified PM
School and Year of Graduation WAYNE STATE UNIV SCH- DETROIT, MI USA 1990
Internship and Year MICHIGAN STATE UNIV - KALAMAZOO CTR CTR- KALAMAZOO, MI 1991
Residency and Year REHABILITATION INSTITUTE OF MICHIGAN - DETROIT, MI 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14067
License Date 7/9/2008
Name **DITZENBERGER, JOHN E MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE # 105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation UNIV OF NEW JERSEY USA 1999
Internship and Year UMDNJ ROBERT WOOD JOHNSON MED SCHOOL-NEW BRUNSWICK, NJ 2000
Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2004
License Expiration Date **6/30/2012**
Remarks

License Number 11904
License Date 5/7/2003
Name **DIVENUTI, GINA M MD**
Address N H ONCOLOGY-HEMATOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106
Specialty ON
Board Certified IM
School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1997
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 5623
License Date 10/7/1976
Name **DIXON, CAROLYN S MD**
Address 31 GREAT BAY DR E, GREENLAND, NH, 03840
Specialty P
Board Certified P
School and Year of Graduation OHIO STATE UNIV COLLEGE OF MED COLUMBUS USA 1965
Internship and Year MAINE MEDICAL CENTER PORTLAND 1966
Residency and Year MAINE MEDICAL CENTER PORTLAND 1976
License Expiration Date **6/30/2003**
Remarks **Deceased 4/24/14**

License Number 13395
License Date 2/7/2007
Name **DIZON, CARMINA ISABEL R MD**
Address ST JOSEPH MEDICAL CENTER, 127 SO BROADWAYYONKERS, NY, 10701
Specialty FP
Board Certified
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 1998
Internship and Year ST JOSEPH'S MEDICAL CTR-YONKERS, NY 2005
Residency and Year ST JOSEPH'S MEDICAL CTR-YONKERS, NY 2007
License Expiration Date **6/30/2009**
Remarks

License Number 11529
License Date 3/6/2002
Name **DJALAYER, KASRA MD**
Address 15 AIKEN AVE, FRANKLIN, NH, 03235
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MADRID - MADRID, SPAIN SPAIN 1989
Internship and Year GRIFFIN HOSP - DERBY, CT 1998
Residency and Year GRIFFIN HOSP - DERBY, CT 2000
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03...**
REINSTATED 8/2/06

License Number 15868
License Date 10/3/2012
Name **DJALO, ANNABI I MD**
Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2005
Internship and Year NEW YORK MEDICAL COLLEGE - BROOKLYN - QUEENS, NY 2006
Residency and Year NEW YORK MEDICAL COLLEGE - BROOKLYN - QUEENS, NY 2008
License Expiration Date **6/30/2014**
Remarks

License Number 10464
License Date 12/2/1998
Name **DMITROVSKY, ETHAN MD**
Address UNIVERSITY OF TX MD ANDERSON CANCER CENTER, 1515 HOLCOMBE BLVD UNIT 1492HOUSTON,
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MED SCH - NEW YORK NY USA 1980
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1981
Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1982
License Expiration Date **6/30/2016**
Remarks

License Number 14493
License Date 7/1/2009
Name **DMYTRUK, DMITRI P DO**
Address SEACOAST PHYSIATRY, 875 GREENLAND RDPORTSMOUTH, NH, 03801
Specialty PM
Board Certified PM
School and Year of Graduation NEW YORK COLLEGE USA 2005
Internship and Year LUTHERAN MEDICAL CENTER - BROOKLYN, NY 2006
Residency and Year BOSTON MEDICAL CENTER- BOSTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13149
License Date 7/5/2006
Name **DO, DUC T MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT USA 2003
Internship and Year DHMC-LEBANON NH 2005
Residency and Year DHMC-LEBANON NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 7299
License Date 4/3/1986
Name **DOANE, PETER G MD**
Address 5 SCHOOL ST, BRISTOL, NH, 03222-1219
Specialty FP
Board Certified FP
School and Year of Graduation LOMA LINDA UNIV LOS ANGELES CA USA 1983
Internship and Year TOLEDO HOSP TOLEDO OH 1984
Residency and Year TOLEDO HOSP TOLEDO OH 1986
License Expiration Date **6/30/2016**
Remarks

License Number 6707
License Date 6/2/1983
Name **DOBBINS, ANN MD**
Address NASHUA PEDIATRICS, 155 KINSLEY STNASHUA, NH, 03060-3701
Specialty PD
Board Certified PD
School and Year of Graduation MED COLL OF PENNSYLVANIA - PHILA, PA USA 1980
Internship and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1981
Residency and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 16215
License Date 7/3/2013
Name **DOBKIN, DEAN A MD**
Address 275 EAST 200 SOUTH, SALT LAKE CITY, UT, 84111
Specialty EM
Board Certified EM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1976
Internship and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 1977
Residency and Year UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 1981
License Expiration Date **6/30/2015**
Remarks

License Number 15181
License Date 4/6/2011
Name **DOBRESCU, COSMIN MD**
Address JACKSON MEM HOSP - DIV CARDIOTHORACIC SURGERY, 1611 NW 12TH AVE. - HOLTZ EAST TOWER
Specialty TS
Board Certified TS
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2002
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2004
Residency and Year UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 2007
License Expiration Date **6/30/2013**
Remarks

License Number 10937
License Date 6/7/2000
Name **DOBSON III, HOWARD D MD**
Address 184 TARRYTOWN RD, MANCHESTER, NH, 03103-3632
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MIAMI SCH OF MED - MIAMI, FL USA 1994
Internship and Year RUSH-PRESBYTERIAN-ST LUKES MEDICAL CENTER - CHICAGO, IL 1995
Residency and Year RUSH-PRESBYTERIAN-ST LUKES MEDICAL CENTER - CHICAGO, IL 1999
License Expiration Date **6/30/2003**
Remarks

License Number 15147
License Date 3/2/2011
Name **DOBSON III, CARL W MD**
Address SOUTHWESTERN VT MED CTR, 100 HOSPITAL DRBENNINGTON, VT, 15201
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF TENNESSEE USA 2002
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2003
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 14013
License Date 6/4/2008
Name **DOCYK, STANLEY W MD**
Address 5219 BLISS RD, BALLSTON SPA, NY, 12020
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1980
Internship and Year ALBANY MEDICAL CENTER-ALBANY, NY 1981
Residency and Year ALBANY MEDICAL CENTER-ALBANY, NY 1983
License Expiration Date **6/30/2012**
Remarks

License Number 16708
License Date 8/6/2014
Name **DODDAPANENI, SASIKANTH MD**
Address 7301 BEAVER CREEK RD, ALPHARETTA, GA, 30022
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year UNIVERSITY OF CALIFORNIA - ORANGE, CA 1998
Residency and Year CALIFORNIA PACIFIC MEDICAL CENTER - SAN FRANCISCO, CA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 3705
License Date 6/26/1964
Name **DODDS, JOHN P MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 9600
License Date 12/6/1995
Name **DODDS, THOMAS A MD**
Address 30 RIP RD, HANOVER, NH, 03755
Specialty PM
Board Certified PM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1986
Internship and Year UCLA MEDICAL CENTER - LOS ANGELES, CA 1987
Residency and Year UNIV WASHINGTON MEDICAL CENTER - SEATTLE, WA 1990
License Expiration Date **6/30/1998**
Remarks

License Number 6986
License Date 6/8/1988
Name **DODDS, THOMAS M MD**
Address DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH 1983
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH 1985
License Expiration Date **6/30/2016**
Remarks

License Number 6874
License Date 5/10/1984
Name **DODGE, CARTER P MD**
Address DHMC-ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation ALBERT EINSTEIN COLL MED-YESHIVA,NY USA 1977
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1978
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
License Expiration Date **6/30/2016**
Remarks

License Number 16538
License Date 4/2/2014
Name **DODICK, DAVID W MD**
Address MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation DALHOUSIE UNIVERSITY FACULTY OF MEDICINE CANADA 1990
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1991
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5417
License Date 9/3/1975
Name **DOFFING, KENNETH M MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF KANSAS USA
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks **Deceased 4/27/95**

License Number 16858
License Date 12/3/2014
Name **DOHADWALA, MUSTALI M MD**
Address 565 TURNPIKE ST STE 75, N ANDOVER, MA, 01845
Specialty NC
Board Certified NC
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2005
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2006
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 9797
License Date 8/7/1996
Name **DOHAN, DAVID A MD**
Address 281 CAMBRIDGE ST, BURLINGTON, MA, 01803
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MEDICAL CENTER - WORCESTER, MA USA 1993
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1994
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date **6/30/2001**
Remarks

License Number 15567
License Date 3/7/2012
Name **DOHERTY, CAROLYN M MD**
Address ENT ASSOC OF NH, 85 SPRING ST #104LACONIA, NH, 03246
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 1986
Internship and Year UCLA MEDICAL CENTER - TORRANCE, CA 1987
Residency and Year UCLA MEDICAL CENTER - TORRANCE, CA 1988
License Expiration Date **6/30/2014**
Remarks

License Number 8989
License Date 7/7/1993
Name **DOHERTY, MICHAEL H MD**
Address MONADNOCK ANESTHESIA ASSOCIATE, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF TX MEDICAL SCHOOL USA 1988
Internship and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1990
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 13340
License Date 12/6/2006
Name **DOLBEAR, GAIL L MD**
Address 4489 RED SPRUCE LANE, MANLIUS, NY, 13104
Specialty OBG
Board Certified OBG
School and Year of Graduation STATE UNIV OF NY UPSTATE MEDICAL UNIV USA 1993
Internship and Year ALBANY MEDICAL CTR HOSPITAL-ALBANY, NY 1995
Residency and Year ALBANY MEDICAL CTR HOSPITAL-ALBANY, NY 1997
License Expiration Date **11/14/2007**
Remarks **11/14/07 - Voluntary Surrender of License
DECEASED 05/24/08**

License Number 15748
License Date 7/11/2012
Name **DOLGIN, REBECCA L MD**
Address TIDES OF TAO, LLC, 1867 WILLIAMS HWY, STE 213GRANTS PASS, OR, 97527
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2008
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2011
License Expiration Date **6/30/2016**
Remarks

License Number 6708
License Date 6/2/1983
Name **DOLKART, KENNETH M MD**
Address DHMC- INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PENN SCH MED - PHILADELPHIA, PA USA 1980
Internship and Year PRESBY UNIV PENN MEDICAL CENTER - PHILA, PA 1983
Residency and Year PRESBY UNIV PENN MEDICAL CENTER - PHILA, PA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 15291
License Date 7/6/2011
Name **DOMBROWSKI, TODD F MD**
Address 580-90 COURT ST, KEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS ANTILLES 2006
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2007
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 6193
License Date 5/8/1980
Name **DOMIN, WAYNE D MD**
Address CARING FOR WOMEN, 734 N MAIN STLACONIA, NH, 03246-3537
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ILLINOIS COLLEGE MEDICINE - CHICAGO, IL USA 1975
Internship and Year BAYSTATE HOSPITAL MEDICAL CENTER - SPRINGFIELD, MA 1978
Residency and Year BAYSTATE HOSPITAL MEDICAL CENTER - SPRINGFIELD, MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 13662
License Date 9/5/2007
Name **DOMINIAK, COLEMAN W MD**
Address DHMC-INTERNAL MEDICINE, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIV USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 14494
License Date 7/1/2009
Name **DOMINICK, KEITH R MD**
Address PEDIATRIC ASSOC OF PORTSMOUTH, 330 BORTHWICK AVE STE 202PORTSMOUTH, NH, 03801
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 2006
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 3948
License Date 9/13/1966
Name **DONAHOE, PATRICIA K MD**
Address MASS GENERAL HOSP, 55 FRUIT ST WRN11BOSTON, MA, 02114
Specialty NSP
Board Certified NSP
School and Year of Graduation COLUMBIA UNIV NY,NY USA 1964
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1965
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1965
License Expiration Date **6/30/2000**
Remarks

License Number 15828
License Date 9/5/2012
Name **DONAHUE, JOHN P MD**
Address PO BOX 6128, BRIDGEPORT, CT, 06606
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1992
Residency and Year SAINT VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1996
License Expiration Date **6/30/2016**
Remarks

License Number 8644
License Date 11/6/1991
Name **DONALD, DAVID M MD**
Address BAYSIDE UROLOGY, 7121 S.P.I D. SUITE 118CORPUS CHRISTI, TX, 78412
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF ALBERTA CANADA 1970
Internship and Year FOOTHILLS HOSPITAL - CALGARY ALBERTA, CANADA 1971
Residency and Year UNIVERSITY OF TORONTO DEPARTMENT OF SURGERY TORONTO GENERAL HOSPITAL, UROLOG
License Expiration Date **6/30/2015**
Remarks

License Number 15399
License Date 9/7/2011
Name **DONALDSON, ANTHONY H MD**
Address 85 KEYS LANE, SHUSHAN, NY, 12873
Specialty U
Board Certified U
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1999
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2000
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2002
License Expiration Date **6/30/2017**
Remarks

License Number 7484
License Date 12/4/1986
Name **DONEGAN, JAMES O MD**
Address 5 RIPLEY RD, HANOVER, NH, 03755
Specialty OTO
Board Certified OTO
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1968
Internship and Year UNIV CINCINNATI HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1977
Residency and Year UNIV CINCINNATI HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1979
License Expiration Date **6/30/2016**
Remarks

License Number D0007
License Date
Name **DONELSON, RONALD G MD**
Address 13 GIBSON ROAD, HANOVER, NH, 03755
Specialty ORS
Board Certified ORS
School and Year of Graduation HANNEMAN UNIVERSITY - PHILADELPHIA, PA USA 1973
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1974
Residency and Year SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 1978
License Expiration Date **3/29/2002**
Remarks **3/29/02 - Order of Conditional Denial. Applicant must request a hearing to show cause why he should not be denied a license within thirty (30) days.**
7/16/08 - Settlement Agreement

License Number 16471
License Date 2/5/2014
Name **DONEPUDI, RAMESH MD**
Address , 26 COACHMAN RIDGE RDSHREWSBURY, MA, 01525
Specialty IM
Board Certified IM
School and Year of Graduation RANGARAYA MEDICAL COLLEGE INDIA 1998
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2006
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15341
License Date 8/3/2011
Name **DONKOR, ERNEST A MD**
Address GREATER MERIDIAN HEALTH CLINIC, 2707 DAVIS STMERIDIAN, MS, 39304
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF GHANA GHANA 2002
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2011
License Expiration Date **6/30/2013**
Remarks

License Number 3740
License Date 10/14/1964
Name **DONNELL, JAMES M MD**
Address 125 GLEN RD, GORHAM, NH, 03581-1347
Specialty GS
Board Certified GS
School and Year of Graduation MCGILL UNIV - MONTREAL P.Q. CANADA CANADA 1955
Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1956
Residency and Year MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1962
License Expiration Date **6/30/2012**
Remarks

License Number 16304
License Date 9/4/2013
Name **DONNELL, ROBERT F MD**
Address 9 BUZELL AVE, EXETER, NH, 03833
Specialty N
Board Certified N
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2005
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 7344
License Date 6/12/1986
Name **DONNELLY JR, ROBERT B MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTES USA 1983
Internship and Year
Residency and Year
License Expiration Date **5/18/1995**
Remarks

License Number 9509
License Date 7/19/1995
Name **DONNELLY, CRAIG L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03657
Specialty CHP
Board Certified P
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1989
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1993
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1995
License Expiration Date **6/30/2017**
Remarks

License Number 16004
License Date 2/6/2013
Name **DONNELLY, DAVID A MD**
Address DHMC - DEPT OF AN, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NY USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 6823
License Date 12/1/1983
Name **DONNELLY, TIMOTHY A MD**
Address 4 FAIRWAY DR, DOVER, NH, 03820
Specialty EM
Board Certified FP
School and Year of Graduation UNIV OF WASHINGTON SCH MED-SEATTLE, WA USA 1980
Internship and Year UNIV HOSPITAL-GRAND FORKS, ND 1981
Residency and Year UNITED HOSPITAL-GRAND FORKS, ND 1983
License Expiration Date **6/30/2017**
Remarks

License Number 13742
License Date 11/7/2007
Name **DONNER, MARDA E MD**
Address 1148 KIBBEE RD, BROOKFIELD, VT, 05036
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1980
Internship and Year TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 1981
Residency and Year TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 1983
License Expiration Date **6/30/2009**
Remarks

License Number 9693
License Date 5/1/1996
Name **DONOFRIO, JENNIFER M MD**
Address MANCHESTER OB ASSOC, 150 TARRYTOWN RD MANCHESTER, NH, 03103-
Specialty OBG
Board Certified OBG
School and Year of Graduation VA COMMONWEALTH UNIV MED COL OF VA MED RICHMOND VA USA 1992
Internship and Year CARILION HEALTH SYSTEM - ROANOKE, VA 1993
Residency and Year CARILION HEALTH SYSTEM - ROANOKE VA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 9694
License Date 5/1/1996
Name **DONOHUE, ROBERT J MD**
Address BIRCH TREE MEDICAL ASSOC, 246 PLEASANT ST CONCORD, NH, 03301-
Specialty IM
Board Certified IM
School and Year of Graduation SUNY HLTH SCI CTR AT SYRACUSE COLL OF MED USA 1993
Internship and Year ALBANY MED CTR HOSPITAL - ALBANY, NY 1995
Residency and Year ALBANY MED CTR HOSPITAL - ALBANY, NY 1996
License Expiration Date **6/30/1998**
Remarks

License Number 7761
License Date 1/6/1988
Name **DONOVAN, EDWARD D MD**
Address ASSOC. IN EAR, NOSE & THROAT, 17 RIVERSIDE ST STE 104 NASHUA, NH, 03062
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1978
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1979
Residency and Year MASS EYE & EAR INFIRMARY - BOSTON, MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11730
 License Date 9/4/2002
 Name **DONOVAN, GERTRUDE A MD**
 Address INTEGRATIVE WOMEN'S HEALTH, 15 AIKEN AVEFRANKLIN, NH, 03235
 Specialty OBG
 Board Certified
 School and Year of Graduation MEMORIAL UNIVERSITY OF NEWFOUNDLAND FACULTY OF MED CANADA 1977
 Internship and Year MCMaster UNIVERSITY FACULTY OF HEALTH SCIENCES, HAMILTON ONTARIO CANADA 1978
 Residency and Year MCMaster UNIVERSITY FACULTY OF HEALTH SCIENCES, HAMILTON, ONTARIO CANADA 1982
 License Expiration Date **6/30/2006**
 Remarks

License Number 12099
 License Date 10/1/2003
 Name **DONOVAN, KEVIN M DO**
 Address ROCHESTER HILL FAMILY PRACTICE, 5 WHITEHALL RDROCHESTER, NH, 03867
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND,BIDDEFORD ME US 1998
 Internship and Year EASTERN MAINE MEDICAL CTR, BANGOR ME 1999
 Residency and Year EASTERN MAINE MEDICAL CTR, BANGOR ME 2001
 License Expiration Date **6/30/2017**
 Remarks

License Number 9242
 License Date 8/3/1994
 Name **DONOVAN, MATTHEW J MD**
 Address 10 MARKET PLACE DR, YORK, ME, 03909
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1988
 Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1989
 Residency and Year J DEMPSEY HOSPITAL UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON CT 1993
 License Expiration Date **6/30/2016**
 Remarks

License Number 4751
 License Date 8/15/1972
 Name **DONOVAN-KACHAVOS, KATHRYN A MD**
 Address BEACON MENTAL HLTH ASSOC, 15 UNION STMILFORD, NH, 03055-4875
 Specialty P
 Board Certified P
 School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE, MO USA 1965
 Internship and Year BELLEVUE HOSPITAL - NY, NY 1966
 Residency and Year TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1969
 License Expiration Date **6/30/1998**
 Remarks

License Number 5993
License Date 10/13/1978
Name **DONROVICH, PAUL J MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation COLLEGE OF PENNSYLVANIA USA 1975
Internship and Year
Residency and Year
License Expiration Date **6/30/1982**
Remarks

License Number 5947
License Date 7/11/1978
Name **DONSKER, DAVID B MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR SUITE 200SOUTH PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS USA 1974
Internship and Year UNIV WASHINGTON AFFILIATED HOSPITAL - SEATTLE, WA 1977
Residency and Year UNIV WASHINGTON AFFILIATED HOSPITAL - SEATTLE, WA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 7115
License Date 6/6/1985
Name **DORF, EUGENE C MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE, TEXAS USA 1972
Internship and Year
Residency and Year
License Expiration Date **6/30/1991**
Remarks

License Number 12485
License Date 10/6/2004
Name **DORF, ROBERT G DO**
Address 268 MAIN ST, NASHUA, NH, 03061-0567
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1998
Internship and Year ST JOSEPH'S FAMILY MED AT CLIFTON, CLIFTON NJ 2000
Residency and Year ST JOSEPH'S FAMILY MED AT CLIFTON, CLIFTON NJ 2001
License Expiration Date **6/30/2016**
Remarks

License Number 4388
License Date 4/22/1969
Name **DORSAINVIL, JOSEPH MD**
Address 2532 GRAND CONCOURSE, BRONX, NY, 10458
Specialty PD
Board Certified PD
School and Year of Graduation FAUCULTY OF MEDICINE HAITI 1963
Internship and Year HARLEM HOSPITAL CENTER 1968
Residency and Year HARLEM MEDICAL CENTER 1969
License Expiration Date **6/30/2011**
Remarks

License Number 7836
License Date 5/4/1988
Name **DORSEY, DIANA P MD**
Address SPEC MED SVS-DHHS-THAYER BLDG, 129 PLEASANT STCONCORD, NH, 03301-3857
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF LOUISVILLE SCH MED - LOUISVILLE, KY USA 1985
Internship and Year EASTERN VIRGINIA GRADUATE SCH MED AFFILIATED HOSPITAL - NORFOLK, VA 1986
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 10419
License Date 10/7/1998
Name **DOS SANTOS, FERNANDO A MD**
Address 395 MAIN ST, UNIT 5SALEM, NH, 03079
Specialty GP
Board Certified
School and Year of Graduation HLTH SCI CTR FEDERAL UNIV OF RIO DE JANEIRO BRAZIL 1958
Internship and Year CHARLTON MEMORIAL HOSPITAL - FALL RIVER, MA 1960
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1961
License Expiration Date **2/11/2010**
Remarks **Deceased - 2/11/10**

License Number 14757
License Date 3/3/2010
Name **DOTZAUER, BERND MD**
Address 738 BONNYVALE ROAD, BRATTLEBORO, VT, 05301
Specialty AN
Board Certified AN
School and Year of Graduation RUHR UNIVERSITY BOCHUM GERMANY 1997
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2000
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2003
License Expiration Date **6/30/2014**
Remarks

License Number 11731
License Date 9/4/2002
Name **DOU, YAMIN MD**
Address LAHEY CLINIC, BURLINGTON, MA, 01805
Specialty NM
Board Certified NM
School and Year of Graduation WANNAN MEDICAL COLLEGE, WUHU, JIANGSU CHINA 1987
Internship and Year HAHNEMANN UNIVERSITY HOSPITAL, PHILADELPHIA, PA 2000
Residency and Year HAHNEMANN UNIVERSITY HOSPITAL, PHILADELPHIA, PA 2001
License Expiration Date **6/30/2008**
Remarks

License Number 10610
License Date 7/7/1999
Name **DOUCET, CHRISTEN M MD**
Address EXETER HLTH FAMILY PRACTICE, 21 HAMPTON RD BLDG 3 FLR 1EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TX MED SCH - SAN ANTONIO, TX USA 1992
Internship and Year WILFORD HALL MED CTR - SAN ANTONIO, TX 1993
Residency and Year HARPERS FERRY FAMILY MED CTR - HARPERS FERRY, WV 1999
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/11 - reinstated 7/11/12**

License Number 8959
License Date 6/2/1993
Name **DOUCETTE, KARI G MD**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867-
Specialty AN
Board Certified AN
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHY AND SURGEONS USA 1988
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1990
Residency and Year HARTFORD HOSPITAL - HARTFORD CT 1993
License Expiration Date **6/30/2003**
Remarks

License Number 16263
License Date 8/7/2013
Name **DOUCETTE, WILDER T MD**
Address DHMC- PSYCHIATRY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF COLORADO USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16901
License Date 1/21/2015
Name **DOUGLAS JR, RONALD M MD**
Address 325 B KING ST, NORTHAMPTON, MA, 01060
Specialty FP
Board Certified FP
School and Year of Graduation VA COMMONWEALTH UNIV SCHOOL OF MEDICINE USA 1996
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1997
Residency and Year ALTRU HEALTH SYSTEM GRAND FORDS, GRAND FORKS, ND 2001
License Expiration Date **6/30/2017**
Remarks

License Number D0017
License Date
Name **DOUGLAS JR, RONALD M MD**
Address , , ,
Specialty FP
Board Certified FP
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date
Remarks

License Number 5814
License Date 9/1/1977
Name **DOUGLASS, RICHARD M MD**
Address MANCHESTER VAMC, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CALIFORNIA LOS ANGELES USA 1974
Internship and Year SANTA CLARA VALLY MED CENTER SAN JOSE 1975
Residency and Year SANTA CLARA VALLY MED CENTER SAN JOSE 1977
License Expiration Date **6/30/2017**
Remarks

License Number T2242
License Date 7/1/1990
Name **DOULL, JAMES MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 10327
License Date 7/1/1998
Name **DOURDOUFIS, PETER J DO**
Address LAHEY CARDIOLOGY PORTSMOUTH, 333 BORTHWICK AVE STE 401PORTSMOUTH, NH, 03801
Specialty CD
Board Certified IM
School and Year of Graduation PHILA COLL OF OSTEO MED - PHILA, PA USA 1991
Internship and Year PHILA COLLEGE OF OSTEO MED - PHILA, PA 1992
Residency and Year HAHNEMANN UNIV HOSPITAL - PHILA, PA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 14988
License Date 9/1/2010
Name **DOURMASHKIN, THOMAS L MD**
Address COTTAGE HOSPITAL, PO BOX 2001WOODSVILLE, NH, 03785
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1978
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 1979
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 15790
License Date 8/1/2012
Name **DOVER, CRYSTAL M MD**
Address LAHEY CLINIC, 17 RIVERSIDE STNASHUA, NH, 03060
Specialty U
Board Certified
School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 2007
Internship and Year UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 2008
Residency and Year UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 2012
License Expiration Date **6/30/2014**
Remarks

License Number 5690
License Date 4/7/1977
Name **DOW, RICHARD W MD**
Address DHMC-SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty VS
Board Certified GS
School and Year of Graduation MICHIGAN MEDICAL SCHOOL USA 1961
Internship and Year UNIVERSITY HOSPITAL - ANN ARBOR MI 1962
Residency and Year UNIVERSITY HOSPITAL - ANN ARBOR MI 1967
License Expiration Date **6/30/2011**
Remarks

License Number 12486
License Date 10/6/2004
Name **DOW, ROBERT R DO**
Address ELLIOT PRIMARY CARE @LONDONDER, 40 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year BEVERLY HOSPITAL, DANVERS MA 2000
Residency and Year BEVERLY HOSPITAL, DANVERS MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 10860
License Date 4/5/2000
Name **DOWD, JOHN DO**
Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty GE
Board Certified GE
School and Year of Graduation DES MOINES UNIVERSITY USA 1994
Internship and Year NEW JERSEY MEDICAL SCHOOL - NEWARK NJ 1995
Residency and Year KENNEDY MEMORIAL HOSP - STRATFORD NJ 1997
License Expiration Date **6/30/2016**
Remarks

License Number 15182
License Date 4/6/2011
Name **DOWD, TIMOTHY J MD**
Address NORTH AMER PARTNERS IN ANESTH, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1982
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL (CORNELL CAMPUS) - NY, NY 1983
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL (CORNELL CAMPUS) - NY, NY 1986
License Expiration Date **6/30/2015**
Remarks

License Number 10270
License Date 5/6/1998
Name **DOWE, MICHAEL F MD**
Address 87 SPRING ST UNIT 101, LACONIA, NH, 03246-3135
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY USA 1993
Internship and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM- BALTIMORE, MD 1997
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM BALTIMORE, MD 1997
License Expiration Date **6/30/2016**
Remarks

License Number 10386
License Date 9/2/1998
Name **DOWLING, CHRISTOPHER A MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST., STE 200NEWTON, MA, 02464
Specialty CLP
Board Certified CLP
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1990
Internship and Year UNIV OF CALIFORNIA - SAN DIEGO, CA 1991
Residency and Year UNIV OF CALIFORNIA - SAN DIEGO, CA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 11366
License Date 9/5/2001
Name **DOWNING, SEAN G MD**
Address NASHUA AREA HEALTH CENTER, 10 PROSPECT ST STENASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1997
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1998
Residency and Year RHODE ISLAND HOSPITAL - PROVINCENCE, RI 2001
License Expiration Date **6/30/2005**
Remarks

License Number 6095
License Date 8/3/1979
Name **DOWNNS, ELVIRA F MD**
Address CHILDREN'S SPECIALIZED HOSPITA, 3575 QUAKER BRIDGE RDHAMILTON, NJ, 08699
Specialty P
Board Certified P
School and Year of Graduation CORNELL UNIV MEDICINE COLLEGE NY, NY USA 1975
Internship and Year LENOX HILL HOSPITAL - NY, NY 1976
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date **6/30/2007**
Remarks

License Number 5739
License Date 6/13/1977
Name **DOWNNS, LAWRENCE A MD**
Address 65 BUNKER RD, BOX 1124NEW LONDON, NH, 03257
Specialty P
Board Certified
School and Year of Graduation YALE UNIVERSITY-NEW HAVEN CT USA 1964
Internship and Year SAN FRANCISCO GENERAL HOSPITAL-SAN FRANCISCO CA 1965
Residency and Year NEW YORK HOSPITAL-NEW YORK NY 1969
License Expiration Date **6/30/2001**
Remarks **DECEASED 6/13/01**

License Number 10116
License Date 9/10/1997
Name **DOWNS, RIMA E DO**
Address ST JOSEPHS FAMILY MEDICAL CTR, 208 ROBINSON RD HUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COL OF OSTEO MED - ME USA 1993
Internship and Year MALDEN HOSPITAL-MA 1997
Residency and Year MALDEN HOSPITAL - MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 6109
License Date 9/6/1979
Name **DOWNS, THOMAS J MD**
Address 44 SHEFFIELD AVE, BEAUFORT, SC, 29907
Specialty FP
Board Certified
School and Year of Graduation UNIV OF WESTERN ONTARIO LONDON, ONTARIO CANADA 1975
Internship and Year MICHIGAN MEDICAL PRACTICE BOARD - LANSING, MI 1976
Residency and Year -MC MASTER UNIV FACULTY OF HEALTH SCIENCES - HAMILTON, CANADA 1977
License Expiration Date **6/30/2011**
Remarks

License Number 2998
License Date 12/24/1953
Name **DOWST, ROBERT J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **12/21/1989**
Remarks **DECEASED - 12/21/89**

License Number 11953
License Date 6/4/2003
Name **DOYLE, LISA B MD**
Address ELLIOT FAMILY MED AT HOOKSETT, 20 CHAMBERS RD STE 1200 HOOKSETT, NH, 03106
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIVERSITY - BOSTON MA USA 2000
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 2001
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 2003
License Expiration Date **6/30/2017**
Remarks

License Number 9798
License Date 8/7/1996
Name **DOYLE, ROBERT L MD**
Address MASS GENERAL HOSP, FRUIT ST WARREN BLDG 7BOSTON, MA, 02114
Specialty P
Board Certified
School and Year of Graduation LOUISIANA STATE UNIV SCHOOL OF MEDICINE SHREVEPORT USA 1993
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1997
Residency and Year MARY HITCHCOCK MEMORIAL HOSP-NH 1997
License Expiration Date **6/30/2002**
Remarks

License Number 3027
License Date 6/2/1954
Name **DOYLE, SAMUEL C MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/2/1990**
Remarks

License Number 11474
License Date 12/5/2001
Name **DRABYN, GERALD A MD**
Address 55 RT 11 WEST, CHESTER, VT, 05143
Specialty PS
Board Certified PS
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1969
Internship and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1970
Residency and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1974
License Expiration Date **6/30/2017**
Remarks

License Number 13424
License Date 3/7/2007
Name **DRAGHETTI, MATTHEW J MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV USA 1995
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date **6/30/2017**
Remarks

License Number 10611
License Date 7/7/1999
Name **DRAGNEV, KONSTANTIN H MD**
Address DHMC/HEM/ONC, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty IM
Board Certified ON
School and Year of Graduation MED ACADEMY HIGHER MED INST OF SOFIA BULGARIA 1987
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1996
Residency and Year NEW YORK HOSPITAL/CORNELL MEDICAL CTR - NEW YORK, NY 1998
License Expiration Date **6/30/2017**
Remarks

License Number 6944
License Date 8/2/1984
Name **DRAKE JR, ROBERT E MD**
Address RIVERMILL COMMERCIAL CENTER, 85 MECHANIC ST B4-1LEBANON, NH, 03766-1364
Specialty P
Board Certified
School and Year of Graduation DUKE UNIV SCH MED-DURHAM,NC USA 1978
Internship and Year DUKE UNIV MED CTR-DURHAM,NC 1979
Residency and Year CAMBRIDGE HSOP-CAMBRIDGE,MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 9209
License Date 6/1/1994
Name **DRAKE, CAROLYN E MD**
Address CARING FOR WOMEN, 734 NO MAIN STLACONIA, NH, 03246
Specialty OBG
Board Certified OBG
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1989
Residency and Year STANFORD UNIVERSITY HOSPITAL - STANFORD, CA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 9215
License Date 7/6/1994
Name **DRAMKO, JOSEPH G MD**
Address SALEM PEDIATRICS, 141 MAIN STSALEM, NH, 03079
Specialty PD
Board Certified PD
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT BROOKLYN COLL OF MED USA 1991
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1994
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1994
License Expiration Date **6/30/2001**
Remarks

License Number 9726
License Date 7/26/1996
Name **DRAPEK, MARK J MD**
Address 451 ANDOVER ST, N ANDOVER, MA, 01845-5044
Specialty IM
Board Certified
School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE - DETROIT, MI USA 1981
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1992
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1984
License Expiration Date **6/30/1999**
Remarks **ORDER OF CONDITIONAL APPROVAL**

License Number 3758
License Date 12/30/1964
Name **DRAPER, WILMOT S MD**
Address , PO BOX 311DOVER, NH, 03821
Specialty D
Board Certified D
School and Year of Graduation NEW YORK MEDICAL COLLEGE - NEW YORK, NY USA 1960
Internship and Year U.S. NAVAL HOSPITAL - PHILA, PA 1961
Residency and Year U.S. NAVAL HOSPITAL - SAN DIEGO, CA 1964
License Expiration Date **6/30/2003**
Remarks

License Number 13341
License Date 12/6/2006
Name **DREBITKO, CLARE N MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 2005
License Expiration Date **6/30/2008**
Remarks

License Number 10861
License Date 4/5/2000
Name **DREFFER, DOUGLAS R MD**
Address FAMILY HLTH CTR HILLSBORO DEER, 15 ANTRIM RDHILLSBOROUGH, NH, 03249
Specialty FP
Board Certified FP
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE-COLUMBUS USA 1997
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON,NH 1998
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON,NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 15476
License Date 12/7/2011
Name **DREHER, FREDA L MD**
Address VA MEDICAL CENTER, 215 NORTH MAIN STWHITE RIVER JCT, VT, 05009
Specialty PM
Board Certified PM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1989
Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1990
Residency and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1992
License Expiration Date **6/30/2017**
Remarks

License Number 13795
License Date 1/11/2008
Name **DREHER, THOMAS J DO**
Address HUGGINS HOSPITAL, 240 SOUTH MAIN STWOLFEBORO, NH, 03894
Specialty DR
Board Certified
School and Year of Graduation DES MOINES UNIV USA 1987
Internship and Year ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 1988
Residency and Year ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 15916
License Date 11/7/2012
Name **DREIBELBIS, CHARLES L MD**
Address SALMON FALLS FAMILY HEALTHCARE, 255 ROUTE 108SOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MEDICAL COLLEGE 1998 1998
Internship and Year ALTOONA REGIONAL HEALTH SYSTEM - ALTOONA, PA 1999
Residency and Year ALTOONA REGIONAL HEALTH SYSTEM - ALTOONA, PA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 15568
License Date 3/7/2012
Name **DREIER III, JOSEPH F DO**
Address DHMC, 1 MED CTR DDRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 2009
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 2011
License Expiration Date **6/30/2014**
Remarks

License Number 6973
License Date 9/6/1984
Name **DREISBACH, CRAIG D MD**
Address 1315 HOSPITAL DR, PO BOX 905ST JOHNSBURY, VT, 05819
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1979
Internship and Year HENRY FORD HOSP-DETROIT,MI 1980
Residency and Year HENRY FORD HOSP-DETROIT,MI 1980
License Expiration Date **6/30/2016**
Remarks

License Number 14411
License Date 5/6/2009
Name **DRESCHER, FRANK S MD**
Address PULMONARY AND CRITICAL CARE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation HUMBOLDT UNIVERSITY GERMANY 1999
Internship and Year NORWALK HOSPITAL - NORWALK, CT 2004
Residency and Year NORWALK HOSPITAL - NORWALK, CT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13743
License Date 11/7/2007
Name **DRESS, DANIEL MD**
Address 300 STAFFORD ST STE 210, SPRINGFIELD, MA, 01104
Specialty IMG
Board Certified IM
School and Year of Graduation BOSTON UNIV USA 1974
Internship and Year UNIV OF FLORIDA-SHANDS MEDICAL CENTER - JACKSONVILLE, FL 1975
Residency and Year UNIV OF FLORIDA-SHANDS MEDICAL CENTER - JACKSONVILLE, FL 1977
License Expiration Date **6/30/2013**
Remarks

License Number 16944
License Date 2/4/2015
Name **DRESSEL, BRIAN C MD**
Address 121 CULVER RD, GROTON, MA, 01450
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2007
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2009
License Expiration Date **6/30/2017**
Remarks

License Number 9920
License Date 2/5/1997
Name **DRESSEL, DOUGLAS M MD**
Address MAINE MEDICAL CTR-PATHOLOGY, 22 BRAMHALL ST PORTLAND, ME, 04102
Specialty PTH
Board Certified PTH
School and Year of Graduation DARTMOUTH MED SCHOOL - HANOVER, NH USA 1987
Internship and Year STRONG MEMORIAL HOSP UNIV ROCHESTER - NY 1992
Residency and Year UNIV ROCHESTER SCHOOL OF MEDICINE - NY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16264
License Date 8/7/2013
Name **DRESSEL, JENNIFER L MD**
Address 68 MAIN ST, PEPPERELL, MA, 01463
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2008
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2010
License Expiration Date **6/30/2017**
Remarks

License Number 7708
License Date 9/2/1987
Name **DREW, MICHAEL A MD**
Address , , ,
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIVERISTY USA 1967
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 6726
License Date 7/7/1983
Name **DREWNIANY, JOHN J MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation TEMPLE UNIVERSITY OF PENNSYLVANIA USA 1977
Internship and Year
Residency and Year
License Expiration Date **6/30/1986**
Remarks

License Number 12129
License Date 11/5/2003
Name **DREXLER, HOLLY J MD**
Address THE DOCTORS-HASTINGS, 110 RUSSELL ST SOUTHASTINGS NEW ZEALAND, ,
Specialty FP
Board Certified FP
School and Year of Graduation STATE U OF NEW YORK, BUFFALO NY US 2000
Internship and Year WILLIAMSPORT HOSPITAL 2001
Residency and Year WILLIAMSPORT HOSPITAL 2003
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/07..REINSTATED ON 12/3/08**

License Number 4369
License Date 4/10/1969
Name **DREYER, DAVID J MD**
Address 7 WENTWORTH ST, ROCHESTER, NH, 03867-2710
Specialty OPH
Board Certified OPH
School and Year of Graduation YALE MEDICAL SCHOOL - NEW HAVEN, CT USA 1961
Internship and Year WALTER REED GENERAL HOSPITAL - WASHINGTON, DC 1962
Residency and Year MANHATTAN EYE, EAR & THROAT HOSPITAL - NY, NY 1968
License Expiration Date **6/30/2003**
Remarks

License Number 10552
License Date 5/5/1999
Name **DRINKWATER, DAVID A MD**
Address 10 PROSPECT ST, STE 201 NASHUA, NH, 03061
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1994
Internship and Year BAYSTATE MEDICAL CENTER- SPRINGFIELD, MA 1995
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1999
License Expiration Date **6/30/2007**
Remarks

License Number 11052
License Date 9/6/2000
Name **DRISCOLL, MEGAN L MD**
Address 1256 HOOKSETT RD, HOOKSETT, NH, 03106
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT SCH -FARMINGTON, CT USA 1997
Internship and Year EXEMPLA-ST JOSEPH HOSPITAL - DENVER, CO 1998
Residency and Year EXEMPLA-ST JOSEPH HOSPITAL - DENVER, CO 2000
License Expiration Date **6/30/2003**
Remarks

License Number 17159
License Date 7/1/2015
Name **DRIVER-DUNCKLEY, ERIKA D MD**
Address 13400 E SHEA BLVD, SCOTTSDALE, AZ, 85259
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF ARIZONA USA 2000
Internship and Year ST JOSEPHS HOSPITAL & MEDICAL CENTER - PHOENIX, AZ 2001
Residency and Year ST JOSEPHS HOSPITAL & MEDICAL CENTER - PHOENIX, AZ 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16472
License Date 2/5/2014
Name **DROSU, DANIELA C MD**
Address NORTH SHORE MEDICAL CTR, 81 HIGHLAND AVESALEM, MA, 01970
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1990
Internship and Year UNIV OF TX SOUTHWESTERN - AUSTIN, TX 2000
Residency and Year UNIV OF TX SOUTHWESTERN - AUSTIN, TX 2003
License Expiration Date **6/30/2016**
Remarks

License Number 3991
License Date 1/23/1967
Name **DROUIN, MARIE A MD**
Address 324 FOREST ST, METHUEN, MA, 01844
Specialty OBG
Board Certified OBG
School and Year of Graduation WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA USA 1965
Internship and Year ST ELIZABETH'S HOSPITAL - BRIGHTON, MA 1966
Residency and Year ST ELIZABETH'S HOSPITAL - BRIGHTON, MA 1967
License Expiration Date **6/30/2011**
Remarks

License Number 8795
License Date 9/2/1992
Name **DRUCKER, NANCY A MD**
Address VERMONT CHILDRENS HOSPITAL, 111 COLCHESTER AVE (262PA5)BURLINGTON, VT, 05401
Specialty PDC
Board Certified PDC
School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL OF MEDICINE, BALITMORE USA 1985
Internship and Year YALE NEW HAVEN CHILD CENTER - NEW HAVEN, CT 1986
Residency and Year YALE NEW HAVEN CHILD CENTER - NEW HAVEN, CT 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5505
License Date 4/19/1976
Name **DRUKTEINIS, ALBERT M MD**
Address 1750 ELM ST STE 601, MANCHESTER, NH, 03104-2943
Specialty P
Board Certified P
School and Year of Graduation UNIV. OF LOUISVILLE SCHOOL OF MED. LOUISVILLE USA 1971
Internship and Year UNIV.TEX MED BRANCH HOSPITAL GALVESTON 1972
Residency and Year UNIV. TEX MED BRANCH HOSPITAL GALVESTON 1974
License Expiration Date **6/30/2016**
Remarks

License Number 7279
License Date 3/6/1986
Name **DRUMMOND, EDWARD H MD**
Address 43 PINE ST, RYE, NH, 03870
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCHOOL OF MED USA 1981
Internship and Year NEW ENG MED CTR BOSTON MA 1982
Residency and Year MASS MNTL HLTH CTR BOSTON MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14412
License Date 5/6/2009
Name **DRURY, STEVEN J MD**
Address 111-50 76TH ROAD, APT 2KFOREST HILLS, NY, 11375
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF DUBLIN IRELAND 2003
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2006
Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2008
License Expiration Date **6/30/2013**
Remarks

License Number 12421
License Date 8/4/2004
Name **DRURY, TIMOTHY R MD**
Address SOUTH COUNTY HOSPITAL, WAKEFIELD, RI, 02879
Specialty EM
Board Certified EM
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1974
Internship and Year RHODE ISLAND HOSP, PROVIDENCE RI 1975
Residency and Year RHODE ISLAND HOSP, PROVIDENCE RI 1975
License Expiration Date **6/30/2016**
Remarks

License Number 9361
License Date 2/1/1995
Name **DRVARIC, DAVID M MD**
Address SHRINER'S HOSPITAL, 516 CAREW STSPRINGFIELD, MA, 01104-
Specialty ORS
Board Certified ORS
School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1979
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1984
License Expiration Date **6/30/2017**
Remarks

License Number 14410
License Date 5/6/2009
Name **D'SILVA, KARL J MD**
Address LAHEY CLINIC, 1 ESSEX CENTER DRPEABODY, MA, 01960
Specialty IM
Board Certified ON
School and Year of Graduation GOA MEDICAL COLLEGE INDIA 1994
Internship and Year NORTH OAKLAND MEDICAL CENTER - PONTIAC, MI 2003
Residency and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 16539
License Date 4/2/2014
Name **DUAN, LEI MD**
Address PATHOLOGY SPECIALISTS OF NEW ENGLAND, 1 ELLIOT WAYMANCHESTER, NH, 03102
Specialty PTH
Board Certified PTH
School and Year of Graduation BEIJING MEDICAL UNIVERSITY CHINA 2004
Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2011
Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 6814
License Date 11/10/1983
Name **DUBAY, MARK L MD**
Address , PO BOX 233BIDDFORD POOL, ME, 04006
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1972
Internship and Year HARTFORD HOSPITAL-HARTFORD,CT 1973
Residency and Year HARTFORD HOSPITAL- HARTFORD,CT 1976
License Expiration Date **6/30/2009**
Remarks

License Number 10271
License Date 5/6/1998
Name **DUBIN, STEPHEN J MD**
Address 9 BUZELL AVE, EXETER, NH, 03833
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1986
Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1988
Residency and Year SUNY AT BUFFALO, BUFFALO NY 1992
License Expiration Date **6/30/2001**
Remarks

License Number 15406
License Date 10/5/2011
Name **DUBOIS, CHAD M DO**
Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2008
Internship and Year NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2009
Residency and Year NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 16859
License Date 12/3/2014
Name **DUBOIS, DAVID E MD**
Address 11103 PRINCE EDWARD CT, OAKTON, VA, 22124
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE USA 1996
Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1997
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14126
License Date 8/6/2008
Name **DUBOVSKY, ELIZABETH C MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 1983
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1984
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1987
License Expiration Date **6/30/2012**
Remarks

License Number 6240
License Date 7/3/1980
Name **DUBREUIL, ANNE MARIE L MD**
Address 1100 WALNUT ST 5TH FL, PHILADELPHIA, PA, 19107
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PENNSYLVANIA SCH MED - PHILA, PA USA 1977
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1978
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1980
License Expiration Date **6/30/2000**
Remarks

License Number 12636
License Date 3/2/2005
Name **DUBRULE, NADINE B MD**
Address DARTMOUTH HITCHCOCK MILFORD, 14 ARMORY RDMILFORD, NH, 03855
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE WISCONSIN, MILWAUKEE WI US 1993
Internship and Year SACRED HEART MED CTR, SPOKANE WA 1994
Residency and Year MAINE-DARTMOUTH FAM PRACTICE, AUGUSTA ME 1995
License Expiration Date **6/30/2009**
Remarks

License Number 6418
License Date 7/2/1981
Name **DUBUSKE, LAWRENCE M MD**
Address STE 300 LONDONDERRY SQ, 75 GILCREAST RD PO BOX 384LONDONDERRY, NH, 03053
Specialty A
Board Certified A
School and Year of Graduation NORTHWESTERN UNIV MED SCH-CHICAGO,IL USA 1978
Internship and Year BARNES HOSP-ST LOUIS 1979
Residency and Year BARNES HOSPITAL - ST LOUIS 1979
License Expiration Date **6/30/2005**
Remarks

License Number 4258
License Date 6/20/1968
Name **DUCNUIGEEN, DEAN L MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 14989
License Date 9/1/2010
Name **DUDA, OLHA MD**
Address FRISBIE MEMORIAL HOSPITAL, 245 ROCHESTER HILL RD ROCHESTER, NH, 03867
Specialty FP
Board Certified
School and Year of Graduation DANYLO HALYTSKY LVIV NAT'L MEDICAL UNIVERSITY UKRAINE 2000
Internship and Year NY MEDICAL COLLEGE-BROOKLYN-QUEENS, NY JAMAICA HOSPITAL MEDICAL CTR-JAMAICA, NY 200
Residency and Year JAMAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 2010
License Expiration Date **6/30/2014**
Remarks

License Number 5261
License Date 11/7/1974
Name **DUDLEY II, WILLIAM E MD**
Address 8 SOUTHWOOD DR, DOVER, NH, 03820-4499
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1968
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1969
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1971
License Expiration Date **6/30/2016**
Remarks

License Number 10117
License Date 9/10/1997
Name **DUDLEY, GLENN G MD**
Address 300 ROLLINS RD, NEWBURY, NH, 03255
Specialty GP
Board Certified
School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1969
Internship and Year BERKSHIRE MEDICAL CENTER - MA 1970
Residency and Year UNIV OF NORTH CAROLINA HOSPITAL - NC 1971
License Expiration Date **6/30/2013**
Remarks

License Number 3860
License Date 11/30/1965
Name **DUEGER, CAROLINE K MD**
Address 215 MOUNTAIN RD, CONCORD, NH, 03301-
Specialty PD
Board Certified PD
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE - NEW YORK, NY USA 1960
Internship and Year COLORADO GENERAL HOSPITAL - DENVER, CO 1961
Residency and Year UNIV OF OREGON MEDICAL SCHOOL - PORTLAND, OR 1964
License Expiration Date **6/30/2013**
Remarks

License Number 3854
License Date 11/5/1965
Name **DUEGER, WALTER C MD**
Address 215 MOUNTAIN RD, CONCORD, NH, 03301-6934
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV OF MEDICAL COLLEGE - NEW YORK, NY USA 1958
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1959
Residency and Year V.A. HOSPITAL - PORTLAND, OR 1964
License Expiration Date **6/30/2015**
Remarks

License Number 8293
License Date 4/4/1990
Name **DUFFY III, EDWARD L MD**
Address LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty EM
Board Certified
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED-GRENADA WEST INDIES 1985
Internship and Year WARREN HOSPITAL -PHILLIPSBURGH,NJ 1989
Residency and Year WARREN HOSPITAL - PHILLIPSBURGP NJ 1989
License Expiration Date **6/30/2016**
Remarks

License Number 8387
License Date 7/11/1990
Name **DUFFY, CAROL I DO**
Address IBAH INC, 512 TOWNSHIP LINE RDBLUE BELL PA, PA, 19422
Specialty CD
Board Certified CD
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC - KIRKSVILLE MO USA 1984
Internship and Year BRENTWOOD HOSPITAL OSTEO - WARRENSVILLE, OH 1985
Residency and Year BRENTWOOD HOSPITAL OSTEO - WARRENSVILLE, OH 1987
License Expiration Date **6/30/2000**
Remarks

License Number 10204
License Date 1/7/1998
Name **DUFFY, JOCELYN C MD**
Address FAMILY FIRST STE 214, 23 STILES RDSALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation UNIV DE L ETAT A LIEGE FAC DE MED LIEGE BELGIUM 1986
Internship and Year HEALTH ALLIANCE HOSPITAL- LEOMINSTER, MA 1991
Residency and Year HEALTH ALLIANCE HOSPITAL - LEOMINSTER, MA 1991
License Expiration Date **6/30/2008**
Remarks **LAPSED FOR NON-RENEWAL 6/30/06
REINSTATED 2/7/07**

License Number 8858
License Date 12/2/1992
Name **DUFFY, JOHN C MD**
Address , , ,
Specialty CHP
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1960
Internship and Year
Residency and Year
License Expiration Date **4/29/1994**
Remarks

License Number 10328
License Date 7/1/1998
Name **DUFFY, RICHARD J MD**
Address PORTSMOUTH ANESTHESIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation GEORGE WASHINGTON UNIV SCH - WASHINGTON,DC USA 1986
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987
License Expiration Date **6/30/2016**
Remarks

License Number 11657
License Date 7/3/2002
Name **DUFTY, KIRK R MD**
Address DHMC-EMERGENCY DEPT, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1992
Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1993
Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1996
License Expiration Date **6/30/2016**
Remarks

License Number 13241
License Date 9/6/2006
Name **DUGAN, MATTHEW C DO**
Address MAINE CTR FOR CANCER MED, 100 CAMPUS DR STE 108SCARBOROUGH, ME, 04074
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND USA 1999
Internship and Year MAINE MEDICAL CTR-PORTLAND ME 2000
Residency and Year MAINE MEDICAL CTR-PORTLAND ME 2002
License Expiration Date **6/30/2016**
Remarks

License Number 4572
License Date 6/15/1970
Name **DUGAN, SAM MD**
Address 280 SYLVAN LN, MANCHESTER, NH, 03102
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ROCHESTER, NY USA 1964
Internship and Year UNIV OF UTAH AFFILIATED HOSPITAL - SALT LAKE CITY, UT 1965
Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER HOSPITAL - OAKLAND. CA 1967
License Expiration Date **6/30/2012**
Remarks

License Number 14068
License Date 7/9/2008
Name **DUGGAL, SUMIT MD**
Address 36550 CHESTER RD #2602, AVON, OH, 44011
Specialty IM
Board Certified
School and Year of Graduation GURU NANAK DEV UNIV INDIA 2003
Internship and Year NASSAU UNIV MEDICAL CENTER - EAST MEADOW, NY 2006
Residency and Year NASSAU UNIV MEDICAL CENTER - EAST MEADOW, NY 2008
License Expiration Date **6/30/2010**
Remarks

License Number 9695
License Date 5/1/1996
Name **DUGGAN, MARGARET M MD**
Address 1153 CENTRE ST, BOSTON, MA, 02130
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1990
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1991
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date **6/30/2000**
Remarks

License Number 11475
License Date 12/5/2001
Name **DUHAIME, ANN-CHRISTINE MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED- PHILA, PA USA 1981
Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1982
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1987
License Expiration Date **6/30/2011**
Remarks

License Number 14495
License Date 7/1/2009
Name **DUHAIME, MARC P DO**
Address DARTMOUTH-HITCHCOCK, 253 PLEASANT STREETCONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2005
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2006
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10706
License Date 10/6/1999
Name **DUHME, DAVID W MD**
Address 148 SUDBURY RD, WESTON, MA, 02493
Specialty IM
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON MA USA 1966
Internship and Year BOSTON MEDICAL CENTER 1972
Residency and Year MASSACHUSETTS GENERAL HOSPITAL 1974
License Expiration Date **6/30/2000**
Remarks

License Number 11151
License Date 1/3/2001
Name **DUKOFF, RUTH A MD**
Address 5530 WISCONSIN AVE STE 1220, CHEVY CHASE, MD, 20816
Specialty P
Board Certified P
School and Year of Graduation CORNELL UNIVERSITY USA 1989
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK NY 1991
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK NY 1994
License Expiration Date **6/30/2001**
Remarks

License Number 16077
License Date 4/3/2013
Name **DULAC, JILLIAN K MD**
Address MANCHESTER OB-GYN ASSOCIATES, 150 TARRYTOWN ROADMANCHESTER, NH, 03103
Specialty OBG
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2009
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2010
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2013
License Expiration Date **6/30/2017**
Remarks

License Number 10205
License Date 1/7/1998
Name **DULAC, JOSEPH M MD**
Address DRACUT FAMILY MEDICINE, 1595 BRIDGE ST STE 3DRACUT, MA, 01826
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year DARTMOUTH FAMILY PRACTICE @ CONCORD HOSPITAL - CONCORD, NH 1996
Residency and Year DARTMOUTH FAMILY PRACTICE @ CONCORD HOSPITAL - CONCORD, NH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 16161
License Date 6/5/2013
Name **DULAI, PARAMBIR S MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation DAYANAND MEDICAL COLLEGE, PUNJAB UNIV INDIA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 14127
License Date 8/6/2008
Name **DULUDE, EMILY J MD**
Address PENTUCKET MED ASSOC, 1 PARK WAYHAVERHILL, MA, 01830
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2000
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12740
License Date 6/1/2005
Name **DUNBAR, BRIAN C DO**
Address PORTSMOUTH ANESTHCSIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 2001
Internship and Year UNIVERSITY OF VA, CHARLOTTESVILLE VA 2002
Residency and Year UNIVERSITY OF VA, CHARLOTTESVILLE VA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 14835
License Date 5/5/2010
Name **DUNBAR, NANCY M MD**
Address DHMC - DEPT OF PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF WASHINGTON USA 2006
Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2007
Residency and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 12872
License Date 9/7/2005
Name **DUNCAN, LAURA T MD**
Address DARTMOUTH HEALTH CONNECT, 7 ALLEN STREETHANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MED SCHOOL, LEBANON NH US 2001
Internship and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 2003
Residency and Year CAMBRIDGE HOSPITAL, CAMABRIDGE MA 2005
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/07 - reinstated 11/7/12**

License Number 12840
License Date 8/3/2005
Name **DUNCAN, MATTHEW S MD**
Address DHMC/PSYCHIATRY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year BROWN UNIVERSITY, PROVIDENCE RI 2002
Residency and Year BRIGHAM AND WOMENS HOSPITAL, CHESTNUT HILL MA 2005
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/07..
RE-INSTATED 7/1/09**

License Number 16945
License Date 2/4/2015
Name **DUNCAN, MICHELLE E MD**
Address 6002 CROOM STATION RD, UPPER MARLBORO, MD, 20772
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1999
Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2000
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10078
License Date 8/6/1997
Name **DUNCAN, ROBERT W MD**
Address MONADNOCK FAMILY SERVICES, 310 MARLBORO STKEENE, NH, 03431
Specialty P
Board Certified
School and Year of Graduation UNIV OF VT COLL OF MED BURLINGTON, VT USA 1987
Internship and Year FLETCHER ALLEN HLTH CARE-VT 1991
Residency and Year FLTCHER ALLEN HLTH CARE - VT 1991
License Expiration Date **6/30/1998**
Remarks

License Number 16752
License Date 9/3/2014
Name **DUNDEE, JENNIFER A MD**
Address DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2008
Internship and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2009
Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2012
License Expiration Date **6/30/2016**
Remarks

License Number 6875
License Date 5/10/1984
Name **DUNETZ, GARY N MD**
Address NEW ENGLAND UROLOGY, 10 PROSPECT ST STE 302NASHUA, NH, 03060
Specialty U
Board Certified U
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE COLL -NY USA 1977
Internship and Year BUFFALO GEN HOSP/DEACONESS DIV-BUFFALO,NY 1978
Residency and Year BUFFALO GEN HOSP/DEACONESS DIV-BUFFALO.NY 1981
License Expiration Date **6/30/2016**
Remarks

License Number 11954
License Date 6/4/2003
Name **DUNEVANT, NORRIS E MD**
Address 3 BIRCHWOOD RD, WINDHAM, NH, 03087-2100
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MED - TUCSON AZ USA 1997
Internship and Year PHOENIX BAPTIST HOSPITAL AND MEDICAL CENTER - PHOENIX AZ 1998
Residency and Year PHOENIX BAPTIST HOSPITAL AND MEDICAL CENTER - PHOENIX AZ 2000
License Expiration Date **6/30/2005**
Remarks

License Number 4564
License Date 6/23/1970
Name **DUNHAM, THOMAS F MD**
Address SEACOAS REDICARE, 36 HIGH STSOMERSWORTH, NH, 03878
Specialty GP
Board Certified
School and Year of Graduation ROYAL COLLEGE OF P S ENGLAND ENGLAND 1958
Internship and Year HOUSE OF PHYSICIAN ENGLAND 1959
Residency and Year ST HELENS HOSPITAL - ENGLAND 1961
License Expiration Date **6/30/2010**
Remarks

License Number 3993
License Date 2/15/1967
Name **DUNN, JOHN F MD**
Address 19 BROAD ST, PO BOX 184HOLLIS, NH, 03049
Specialty P
Board Certified
School and Year of Graduation GLASGOW UNIVERSITY SCOTLAND 1948
Internship and Year ROYAL NAVY, SURGEON LIEUTENANT 1953
Residency and Year GRAYLINGWELL HOSPITAL, ENGLAND 1955
License Expiration Date **6/30/2013**
Remarks

License Number 3618
License Date 6/4/1963
Name **DUNN, JOHN L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation JEFFERSON M.C. OF PHILADELPHIA USA 1954
Internship and Year MISERICORDIA HOSPITAL 1959
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1959
License Expiration Date **6/30/1999**
Remarks

License Number 16473
License Date 2/5/2014
Name **DUNN, MATTHEW G DO**
Address GLENS FALLS HOSP, 100 PARK STGLENS FALLS, NY, 12801
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NEW ENGLANDOF OSTEOPATHIC MED USA 2004
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2004
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9395
License Date 4/5/1995
Name **DUNNING, SUSAN P MD**
Address YALE-NEW HAVEN HOSP, 333 CEDAR ST LC1-105NEW HAVEN, CT, 06057
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date **6/30/2000**
Remarks

License Number 15148
License Date 3/2/2011
Name **DUNNINGTON, GLENN W MD**
Address 43 BAYBERRY AVE, KENNEBUNK, ME, 04043
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF OKLAHOMA USA 1966
Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1967
Residency and Year WALTER REED ARMY MEDICAL CENTER, WASHINGTON, DC 1972
License Expiration Date **6/30/2017**
Remarks

License Number 11476
License Date 12/5/2001
Name **DUNTON, ROBERT F MD**
Address BON DECOURS HEART INSTITUTE, 3640 HIGH ST STE 2DPORTSMOUTH, VA, 23707
Specialty TS
Board Certified TS
School and Year of Graduation ALBANY MEDICAL COLLEGE- ALBANY, NY USA 1981
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1982
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1986
License Expiration Date **6/30/2009**
Remarks

License Number 2872
License Date 8/14/1951
Name **DUPREY JR, WILLIAM G MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1983**
Remarks

License Number 15829
License Date 9/5/2012
Name **DUPREY, JENNIFER L DO**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PCC
Board Certified PCC
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2006
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date **6/30/2016**
Remarks

License Number 7870
License Date 6/8/1988
Name **DUPUIS, DENIS P MD**
Address BEDFORD PLACE, 40 SO RIVER RD UNIT 16BEDFORD, NH, 03110-6721
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1986
Residency and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 13201
License Date 8/2/2006
Name **DUPUIS, DONALD E MD**
Address CHESHIRE MED CTR, 590 COURT STKEENE, NH, 03431
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VERMONT USA 2001
Internship and Year VIRGINIA MASON MEDICAL CTR-SEATTLE, WA 2002
Residency and Year VIRGINIA MASON MEDICAL CTR-SEATTLE, WA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 3066
License Date 3/9/1955
Name **DUPUIS, MARCEL R MD**
Address 71 KENSINGTON LANE, BEDFORD, NH, 03110
Specialty FP
Board Certified
School and Year of Graduation LAVAL UNIVERSITY CANADA 1954
Internship and Year LAVAL UNIVERSITY TEACHING HOSPITAL - CANADA 1954
Residency and Year ST ANNE'S HOSPITAL - FALL RIVER , MA 1955
License Expiration Date **6/30/2003**
Remarks **DECEASED 12/1/2014**

License Number 7837
License Date 5/4/1988
Name **DURAND, LYNN A MD**
Address 81 HALL ST, CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIS STATE UNIV COLL MED- PA USA 1982
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1983
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1985
License Expiration Date **6/30/2016**
Remarks

License Number 3833
License Date 9/9/1965
Name **DURAND, PIERRE O MD**
Address 1910 ELM ST, MANCHESTER, NH, 03104
Specialty P
Board Certified
School and Year of Graduation ECOLE NATIONALE DE MEDICINE - PORT-AU-PRINCE,HAITI HAITI 1957
Internship and Year WALTHAM HOSPITAL - WALTHAM, MA 1961
Residency and Year BOSTON CITY HOSPITAL, BOSTON, MA 1965
License Expiration Date **2/5/1999**
Remarks **12/7/98 - DECISION AND ORDER, LICENSE REVOKED EFFECTIVE 2/5/99
DECEASED 6-19-2004**

License Number 15655
License Date 5/2/2012
Name **DURAND, TAMSIN M MD**
Address FRISBIE MEM HOSP-SURG ASSOC OF ROCHESTER, 21 WHITEHALL RD STE 204 ROCHESTER, NH, 0386
Specialty GS
Board Certified GS
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2007
Internship and Year PALMETTO HEALTH RICHLAND HOSP - UNIV OF SC - COLUMBIA, SC 2008
Residency and Year PALMETTO HEALTH RICHLAND HOSP - UNIV OF SC - COLUMBIA, SC 2010
License Expiration Date **6/30/2016**
Remarks

License Number 4297
License Date 10/22/1968
Name **DURANTE, ANTHONY J MD**
Address 134 MINEOLA BLVD, MINEOLA, NY, 11501-3959
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF BOLOGNA - ITALY ITALY 1967
Internship and Year NASSAU HOSPITAL - MINEOLA, NY 1968
Residency and Year NASSAU HOSPITAL - MINEOLA, NY 1969
License Expiration Date **8/4/2015**
Remarks **Requested inactive 8/4/2015.**

License Number 16860
License Date 12/3/2014
Name **DURBIN, DARCY M MD**
Address 805 FOX RIDGE TRL, CHESAPEAKE, VA, 23322
Specialty CCP
Board Certified CCP
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA SCHOOL OF MEDICINE USA 1996
Internship and Year LE BONHEUR SCHILDRENS HOSPITAL - MEMPHIS, TN 1997
Residency and Year LE BONHEUR SCHILDRENS HOSPITAL - MEMPHIS, TN 1999
License Expiration Date **6/30/2016**
Remarks

License Number 9799
License Date 8/7/1996
Name **DURCAN, MARK M MD**
Address PARKLAND MEDICAL CTR, 1 PARKLAND DR DERRY, NH, 03038-
Specialty EM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1991
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - VA 1995
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL-VA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 12487
License Date 10/6/2004
Name **DURHAM, SUSAN R MD**
Address DHMC-NEUROSURGERY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty NSP
Board Certified NSP
School and Year of Graduation UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1994
Internship and Year UNIVERSITY OF PA, PHILADELPHIA PA 1995
Residency and Year UNIVERSITY OF PA, PHILADELPHIA PA 2000
License Expiration Date **6/30/2014**
Remarks

License Number 10676
License Date 9/1/1999
Name **DURKIN, MARYBETH MD**
Address DEPT OF VETERANS AFFAIRS, MEDICAL & REGIONAL OFFICES WHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1993
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 13818
License Date 2/6/2008
Name **DUROS, CHRISTOPHER C MD**
Address 1301 W WASHINGTON BLVD APT 402, CHICAGO, IL, 60607
Specialty P
Board Certified P
School and Year of Graduation UNIV OF ILLINOIS @ CHICAGO USA 2002
Internship and Year UNIV OF ILLINOIS @ CHICAGO - CHICAGO, IL 2003
Residency and Year UNIV OF ILLINOIS @ CHICAGO - CHICAGO, IL 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15019
License Date 10/6/2010
Name **DURST, JOHN W MD**
Address 50 WATERTREE DR, WOODLANDS, TX, 77380
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS USA 1978
Internship and Year METHODIST HOSPITALS OF DALLAS - DALLAX, TX 1979
Residency and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1982
License Expiration Date **6/30/2012**
Remarks

License Number 16902
License Date 1/21/2015
Name **DUSHAJ, AZEM MD**
Address VALLEY REGIONAL HOSPITAL, 241 ELM ST CLAREMONT, NH, 03743-2026
Specialty IM
Board Certified
School and Year of Graduation HACETTEPE UNIVERSITESI TURKEY 2009
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2013
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 3789
License Date 4/15/1965
Name **DUTTON, RICHARD S MD**
Address 519 DAYTON RD, WINSTED, CT, 06098
Specialty GS
Board Certified GS
School and Year of Graduation MCGILL UNIV - MONTREAL, CANADA CANADA 1963
Internship and Year GRACE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1964
Residency and Year GRACE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1965
License Expiration Date **6/30/2011**
Remarks

License Number 9319
License Date 11/2/1994
Name **DUVA-FRISSORA, AUDREY D MD**
Address SCHATSKI ASSOC/MT AUBURN HOSP - DEPT OF RADIOLOGY, 330 MT AUBURN STCAMBRIDGE, MA,
Specialty DR
Board Certified R
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE USA 1987
Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON LWR FLS MA 1988
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1993
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 8/11/14

License Number 8551
License Date 6/5/1991
Name **DUVAL, DAVID R DO**
Address PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1987
Internship and Year SOUTHEASTERN MEDICAL CENTER - MIAMI, FL 1988
Residency and Year UNIV MIAMI/JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1991
License Expiration Date **6/30/2017**
Remarks

License Number 11558
License Date 4/3/2002
Name **DUVAL, JENNIE V MD**
Address OFFICE CHIEF MED EXAMINER, 246 PLEASANT ST STE 218CONCORD, NH, 03301
Specialty PTH
Board Certified PTH
School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC, CANADA CANADA 1992
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 3823
License Date 9/7/1965
Name **DUVAL, JOSEPH ADRIEN F MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **12/5/1990**
Remarks **DECEASED - 12/5/90**

License Number 3119
License Date 3/14/1956
Name **DUVAL, ROBERT A MD**
Address 253 STARK LN, MANCHESTER, NH, 03102-8978
Specialty FP
Board Certified FP
School and Year of Graduation LAVAL MEDICAL SCHOOL CANADA 1953
Internship and Year LAVAL MEDICAL SCHOOL TEACHING HOSPITAL QUEBEC CITY - CANADA 1954
Residency and Year LAVAL MEDICAL SCHOOL TEACHING HOSPITAL QUEBEC CITY, CANADA 1954
License Expiration Date **6/30/2001**
Remarks **DECEASED 12/11/2008**

License Number 16474
License Date 2/5/2014
Name **DUVDEVANY, NETA MD**
Address LACONIA CLINIC, 724 N MAIN ST LACONIA, NH, 03246
Specialty PD
Board Certified PD
School and Year of Graduation TECHNION ISRAEL INSTITUTE OF TECHNOLOGY ISRAEL 1991
Internship and Year NSLIJHS COHEN CHILDREN'S MEDICAL CENTER - NEW HYDE PARK, NY 1995
Residency and Year BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 11752
License Date 10/2/2002
Name **DUXBURY, MELISSA A MD**
Address PRIMARY CARE OF HUDSON, 300 DERRY RD HUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIVERSITY OF NY, SYRACUSE NY USA 1999
Internship and Year ST JOSEPHS HOSPITAL HEALTH CTR, SYRACUSE NY 2000
Residency and Year ST JOSEPHS HOSPITAL HEALTH CTR, SYRACUSE NY 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11269
License Date 6/6/2001
Name **DUYMAZLAR, HASAN A DO**
Address HUGGINS HOSPITAL, 240 SO MAIN ST WOLFBORO, NH, 03253
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL -BIDDEFORD, ME USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **7/18/2013**
Remarks **11/13/09 - Settlement Agreement**
7/18/13 - Order of Emergency License Suspension & Notice of Hearing. 7/19/13 - Voluntary Surrender of License

License Number 14249
License Date 12/3/2008
Name **DWAIHY, JOSEPH R MD**
Address 3465 SACRAMENTO ST #3, SAN FRANCISCO, CA, 94118
Specialty P
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year OREGON HEALTH SCIENCES UNIV - PORTLAND, OR 2007
Residency and Year DARTMOUGH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2008
License Expiration Date **6/30/2012**
Remarks

License Number 9652
License Date 3/6/1996
Name **DWARAKANATH, GOPALA K MD**
Address LOWELL GEN HOSPITAL/PAIN CLINI, 295 VARMUM AVELOWELL, MA, 01854
Specialty AN
Board Certified AN
School and Year of Graduation BANGALORE MEDICAL COLLEGE INDIA 1973
Internship and Year VICTORIA HOSPITAL - INDIA 1973
Residency and Year GUYS HOSPITAL - LONDON 1980
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/26/14**

License Number 7428
License Date 8/14/1986
Name **DWYER, CATHERINE V MD**
Address 85 EMERALD ST SUITE 115, KEENE, NH, 03431
Specialty GP
Board Certified
School and Year of Graduation MED COLL OF PA PHILADELPHIA PA USA 1959
Internship and Year SACRED HEART HOSP ALLENTOWN PA 1960
Residency and Year MERCY CATHOLIC MED CTR PHILADELPHIA PA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 15958
License Date 12/5/2012
Name **DWYER, KEVIN W MD**
Address CONNECTICUT VALLEY ORTHOPAEDIC, 29 RIDGEWOOD RD, SUITE 200SPRINGFIELD, VT, 05156
Specialty ORS
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 10362
License Date 8/5/1998
Name **DWYER, MICHAEL D MD**
Address 5555 PEACHTREE DUNWOODY ROAD, SUITE 349ATLANTA, GA, 30342
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ALABAMA SCH OF MED - BIRMINGHAM, AL USA 1987
Internship and Year UNIV OF ALABAMA AT BIRMINGHAM- AL 1988
Residency and Year UNIV OF ALABAMA AT BIRMINGHAM - AL 1990
License Expiration Date **6/30/2002**
Remarks

License Number 13487
License Date 5/9/2007
Name **DWYER, PATRICIA S DO**
Address 1 PARKLAND DR, DERRY, NH, 03038
Specialty EM
Board Certified EM
School and Year of Graduation DES MOINES UNIV USA 2003
Internship and Year ST JOHNS WEST SHORE HOSPITAL - WESTLAKE, OH 2004
Residency and Year ST JOHNS WEST SHORE HOSPITAL - WESTLAKE, OH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 12841
License Date 8/3/2005
Name **DY, MA KATRINA M MD**
Address BELMONT MED ASSOC INC, 725 CONCORD AVE STE 4100CAMBRIDGE, MA, 02138
Specialty D
Board Certified D
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 2002
Internship and Year MAYO SCHOOL OF MED, ROCHESTER MN 2003
Residency and Year MAYO SCHOOL OF MEDICINE, ROCHESTER MN 2005
License Expiration Date **6/30/2015**
Remarks

License Number 9332
License Date 12/7/1994
Name **DYE, DANIEL M MD**
Address , , ,
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF WASHINGTON USA 1986
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 5215
License Date 7/15/1974
Name **DYKE, STEPHEN H MD**
Address NEW ENGLAND CLINICAL RESEARCH, PO BOX 499RYE, NH, 03870-0499
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF VERMONT USA 1966
Internship and Year UNIVERSITY OF VIRGINIA HOSPITAL CHARLOTTESVILLE - VA 1967
Residency and Year UNIVERSITY OF VIRGINIA HOSPITAL CHARLOTTESVILLE - VA 1971
License Expiration Date **6/30/2002**
Remarks

License Number 9618
License Date 1/3/1996
Name **DYKES, THOMAS A MD**
Address MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04104-5040
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF COLORADO SCHOOL OF MEDICINE - DENVER, CO USA 1989
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14128
License Date 8/6/2008
Name **DYMOND, MELISSA L DO**
Address VIRUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation DES MOINES UNIV USA 2001
Internship and Year GRANDVIEW HOSPITAL OUCOM-DAYTON, OH 2002
Residency and Year GRANDVIEW HOSPITAL OUCOM-DAYTON, OH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9416
License Date 5/3/1995
Name **DYSINGER, WAYNE S MD**
Address CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301-
Specialty FP
Board Certified FP
School and Year of Graduation LOMA LINDA UNIVERSITY USA 1986
Internship and Year FLORIDA HOSPITAL 1987
Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER 1992
License Expiration Date **6/30/2003**
Remarks

License Number 9243
License Date 8/3/1994
Name **DZEN, JEREMY A DO**
Address SOUTHERN NH MED CTR-WEST CAMPU, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF OSTEO MED AND HEALTH SCIENCE USA 1990
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1991
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1994
License Expiration Date **6/30/2016**
Remarks

License Number 13858
License Date 3/5/2008
Name **DZIALO, ANN FRANCINE MD**
Address TEWKSBURY STATE HOSP, 365 EAST STTEWKSBURY, MA, 01876
Specialty PM
Board Certified PM
School and Year of Graduation BOSTON UNIV USA 1995
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 4556
License Date 5/15/1970
Name **EAGAN, EDWARD F MD**
Address 19 WEBB PL, DOVER, NH, 03820-3434
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1966
Internship and Year ST ELIZABETH'S HOSPITAL - BRIGHTON, MA 1967
Residency and Year MANHATTAN EYE,EAR & THROAT HOSPITAL - NEW YORK, NY 1970
License Expiration Date **6/30/2008**
Remarks

License Number 13766
License Date 12/5/2007
Name **EAGLE, JANINE R MD**
Address TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843
Specialty OPH
Board Certified OPH
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1994
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1995
Residency and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1998
License Expiration Date **6/30/2017**
Remarks

License Number 7345
License Date 6/12/1986
Name **EASTER, JOYCE A MD**
Address 74 STATE RD #104, KITTERY, ME, 03904
Specialty P
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 1972
Internship and Year VETERANS ADMIN MED CTR-BOSTON 1973
Residency and Year UNIVERSITY HOSPITAL-BOSTON 1976
License Expiration Date **6/30/2010**
Remarks

License Number 2972
License Date 6/10/1953
Name **EASTMAN, DAVID G MD**
Address 32 OTIS RD, SOMERSWORTH, NH, 03878-2314
Specialty FP
Board Certified
School and Year of Graduation MC GILL UNIVERSITY - MONTREAL CANADA 1951
Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL 1952
Residency and Year ROYAL VICTORIA HOSPITAL - MONTREAL CANADA 1953
License Expiration Date **6/30/2011**
Remarks

License Number 14990
License Date 9/1/2010
Name **EASTWOOD, CHARLES B MD**
Address AMOSKEAG ANESTHESIA PLLC, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty AN
Board Certified AN
School and Year of Graduation MCGILL UNIVERSITY CANADA 2003
Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2004
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16540
License Date 4/2/2014
Name **EASTY, DAVID M MD**
Address 53 CRESTWOOD DR, SAVANNAH, GA, 31405
Specialty EM
Board Certified EM
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1997
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1998
Residency and Year SAN ANTONIO MILITARY MEDICAL CENTER - FORT SAM HOUSTON, TX 2005
License Expiration Date **6/30/2016**
Remarks

License Number 4908
License Date 8/15/1972
Name **EATON JR, WALTER L MD**
Address , PO BOX 275ETNA, NH, 03750
Specialty R
Board Certified R
School and Year of Graduation UNIV OF PA SCHOOL OF MEDICINE USA 1959
Internship and Year UNIV OF PA GRADUATE HOSPITAL - PHILA, PA 1960
Residency and Year UNIV OF PA HOSPITAL - PHILA, PA 1964
License Expiration Date **6/30/2012**
Remarks

License Number 7386
License Date 7/3/1986
Name **EBERHART, ROBERT E MD**
Address SPORTS MED ATLANTIC ORTHO, 150 US HIGHWAY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MED SCHOOL HANOVER NH USA 1979
Internship and Year BRIGHAM WOMENS HOSP BOSTON MA 1980
Residency and Year MAS GEN HOSPITAL BOSTON MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 2930
License Date 9/10/1952
Name **EBERHART, WARREN F MD**
Address 470 GOULD HILL RD, CONTOOCOOK, NH, 03229-
Specialty GS
Board Certified GS
School and Year of Graduation CORNELL UNIVERSITY USA 1944
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1946
Residency and Year MEMORIAL HOSPITAL - NEW YORK, NY 1952
License Expiration Date **10/8/1999**
Remarks **DECEASED 10/8/99**

License Number 6179
License Date 4/3/1980
Name **EBERLY, DONALD A MD**
Address 273 COUNTY RD, NEW LONDON, NH, 03257-4504
Specialty GS
Board Certified GS
School and Year of Graduation UNIV. OF FLORIDA GAINSVILLE,FL USA 1975
Internship and Year MED CTR HOSP.BURLINGTON,VT 1976
Residency and Year MED CTR HOSP. BURLINGTON,VT 1980
License Expiration Date **6/30/2016**
Remarks

License Number 16265
 License Date 8/7/2013
 Name **EBERT, ERIKA B MD**
 Address DHMC-PSYCHIATRY DEPT, 1 MED CTR DRLEBANON, NH, 03756
 Specialty P
 Board Certified
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2010
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
 License Expiration Date **6/30/2017**
 Remarks

License Number 8736
 License Date 6/3/1992
 Name **EBERT, GEORGE M MD**
 Address FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
 Specialty R
 Board Certified R
 School and Year of Graduation UNIVERSITY OF CHICAGO USA 1985
 Internship and Year METROWEST MEDICAL CENTER FRAMINGHAM - MA 1987
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL BOSTON - MA 1991
 License Expiration Date **7/14/2012**
 Remarks **Deceased 7/14/2012**

License Number 8790
 License Date 8/15/1992
 Name **EBERT, JAMES B MD**
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
 Specialty EM
 Board Certified EM
 School and Year of Graduation EAST CAROLINA UNIVERSITY USA 1990
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1991
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
 License Expiration Date **6/30/2016**
 Remarks **Lapsed for non-renewal 6/30/95**
Reinstated 3/2/11

License Number 10612
 License Date 7/7/1999
 Name **EBNER, JOSEPH A MD**
 Address PLYMOUTH OB/GYN, 16 HOSPITAL RDPLYMOUTH, NH, 03264
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation MEDICAL COLL OF OH - TOLEDO, OH USA 1995
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1996
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1997
 License Expiration Date **6/30/2017**
 Remarks

License Number 4752
License Date 8/15/1972
Name **ECCHER, STEPHEN H MD**
Address 8215 STIRLING FALLS CIRCLE, SARASOTA, FL, 34243
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF ROCHESTER - NY USA 1970
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1971
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
License Expiration Date **6/30/2006**
Remarks

License Number 12100
License Date 10/1/2003
Name **ECHENIQUE, ANA M MD**
Address ST MARYS MEDICAL CTR/DEPT RADI, 450 STANYAN /ROOM 114-ASAN FRANCISCO, CA, 94117
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1991
Internship and Year UNIVERSITY OF MIAMI, MIAMI FL 1992
Residency and Year UNIVERSITY OF MIAMI, MIAMI FL 1996
License Expiration Date **6/30/2011**
Remarks

License Number 15020
License Date 10/6/2010
Name **ECKARD, VALERIE R MD**
Address 1325 PACIFIC HWY UNIT 3204, SAN DIEGO, CA, 92101
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF KANSAS USA 1996
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1997
Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2000
License Expiration Date **6/30/2014**
Remarks

License Number 8579
License Date 7/17/1991
Name **ECKEL, CHRISTOPHER G MD**
Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACE BEDFORD, NH, 03110
Specialty DR
Board Certified DR
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH MED - OH USA 1979
Internship and Year UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1980
Residency and Year UNIV OF NEW MEXICO SCH OF MEDICINE - ALBUQUERQUE, NM 1985
License Expiration Date **6/30/2017**
Remarks

License Number 14867
License Date 6/2/2010
Name **ECKERT, MARY K MD**
Address CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1997
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 2001
License Expiration Date **6/30/2016**
Remarks

License Number 13039
License Date 4/5/2006
Name **EDDINGER, JONATHAN J MD**
Address MERCY HOSP - DEPT OF CARDIOLOGY, 144 STATE STPORTLAND, ME, 04104
Specialty CD
Board Certified IM
School and Year of Graduation BOSTON UNIV, BOSTON MA USA 2000
Internship and Year BOSTON UNIV MEDICAL CTR, BOSTON MA 2001
Residency and Year BOSTON UNIV MEDICAL CTR, BOSTON MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 6888
License Date 5/24/1984
Name **EDDY, DOUGLAS M MD**
Address SO NH INTERNAL MEDICINE ASSOC, 6 TSIENNETO RD STE 300DERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VT COLL MED -BURLINGTON,VT USA 1974
Internship and Year UNIV OF VIRGINIA HOSP-CHARLOTTESVILL ,VA 1975
Residency and Year UNIV OF VIRGINIA HOSP-CHARLOTTESVILL,VA 1977
License Expiration Date **6/30/2008**
Remarks

License Number 12991
License Date 2/1/2006
Name **EDELMAN, GARY C MD**
Address THE DACARE PHYCISIANS, 902 RIVERSIDE DR STE 201WAUPACA, WI, 54981
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1988
Internship and Year UNIVERSITY OF WISCONSIN, MADISON WI 1989
Residency and Year UNIVERSITY OF WISCONSIN, MADISON WI 1993
License Expiration Date **6/30/2014**
Remarks

License Number 8888
License Date 2/3/1993
Name **EDELSTEIN, RICHARD D MD**
Address , PO BOX 494BELLOWS FALLS, VT, 05101-
Specialty P
Board Certified P
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year VA MEDICAL CENTER - NEW YORK NY 1978
Residency and Year VA MEDICAL CENTER - NEW YORK NY 1979
License Expiration Date **6/30/2005**
Remarks

License Number L2957
License Date 9/10/2010
Name **EDENFIELD, DIANA L MD**
Address VALLEY REGIONAL HOSPITAL, 243 ELM STREETCLAREMONT, NH, 03743
Specialty OBG
Board Certified
School and Year of Graduation USF USA 1980
Internship and Year SUNY @ BUFFALO 1980
Residency and Year EASTERN VIRGINIA GRAD SCHOOL OF MEDICINE
License Expiration Date **12/18/2010**
Remarks

License Number 14958
License Date 8/4/2010
Name **EDHOLM, KARLI M MD**
Address OREGON HEALTH SCIENCES UNIV, 3181 SW SAM JACKSON PARK RDPORTLAND, OR, 97239
Specialty IM
Board Certified
School and Year of Graduation OREGON HEALTH & SCIENCE UNIVERSITY USA 2007
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2008
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2010
License Expiration Date **6/30/2012**
Remarks

License Number 15477
License Date 12/7/2011
Name **EDIGER, WILLIAM M MD**
Address 22312 COUNTY RD 3 DR, STONEWALL, OK, 74871
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1981
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1982
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1982
License Expiration Date **6/30/2013**
Remarks

License Number 16819
License Date 11/6/2014
Name **EDLOW, BRIAN L MD**
Address PARTNERS TELESTROKE PROGRAM, 55 FRUIT ST - BIGELOW 1206BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 2007
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008
Residency and Year BRIGHAM & WOMENS HOSP/MASSACHUSETTS GENERAL - BOSTON, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 13488
License Date 5/9/2007
Name **EDMISTON SR, BART J MD**
Address 27 NICHOLAS CT, PORTLAND, ME, 04103
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF FLORIDA USA 2003
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2004
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
License Expiration Date **6/30/2009**
Remarks

License Number 10938
License Date 6/7/2000
Name **EDNEY, MARK T MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 2000
License Expiration Date **6/30/2004**
Remarks

License Number 6194
License Date 5/8/1980
Name **EDSALL, DAVID W MD**
Address ALBANY MEDICAL COLLEGE, 47 NEW SCOTTSDALE -131ALBANY, NY, 12208
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VT COLL OF MEDICINE - BURLINGTON,VT USA 1974
Internship and Year LETTERMAN ARMY MEDICAL CENTER - CA 1975
Residency and Year LETTERMAN ARMY MEDICAL CENTER - CA 1978
License Expiration Date **6/30/2000**
Remarks

License Number 13663
License Date 9/5/2007
Name **EDWARDS, MICHAEL R MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIV OF NEW YORK USA 1997
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1998
Residency and Year LONG ISLAND JEWISH HOSPITAL-ALBERT EINSTEIN SCHOOL OF MEDICINE - NEW HYDE PARK, NY 20
License Expiration Date **6/30/2017**
Remarks

License Number 7286
License Date 4/1/1986
Name **EDWARDS, PATRICIA M MD**
Address CONCORD PEDIATRICS PA, PILLSBURY BLDG 248 PLEASANT STCONCORD, NH, 03301-
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1982
Internship and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1983
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 7970
License Date 9/7/1988
Name **EDWARDS, PETER P MD**
Address 433 SCUDDER AVE, HYANNISPORT, MA, 02647
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI,OH USA 1983
Internship and Year UNIV OF CINCINNATI, OH 1986
Residency and Year UNIV OF CINCINNATI,OH 1986
License Expiration Date **6/30/2008**
Remarks

License Number 6099
License Date 8/7/1979
Name **EDWARDS, SUSAN T MD**
Address DHMC - DEPT OF PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NORTH CAROLINA SCHOOL MEDICINE CHAPEL HILL USA 1976
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1977
Residency and Year CHILDRENS MEDICAL CENTER - DALLAS, TX 1979
License Expiration Date **6/30/2017**
Remarks

License Number 11559
License Date 4/3/2002
Name **EDWARDS, TYLER A MD**
Address FAMILY CARE OF FARMINGTON, 316 NH ROUTE 11 FARMINGTON, NH, 03835
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT - FARMINGTON, CT USA 1999
Internship and Year MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 2000
Residency and Year MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6100
License Date 8/7/1979
Name **EDWARDS, WILLIAM H MD**
Address DHMC-PEDIATRICS, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NORTH CAROLINA SCHOOL MEDICINE CHAPEL HILL USA 1975
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1976
Residency and Year PARKLAND MEMORIAL HOSPITAL - DALLAS, TX 1979
License Expiration Date **6/30/2017**
Remarks

License Number 9575
License Date 11/1/1995
Name **EDWARDS, WILLIAM H MD**
Address 45 STILES RD STE 101, SALEM, NH, 03079-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF WEST INDIES, FAC OF MED, KINGSTON, JAMAICA WEST INDIES 1977
Internship and Year QUEEN ELIZABETH HOSPITAL BARBADOS, WEST INDIES 1978
Residency and Year UNIV OF OTTAWA ONTARIO, CANADA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 12932
License Date 11/2/2005
Name **EFFERSON- BONACHEA, NANCY D MD**
Address RETINA VISION CENTER, 107 RIVERWAY PL BLD 1 BEDFORD, NH, 03110
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1990
Internship and Year WASHINGTON HOSPITAL CTR, WASHINGTON DC 1991
Residency and Year GEORGETOWN UNIVERSITY, WASHINGTON DC 1994
License Expiration Date **6/30/2017**
Remarks

License Number 13396
License Date 2/7/2007
Name **EGBERT, CHARLES C MD**
Address GREEN MOUNTAIN FAMILY MEDICINE, 71 ALLEN ST #203RUTLAND, VT, 05701
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PITTSBURGH USA 1992
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1993
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1999
License Expiration Date **6/30/2009**
Remarks

License Number 16216
License Date 7/3/2013
Name **EGBUONU, NONSO E MD**
Address PARKLAND MEDICAL CTR, 1 PARKLAND DRDERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NIGERIA COLLEGE OF MEDICINE NIGERIA 2005
Internship and Year UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - MEMPHIS, TN 2011
Residency and Year UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - MEMPHIS, TN 2013
License Expiration Date **6/30/2017**
Remarks

License Number 12488
License Date 10/6/2004
Name **EGENOLF, CRISTI M MD**
Address DERRY MEDICAL CENTER, 6 TSIENNETO RDDERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1997
Internship and Year UNIVERSITY OF WYOMING, CHEYENNE WY 1999
Residency and Year UNIVERSITY OF WYOMING, CHEYENNE WY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 12835
License Date 8/3/2005
Name **EGGERS, JENNIFER E MD**
Address GEISEL SCHOOL OF MED DARTMOUTH, REMSEN 304-FAMILY MEDHANOVER, NH, 03755-3833
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2000
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 2001
Residency and Year CONCORD HOSPITAL, CONCORD NH 2005
License Expiration Date **6/30/2015**
Remarks **lapsed 6/30/09 - reinstated 12/7/11**

License Number 8517
License Date 4/3/1991
Name **EHRIG, ULRICH MD**
Address 140 LINCOLN AVE, HAVERHILL, MA, 01830-
Specialty IM
Board Certified IM
School and Year of Graduation MED FAC RHEINISCHEN FRIEDRICH WILHELMS GERMANY 1963
Internship and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1965
Residency and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1966
License Expiration Date **6/30/2002**
Remarks

License Number 16443
License Date 1/8/2014
Name **EHRICHMAN, RICHARD J MD**
Address 10 COLGATE RD, WELLESLEY, MA, 02482
Specialty PS
Board Certified PS
School and Year of Graduation JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1981
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 11053
License Date 9/6/2000
Name **EHSANI, HAMID MD**
Address 016 PHS LIBRARY, 376 WEST 10TH AVE COLUMBUS, OH, 43210
Specialty EM
Board Certified
School and Year of Graduation WASHINGTON UNIV SCH OF MED - ST LOUIS, MO USA 1996
Internship and Year OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 1998
Residency and Year OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 2000
License Expiration Date **6/30/2001**
Remarks

License Number 9417
License Date 5/3/1995
Name **EICHELBERGER, DWIGHT O MD**
Address AMMONOOSUC COMMUNITY HEALTH, 25 MT EUSTIS RD LITTLETON, NH, 03561-
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1992
Internship and Year LANCASTER GENERAL HOSPITAL-LANCASTER, PA 1995
Residency and Year LANCASTER GENERAL HOSPITAL, LANCASTER PA 1995
License Expiration Date **6/30/2005**
Remarks

License Number 16162
License Date 6/5/2013
Name **EIDE, TREVOR W MD**
Address FRISBIE MEM HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty EM
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2010
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2011
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2013
License Expiration Date **6/30/2017**
Remarks

License Number 5052
License Date 7/20/1973
Name **EISEN, SIMON T MD**
Address PORTSMOUTH HOSPITAL, 333 BORTHWICK RD PORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation MELBOURNE UNIVERSITY-MELBOURNE AUSTRALIA AUSTRALIA 1968
Internship and Year DANVERS STATE HOSP - HATHORNE, MA 1973
Residency and Year DANVERS STATE HOSP-HATHORNE MA 1973
License Expiration Date **6/30/2015**
Remarks **LAPSED FOR NON-RENEWAL 6/30/02..RE-INSTATED 1/9/08**

License Number 5292
License Date 2/6/1975
Name **EISENBERG, BENSON L MD**
Address RR#1 BOX 1345, RANDOLPH, NH, 03570-1943
Specialty R
Board Certified R
School and Year of Graduation UNIV OF BUFFALO SCHOOL OF MEDICINE USA 1958
Internship and Year MONTEFIORE HOSPITAL - BRONX, NY 1959
Residency and Year MONTEFIORE HOSPITAL - BRONX, NY 1962
License Expiration Date **6/30/1999**
Remarks

License Number 12057
License Date 9/3/2003
Name **EISENBERG, BURTON L MD**
Address 20 INGIGO WAY, DANA POINT, CA, 92629
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF TN, MEMPHIS TN US 1974
Internship and Year WILFORD HALL MED CTR, LACKLAND AFB TX 1975
Residency and Year WILFORD HALL MED CTR, LACKLAND AFB TX 1979
License Expiration Date **6/30/2015**
Remarks

License Number 12652
License Date 4/6/2005
Name **EISENBERG, ELLEN H MD**
Address GENERAL INTERNAL MEDICINE, DHMC 1 MEDICAL CTR DRLEBANON, NH, 05090
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NY, BROOKLYN NY US 1987
Internship and Year BOSTON UNIVERSITY, BOSTON MA 1988
Residency and Year BOSTON UNIVERSITY, BOSTON MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15292
License Date 7/6/2011
Name **EISENBERG, VLADIMIR MD**
Address 4 WHITEWOOD CIR, AMESBURY, MA, 01913
Specialty AN
Board Certified AN
School and Year of Graduation KAUNO MEDICINOS UNIVERSITETO LITHUANIA 1979
Internship and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 1999
Residency and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2002
License Expiration Date **6/30/2017**
Remarks

License Number 3779
License Date 2/4/1965
Name **EJARQUE, PETER M MD**
Address 12 HAMPSHIRE AVE, DURHAM, NH, 03824
Specialty IM
Board Certified
School and Year of Graduation UNIV OF BARCELOUA - SPAIN SPAIN 1954
Internship and Year THE QUEEN ELIZABETH HOSPITAL - MONTREAL QUEBEC CANADA 1960
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1964
License Expiration Date **6/30/2007**
Remarks

License Number 15215
License Date 5/4/2011
Name **EKANEM, CHARLES B MD**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty OS
Board Certified
School and Year of Graduation UNIVERSITY OF CALABAR NIGERIA 1994
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2011
License Expiration Date **6/30/2013**
Remarks

License Number 10862
License Date 4/5/2000
Name **EL- ASFOURI, SOUHAIL A MD**
Address UNIV OF SOUTH ALABAMA, 251 COX ST STE 100MOBILE, AL, 36604-3302
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF TEXASMED SCHOOL AT GALVESTON-GALVEST USA 1989
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 1990
Residency and Year UNIVERSITY OF ALABAMA-BIRMINGHAM,AL 1993
License Expiration Date **6/30/2002**
Remarks **7/11/05 - Settlement Agreement**

License Number 14705
License Date 1/6/2010
Name **EL BIZRI, ISSAM MD**
Address BEACON INTERNAL MEDICINE, 155 BORTHWICK AVE., STE 202WPORTSMOUTH, NH, 03801
Specialty IM
Board Certified
School and Year of Graduation LEBANESE UNIVERSITY LEBANON 2006
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - WICHITA, KS 2008
Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - WICHITA, KS 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15021
License Date 10/6/2010
Name **EL RIMAWI, NIDAL MD**
Address FAMILY HEALTHCARE INC, 1383 WEST HUNTER STLOGAN, OH, 43813
Specialty FP
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY USA 1996
Internship and Year NSLIJ SOUTHSIDE HOSPITAL - BAY SHORE, NY 1997
Residency and Year NSLIJ SOUTHSIDE HOSPITAL - BAY SHORE, NY 1999
License Expiration Date **6/30/2014**
Remarks

License Number 12620
License Date 3/2/2005
Name **EL-BADRY, AMR M MD**
Address FRISBIE MEMORIAL HOSP, 11 WHITE HALL RDROCHESTER, NH, 03867
Specialty AN
Board Certified AN
School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1985
Internship and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1986
Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1989
License Expiration Date **6/30/2017**
Remarks

License Number 10465
License Date 12/2/1998
Name **ELBERT, WILLIAM V MD**
Address COMP HEALTH LOCUM TENENS, 4021 SOUTH 700 E STE 300SALT LAKE CITY, UT, 84107
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA USA 1991
Internship and Year SPARTANBURG REGIONAL MEDICAL CENTER - SPARTANBURG, SC 1992
Residency and Year SPARTANBURG REGIONAL MEDICAL CENTER - SPARTANBURG, SC 1993
License Expiration Date **6/30/2010**
Remarks

License Number 13453
License Date 4/4/2007
Name **EL-BIZRI, RABIH M MD**
Address 2 CHABLIS TERRACE UNIT 1, CONCORD, NH, 03303
Specialty IM
Board Certified IM
School and Year of Graduation LEBANESE UNIV BEIRUT 2001
Internship and Year STATEN ISLAND UNIV HOSPITAL-STATEN ISLAND, NY 2004
Residency and Year STATEN ISLAND UNIV HOSPITAL-STATEN ISLAND, NY 2006
License Expiration Date **6/30/2011**
Remarks

License Number 11054
License Date 9/6/2000
Name **ELDER, NATHAN J MD**
Address ELLIOT HOSPITAL EMERGENCY DEPT, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NC CHAPEL HILL SCH - CHAPEL HILL, NC USA 1997
Internship and Year UNIV OF MASS MED SCH - WORCESTER, MA 1998
Residency and Year UNIV OF MASS MED SCH - WORCESTER, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 2710
License Date 11/5/1948
Name **ELDREDGE JR, LEROY L MD**
Address 215 MAIN ST, HINGHAM, MA, 02043-1912
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY USA 1945
Internship and Year MARY HITCHCOCK HOSPITAL - HANOVER, NH 1946
Residency and Year MARY HITCHCOCK HOSPITAL - HANOVER, NH 1946
License Expiration Date **6/30/2001**
Remarks

License Number 6210
License Date 6/9/1980
Name **ELDREDGE, DAVID L B MD**
Address MOUNTAIN PARK HEALTH CENTER, 635 EAST BASELINE RD PHOENIX, AZ, 85042
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CINCINNATI COLL-CINCINNATI, OH USA 1974
Internship and Year NEW ENGLAND DEACONESS HOSP-BOSTON MA 1975
Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON MA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 5931
License Date 6/16/1978
Name **ELDRIDGE JR, EDWARD E MD**
Address 530 OLD WOLFBORO RD, PO BOX 10 ALTON, NH, 03809-0010
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK MEDICAL COLLEGE - NY USA 1966
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1967
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1971
License Expiration Date **6/30/2014**
Remarks

License Number 6668
License Date 4/7/1983
Name **ELGERT, STEPHEN D MD**
Address ELLIOT FAMILY PRACTICE, 15 CONSISTUTION DR BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UMDNJ RUTGERS MED SCH - PISCATAWAY, NJ USA 1980
Internship and Year ST JOSEPH'S HOSPITAL HEALTH CENTER - SYRACUSE, NY 1981
Residency and Year ST JOSEPH'S HOSPITAL HEALTH CENTER - SYRACUSE, NY 1983
License Expiration Date **6/30/2017**
Remarks

License Number 4365
License Date 4/7/1969
Name **ELIADES, CHRISTOPHER G MD**
Address 5 MASEFIELD RD, NASHUA, NH, 03062
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1962
Internship and Year BELLEVUE HOSPITAL - NEW YORK, NY 1963
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1969
License Expiration Date **6/30/2009**
Remarks

License Number 10420
License Date 10/7/1998
Name **ELIAS, MARK R MD**
Address SURGICAL ASSOC OF ROCHESTER, 21 WHITEHALL RD STE 204 ROCHESTER, NH, 03867
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIV SCH OF MEDICINE - BOSTON, MA USA 1989
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1990
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 15375
License Date 9/7/2011
Name **ELIAS, MARTHA K MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRIVE EBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CENTER USA 2005
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2006
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2008
License Expiration Date **6/30/2017**
Remarks

License Number 9478
License Date 7/5/1995
Name **ELIAS, SUSAN C MD**
Address LAHEY CLINIC, 41 MALL RD BURLINGTON, MA, 01805
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERSITY SCHOOL OF MEDICINE GRENADA 1990
Internship and Year DANBURY HOSPITAL - DANBURY CT 1993
Residency and Year HARTFORD HOSPITAL - HARTFORD CT 1997
License Expiration Date **6/30/2017**
Remarks

License Number 15949
License Date 11/7/2012
Name **ELIBOL, MARY Z MD**
Address MASS GEN HOSP, WANG ACC 708 / 55 FRUIT ST BOSTON, MA, 02114
Specialty CHN
Board Certified CHN
School and Year of Graduation UNIVERSITY OF TX MEDICAL SCHOOL USA 2007
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14160
License Date 9/3/2008
Name **ELIOPOULOS, DINA A MD**
Address DINELI PC, 9 NORTH RD STE 202 CHELMSFORD, MA, 01824
Specialty PS
Board Certified PS
School and Year of Graduation UNIV MASSACHUSETTS MED SCHOOL USA 1992
Internship and Year SUNY UPSTATE MEDICAL UNIV - SYRACUSE, NY 1993
Residency and Year SUNY UPSTATE MEDICAL UNIV - SYRACUSE, NY 1997
License Expiration Date **6/30/2012**
Remarks

License Number 5793
License Date 8/4/1977
Name **EL-KURD, FATHI A MD**
Address 7 PURITAN DR, BEDFORD, NH, 03110
Specialty GS
Board Certified
School and Year of Graduation FACULTY OF MEDICINE BAGHDAD BAGHDAD IRAQ 1968
Internship and Year BAGDAD REPUBLIC HOSPITAL 1968
Residency and Year BAYLOR UNIVERSITY HOSPITAL 1976
License Expiration Date **6/30/2017**
Remarks **CONSENT DECREE 3/18/99**
11/3/06 - Settlement Agreement

License Number 9187
License Date 6/1/1994
Name **ELLEN, STEPHEN C MD**
Address COUNSELING CTR OF NASHUA, 1 MAIN ST NASHUA, NH, 03064
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1989
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE MA 1990
Residency and Year AUSTEN RIGGS CENTER - STOCKBRIDGE MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 16903
License Date 1/21/2015
Name **ELLINGSON, THOMAS L MD**
Address 414 POINT DR, BRANDON, MS, 39047
Specialty IM
Board Certified IM
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY OF HEALTH SCIENCES USA 1990
Internship and Year VIRGINIA MASON MEDICAL CENTER - SEATTLE, WA 1992
Residency and Year VIRGINIA MASON MEDICAL CENTER - SEATTLE, WA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16785
License Date 10/1/2014
Name **ELLIOTT JR, EDWARD F MD**
Address BRATTLEBORO MEM HOSP, 17 BELMONT AVE BRATTLEBORO, VT, 05301
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1980
Residency and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11861
License Date 3/17/2003
Name **ELLIOTT, ALEXANDRA T MD**
Address DHMC SEC OPHTHALMOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF CONNECTICUT - FARMINGTON, CT USA 1996
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 1997
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 2000
License Expiration Date **6/30/2007**
Remarks

License Number 13819
License Date 2/6/2008
Name **ELLIOTT, SUZANNE K MD**
Address NMC, 985 BUTTERNUT RD WILLISTON, VT, 05495
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT USA 1993
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1994
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1997
License Expiration Date **6/30/2016**
Remarks

License Number 3470
License Date 9/13/1961
Name **ELLIS JR, CHARLES A MD**
Address 203 TURNPIKE ST, N ANDOVER, MA, 01845-5042
Specialty IM
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1956
Internship and Year UNITED STATES NAVAL HOSPITAL- CHELSEA MA 1957
Residency and Year UNITED STATES NAVAL HOSPITAL- CHELSEA MA 1960
License Expiration Date **6/30/2005**
Remarks **DECEASED 05/11/08**

License Number 6478
License Date 12/28/1981
Name **ELLIS, EVELYN F MD**
Address POSTAL CENTER USA BOX 52, 614 NASHUA STMILFORD, NH, 03055-4917
Specialty EM
Board Certified IM
School and Year of Graduation CORNELL UNIV MED COLL-NEW YORK.NY USA 1977
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1978
Residency and Year VETERANS ADMINISTRATION-BOSTON,MA 1981
License Expiration Date **6/30/2007**
Remarks

License Number 5878
License Date 4/6/1978
Name **ELLIS, HENRY L MD**
Address HITCHCOCK CLINIC/FAMILY PRACTI, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE-BURLINGTON, VT USA 1975
Internship and Year MIDDLETOWN MEMORIAL HOSPITAL - MIDDLETOWN, CT 1976
Residency and Year MIDDLETOWN MEMORIAL HOSPITAL - MIDDLETOWN, CT 1978
License Expiration Date **6/30/2016**
Remarks

License Number 4533
License Date 2/20/1970
Name **ELLIS, PHILIP M MD**
Address 388 OLD LAKESHORE RD, GILFORD, NH, 03249-6571
Specialty AN
Board Certified
School and Year of Graduation LONDON UNIV - ENGLAND ENGLAND 1958
Internship and Year COLLEGE OF PHYSICIANS OF MANITOBA - CANADA 1968
Residency and Year COLLEGE OF PHYSICIANS OF MANITOBA- CANADA 1968
License Expiration Date **6/30/2006**
Remarks

License Number 8451
License Date 11/7/1990
Name **ELLIS, WILLIAM S MD**
Address WOMEN'S HEALTH ASSOC, PO BOX 401N SPRINGFIELD, VT, 05150
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLLEGE OF VIRGINIA OF VA COMMONWEALTH UNI USA 1982
Internship and Year ST LOUIS UNIVERSITY HOSPITALS - ST LOUIS, MO 1983
Residency and Year ST LOUIS UNIVERSITY HOSPITALS - ST LOUIS, MO 1986
License Expiration Date **6/30/2012**
Remarks

License Number 10466
License Date 12/2/1998
Name **ELLISON, LARS M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03566
Specialty U
Board Certified
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
License Expiration Date **6/30/2002**
Remarks

License Number 9921
License Date 2/5/1997
Name **ELLSWORTH, PAMELA I MD**
Address U MASS MEMORIAL - DEPT OF UROLOGY, 55 LAKE AVENUE NORTHWORCESTER, MA, 01665
Specialty UP
Board Certified U
School and Year of Graduation UNIV OF MA MED SCHOOL - WORCESTER, MA USA 1987
Internship and Year UNIV OF MA MEDICAL CENTER - MA 1990
Residency and Year UNIV OF FLORIDA COLLEGE OF MEDICINE - FL 1996
License Expiration Date **6/30/2015**
Remarks

License Number 15696
License Date 6/6/2012
Name **ELMACKEN, MONA M MD**
Address 52-78 74TH ST APT 3, ELMHURST, NY, 11373
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ALEXANDRIA EGYPT 1995
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2010
Residency and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2012
License Expiration Date **6/30/2014**
Remarks

License Number 16997
License Date 4/1/2015
Name **ELMARIAH, SAMMY MD**
Address 55 FRUIT ST, GRB 800BOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 2002
Internship and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2003
Residency and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11445
License Date 11/7/2001
Name **ELMASSIAN, KENNETH DO**
Address 2399 PINE HOLLOW DR, EAST LANSING, MI, 48823
Specialty AN
Board Certified AN
School and Year of Graduation MICHIGAN STATE UNIV - E LANSING, MI USA 1976
Internship and Year GENESYS REGIONAL MED CTR - GRAND BLANC, MI 1977
Residency and Year GENESYS REGIONAL MED CTR - GRAND BLANC, MI 1978
License Expiration Date **6/30/2009**

Remarks

License Number 16444
License Date 1/8/2014
Name **ELOBEID, ABDELGHAFAR M MD**
Address 5340 HOLMES RUN PKWY #1217, ALEXANDRIA, VA, 22304
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF KHARTOUM SUDAN 2000
Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2006
Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2008
License Expiration Date **6/30/2016**

Remarks

License Number 11991
License Date 7/2/2003
Name **ELROD, RACHAEL D MD**
Address UNIV OF WASHINGTON DEPT OPH, BOX 356485 SEATTLE, WA, 98195-6485
Specialty OPH
Board Certified
School and Year of Graduation UNIV OF WASHINGTON - SEATTLE, WA USA 1999
Internship and Year LEGACY EMANUEL HOSPITAL AND HEALTH CENTER - PORTLAND, OR 2000
Residency and Year UNIV OF WASHINGTON - SEATTLE, WA 2001
License Expiration Date **6/30/2005**

Remarks

License Number 11367
License Date 9/5/2001
Name **ELSAMMANI, OSAMA A MD**
Address JFK MEDICAL CENTER, 5301 SO CONGRESS AVE ATLANTIS, FL, 33462
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KHARTOUM - KHARTOUM SUDAN SUDAN 1991
Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1998
Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 2000
License Expiration Date **6/30/2015**

Remarks

License Number 7300
License Date 4/3/1986
Name **ELSIAH, SAYED H MD**
Address 29 RIVERSIDE DR, NASHUA, NH, 03062
Specialty GS
Board Certified GS
School and Year of Graduation CAIRO UNIVERSITY EGYPT 1976
Internship and Year EASTON HOSP-EASTON,PA 0000
Residency and Year EASTON HOSP-EASTON,PA 1981
License Expiration Date **6/30/2008**
Remarks **2/13/14 - Order of Denial**

License Number 12572
License Date 1/5/2005
Name **ELSTON, DIRK M MD**
Address ACKERMAN ACADEMY OF DERMATOLOG, 145 EAST 32ND ST 10TH FLRNEW YORK, NY, 10016
Specialty D
Board Certified D
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 1982
Internship and Year WALTER REED ARMY MEDICAL CTR, WASHINGTON DC 1983
Residency and Year WALTER REED ARMY MEDICAL CTR, WASHIINGTON DC 1986
License Expiration Date **6/30/2015**
Remarks

License Number 2618
License Date 9/12/1947
Name **ELUTO, CHANNING E MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/12/1992**
Remarks **DECEASED 6/12/92**

License Number 15022
License Date 10/6/2010
Name **ELVANIDES, HARRY S MD**
Address NORTH SHORE GI - NEWMAN AND HANN MD PC, 100 CUMMINGS CTR 107 CBEVERLY, MA, 01915
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITETET I UMEA SWEDEN 2000
Internship and Year UNIVERSITY OF KENTUCKYK CHANDLER MEDICAL CENTER - LEXINGTON, KY 2005
Residency and Year UNIVERSITY OF KENTUCKYK CHANDLER MEDICAL CENTER - LEXINGTON, KY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16445
License Date 1/8/2014
Name **ELVIN, JULIA A MD**
Address 200 COPORATE DR STE 7, PEABODY, MA, 01960
Specialty PTH
Board Certified
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2001
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2002
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 8433
License Date 9/5/1990
Name **ELY, PAMELA MD**
Address 2 RUDDSBORO RD, ETNA, NH, 03750
Specialty HEM
Board Certified HEM
School and Year of Graduation MC GILL UNIV MONTREAL QUEBEC CANADA 1983
Internship and Year 0000
Residency and Year MONTREAL GENERAL HOSPITAL - MONTREAL QUEBEC, CANADA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 15244
License Date 6/1/2011
Name **ELZWEIG, JOEL I MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 16969
License Date 3/4/2015
Name **EMAMI, ALI MD**
Address 780 BOYLSTON ST #12F, BOSTON, MA, 02199
Specialty N
Board Certified N
School and Year of Graduation TEHRAN UNIVERSITY OF MEDICAL SCIENCES IRAN 2000
Internship and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2008
Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14014
License Date 6/4/2008
Name **EMAMIAN, SEYED A MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation TEHRAN UNIV IRAN 1984
Internship and Year NEW YORK METHODIST HOSPITAL-BROOKLYN, NY 1996
Residency and Year HOWARD UNIV HOSPITAL - WASHINGTON, DC 1999
License Expiration Date **6/30/2016**
Remarks

License Number 14413
License Date 5/6/2009
Name **EMBURY, STUART P MD**
Address 1606 GARFIELD DR, HOLDREGE, NE, 68949
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1969
Internship and Year BRIAN LGH HEALTH SYSTEM - LINCOLN, NE 1970
Residency and Year
License Expiration Date **6/30/2015**
Remarks

License Number 6997
License Date 11/1/1984
Name **EMERSON JR, ROGER H MD**
Address 6020 W PARKER RD STE 470, PLANO, TX, 75093-
Specialty ORS
Board Certified ORS
School and Year of Graduation YALE UNIV SCH MED-NEW HAVEN,CT USA 1974
Internship and Year BETH ISREAL HOSP-BOSTON,MA 1975
Residency and Year MASS GEN HOSP-BOSTON,MA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 15293
License Date 7/6/2011
Name **EMERY, HEATHER D MD**
Address DARTMOUTH-HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT USA 2007
Internship and Year UNIVERSITY OF NEW MEXICO CHILDREN'S HOSPITAL - ALBUQUERQUE, NM 2008
Residency and Year UNIVERSITY OF NEW MEXICO CHILDREN'S HOSPITAL - ALBUQUERQUE, NM 2010
License Expiration Date **6/30/2017**
Remarks

License Number 3342
License Date 3/9/1960
Name **EMERY, PAUL E MD**
Address 445 CYPRESS ST, STE 8MANCHESTER, NH, 03103
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MONTREAL CANADA 1948
Internship and Year AUSTEN RIGGS CENTER INC. 1960
Residency and Year QUEEN MARY VETERANS HOSPITAL- QUEBEC 1951
License Expiration Date **6/30/2006**
Remarks **Deceased 9/8/2013**

License Number 11129
License Date 12/6/2000
Name **EMERY, ROSS F MD**
Address SACO RIVER MED GROUP, 7 GREENWOOD AVECONWAY, NH, 03818
Specialty PD
Board Certified PD
School and Year of Graduation JEFFERSON MED COLL - PHILADELPHIA, PA USA 1996
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1997
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **6/30/2016**
Remarks

License Number 5352
License Date 6/9/1975
Name **EMLEY III, WARREN E MD**
Address 14 SAMUEL DR, CONCORD, NH, 03301
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF MICHIGAN USA 1967
Internship and Year LOS ANGELES COUNTY UNIV OF SOUTHERN CALIF 1968
Residency and Year UNIV HOSPITAL - MICHIGAN 1973
License Expiration Date **6/30/2017**
Remarks

License Number 11270
License Date 6/6/2001
Name **EMMICK, GUS G MD**
Address ELLIOT PED & PRIMARY CARE, 20 CHAMBERS RD STE 2200HOOKSETT, NH, 03106
Specialty PD
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1998
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 11692
License Date 8/7/2002
Name **EMMICK, JASON G MD**
Address ELLIOT PRIMARY CARE AT RAYMOND, 15 FREETOWN RD UNIT 8RAYMOND, NH, 03077
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED - PITTSBURGH,PA USA 1997
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1998
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 11693
License Date 8/7/2002
Name **EMMICK, LAURA S MD**
Address WENTWORTH DOUGLASS WALK IN URGENT CARE AT LEE, 65 CALEF HIGHWAYLEE, NH, 03861
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED-PITTSBURGH, PA USA 1998
Internship and Year JACOB HOLLER FAMILY MEDICINE CENTER - ROCHESTER, NY 1999
Residency and Year JACOB HOLLER FAMILY MEDICINE CENTER - ROCHESTER, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 3163
License Date 9/12/1956
Name **EMOND, LEONARD D MD**
Address VETERANS HOSPITAL, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty ORS
Board Certified
School and Year of Graduation LAVAL UNIVERSITY SCHOOL OF MEDICINE CANADA 1955
Internship and Year LAVAL MEDICAL SCHOOL QUEBEC CITY - CANADA 1956
Residency and Year LAVAL MEDICAL SCHOOL - QUEBEC CITY, CANADA 1956
License Expiration Date **6/30/2016**
Remarks

License Number 15216
License Date 5/4/2011
Name **EMORY, TREVOR B MD**
Address PORTSMOUTH ANESTHIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 6629
License Date 11/4/1982
Name **ENCK, RICHARD C MD**
Address CARING FOR WOMEN, 734 N MAIN ST LACONIA, NH, 03246
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1978
Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1979
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 12695
License Date 5/4/2005
Name **ENDO, YUKA MD**
Address FOUNDATION CARDIOLOGY, 8 PROSPECT ST NASHUA, NH, 03060
Specialty CD
Board Certified CD
School and Year of Graduation HOKKAIDO DAIGAKU IGAKUBU, JAPAN JAPAN 1989
Internship and Year MONTEFIORE MEDICAL CTR, BRONX NY 2000
Residency and Year MONTEFIORE MEDICAL CTR, BRONX NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 13095
License Date 6/7/2006
Name **ENEGESS, DEBORAH M MD**
Address BEDFORD'S WOMEN'S CARE, 160 RIVER RD STE 100 BEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1998
Internship and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1999
Residency and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 13489
License Date 5/9/2007
Name **ENELOW, RICHARD I MD**
Address DHMC- PULMONARY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IMG
School and Year of Graduation BOSTON UNIV 1983 1983
Internship and Year EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 1984
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 13744
License Date 11/7/2007
Name **ENG, WILLIAM MD**
Address 8313W HILSBOROUGH AVE, STE 320TAMPA, FL, 33615
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIV OF TENNESSEE USA 1994
Internship and Year UNIV OF TEXAS - HOUSTON, TX 1995
Residency and Year UNIV OF TEXAS - HOUSTON, TX 1999
License Expiration Date **6/30/2013**
Remarks

License Number 12573
License Date 1/5/2005
Name **ENGBRETSON, JON P MD**
Address 11995 SINGLETREE LANE, SUITE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation STATE UNIVERSITY OF NY, BROOKLYN NY US 1998
Internship and Year NY MEDICAL COLLEGE, NEW YORK NY 1999
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 14015
License Date 6/4/2008
Name **ENGEL, MARY K MD**
Address ELLIOT FAM MED AT AMHERST, MEETING PLC PLAZA 199 RTE 101AMHERST, NH, 03031
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA STATE UNIV USA 2005
Internship and Year TUFTS UNIV @ CAMBRIDGE HEALTH ALLIANCE-MALDEN, MA 2006
Residency and Year TUFTS UNIV @ CAMBRIDGE HEALTH ALLIANCE-MALDEN, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6975
License Date 9/6/1984
Name **ENGLAND, WALTER G MD**
Address 334 COLLEGE HILL, HOPKINTON, NH, 03229
Specialty P
Board Certified
School and Year of Graduation SOUTHERN ILLINOIS SCH MED-SPRINGFIELD IL USA 1980
Internship and Year RUSH-PRESBY ST LUKES CTR-CHICAGO,IL 1981
Residency and Year RUSH-PRESBY ST LUKES CTR-CHICAGO,IL 1984
License Expiration Date **6/30/2016**
Remarks

License Number 9696
License Date 5/1/1996
Name **ENGLANDER, CELIA A MD**
Address STATE OF NH PRISON SYSTEM, 281 N STATE ST CONCORD, NH, 03301
Specialty HEM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1975
Internship and Year NY UNIV MEDICAL CENTER - NEW YORK, NY 1976
Residency and Year VET AFFAIRS MEDICAL CENTER - LOS ANGELES, CA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 5528
License Date 6/14/1976
Name **ENGLUND, ROBERT J MD**
Address DARTMOUTH-HITCHCOCK-KEENE, 590 COURT ST KEENE, NH, 03431-1798
Specialty IM
Board Certified IM
School and Year of Graduation UNIV. OF VT COLLEGE OF MED BURLINGTON, VT USA 1971
Internship and Year UPSTATE MEDICAL CENTER 1972
Residency and Year UPSTATE MEDICAL CENTER 1972
License Expiration Date **6/30/2012**
Remarks

License Number 17160
License Date 7/1/2015
Name **ENNACHERIL, TRUSTIN R MD**
Address 14 WILLOW ST, WELLESLEY HILLS, MA, 02481
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2002
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 9150
License Date 5/4/1994
Name **ENNIS III, WILLIAM J MD**
Address ANESTHESIA ASSOC PA, 1 PILLSBURY ST STE 202 CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation ST GEORGES UNIVERSITY SCHOOL OF MEDICINE GRENADA 1988
Internship and Year NEW YORK COLLEGE - VALHALLA NY 1991
Residency and Year METHODIST HOSPITAL OF BROOKLYN - BROOKLYN NY 1989
License Expiration Date **6/30/2016**
Remarks

License Number 10783
License Date 12/1/1999
Name **ENNIS, CHERYL A MD**
Address LOWELL GEN HOSPIL/DEPTOF PATHO, 295 VARNUM AVELOWELL, MA, 01854-2193
Specialty PTH
Board Certified PTH
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED - BAY SHORE, NY USA 1988
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1991
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14539
License Date 8/5/2009
Name **ENNIS, ROBERT F MD**
Address DHMC-ENDOCRINOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF TENNESSEE USA 2006
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2007
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2009
License Expiration Date **6/30/2011**
Remarks

License Number 9601
License Date 12/6/1995
Name **ENRIQUEZ, ALBERT J MD**
Address 29 HAWTHORNE RD, WINDHAM, NH, 03087
Specialty OBG
Board Certified
School and Year of Graduation UNIV OF MINNEAPOLIS MEDICAL SCHOOL USA 1987
Internship and Year UNIV MINNEAPOLIS SCHOOL OF PUBLIC HEALTH 1988
Residency and Year ST PAUL RAMSEY MEDICAL CENTER 1995
License Expiration Date **6/30/1998**
Remarks

License Number 7945
License Date 8/10/1988
Name **ENTWISLE, BEVERLY J MD**
Address FAMILY HEALTH CENTER, 250 PLEASANT STCONCORD, NH, 03301-2593
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED-BOSOTN,MA USA 1984
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1985
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 11732
License Date 9/4/2002
Name **ENZINGER, EVA M MD**
Address EDELWEISS FAMILY CARE&TELEHLTH, 750 CENTRAL AVE STE LDOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF INNSBRUCK, INNSBRUCK AUSTRIA AUSTRIA 1994
Internship and Year TALLAHASSEE MEMORIAL REGIONAL MED CTR, TALLAHASSEE, FL 2000
Residency and Year TALLAHASSEE MEMORIAL REGIONAL MED CTR, TALLAHASSEE, FL 2002
License Expiration Date **6/30/2012**
Remarks

License Number 13040
License Date 4/5/2006
Name **EPHREM, VERCIN S MD**
Address LAKES REGION GEN HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation LEBANESE UNIV, BEIRUT LEBANON LEBANON 2002
Internship and Year STATEN ISLAND UNIV HOSPITAL, STATEN ISLAND NY 2004
Residency and Year STATEN ISLAND UNIV HOSPITAL, STATEN ISLAND NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10991
License Date 7/5/2000
Name **EPIFANO, NANCY MD**
Address ONE MOONLIGHT DR, NEWMARKET, NH, 03857
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1991
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1994
Residency and Year DARTMOUTH-HITCHCOCK MED CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2004**
Remarks

License Number 10156
License Date 11/5/1997
Name **EPPOLITO JR, JOHN A MD**
Address SOUTHEAST HEALTH CARE, 1 MILE RDDEXTER, MO, 63841
Specialty FP
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE -VALHALLA, NY USA 1994
Internship and Year ST JOSEPH'S MEDICAL CENTER - CT 1994
Residency and Year HENNEPIN COLLEGE MEDICAL CENTER - MN 1998
License Expiration Date **6/30/2017**
Remarks **7/13/12 - Settlement Agreement
LAPSED FOR NON-RENEWAL 6/30/15.
RENEWED LICENSE 8/25/2015.**

License Number 16904
License Date 1/21/2015
Name **EPSTEIN, LAWRENCE M MD**
Address 465 WEBHANNET DR, WELLS, ME, 04090
Specialty IM
Board Certified IM
School and Year of Graduation STANFORD UNIVERSITY USA 1966
Internship and Year JACOBI MEDICAL CENTER-ALBERT EINSTEIN COM - BRONX, NY 1967
Residency and Year JACOBI MEDICAL CENTER-ALBERT EINSTEIN COM - BRONX, NY 1969
License Expiration Date **6/30/2017**
Remarks

License Number 16905
License Date 1/21/2015
Name **EPSTEIN, MICHAEL R MD**
Address 71 US ROUTE ONE, SCARBOROUGH, ME, 04074
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1989
Internship and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 1990
Residency and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 6987
License Date 10/4/1984
Name **EPSTEIN, ROGER M MD**
Address GASTROENTEROLOGY PROF ASSOC, 330 BORTHWICK AVE STE 311PORTSMOUTH, NH, 03801-4174
Specialty GE
Board Certified GE
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1982
Internship and Year VET ADMIN MED CTR-BOSTON,MA 1983
Residency and Year VET ADMIN MED CTR-BOSTON,MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 10421
License Date 10/7/1998
Name **EPSTEIN, ROY A MD**
Address 30 NEW CROSSING RD, READING, MA, 01867
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ROME LA SAPIENZA PIAZZA ALDO MORI ITALY 1979
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1981
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1982
License Expiration Date **6/30/2010**
Remarks

License Number 12335
License Date 6/2/2004
Name **ERB, JOHN B MD**
Address VALLEY HEALTH CENTER, 720 VILLAGE RDEAST CORINTH, VT, 05040
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF TORONTO, TORONTO ONTARIO CANADA CANADA 1978
Internship and Year QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA 1979
Residency and Year QUEENS UNIVERSITY, KINGSTON ONTARIO 1981
License Expiration Date **6/30/2006**
Remarks

License Number 15183
License Date 4/6/2011
Name **ERDWINN, KATHERINE M MD**
Address 8601 LINCOLN BLVD #2207, LOS ANGELES, CA, 90045
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 2000
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010
License Expiration Date **6/30/2015**
Remarks

License Number 15917
License Date 11/7/2012
Name **EREKSON, ELISABETH A MD**
Address DARTMOUTH HITCHCOCK DEPT OF OB/GYN, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF IL COLLEGE OF MEDICINE USA 2002
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2003
Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2006
License Expiration Date **6/30/2016**
Remarks

License Number 13243
License Date 9/6/2006
Name **ERGIN, TAHSIN M MD**
Address ESSEX ORTHOPAEDICS INC, 16 PELHAM RD STE 1SALEM, NH, 03079
Specialty ORS
Board Certified ORS
School and Year of Graduation VANDERBILT UNIV USA 1985
Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA-PHILADELPHIA PA 1986
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA-PHILADELPHIA PA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 7170
License Date 8/1/1985
Name **ERICKSON, DARYL R MD**
Address 18 RIDGEWOOD DR, AMHERST, NH, 03031
Specialty GS
Board Certified GS
School and Year of Graduation NORTHWESTERN UNIVERSITY-CHICAGO, IL USA 1967
Internship and Year SWEDISH COVENANT HOSPITAL-CHICAGO, IL 1968
Residency and Year MEDICAL CENTER HOSPITAL VERMONT-BURLINGTON, VT 1972
License Expiration Date **6/30/2017**
Remarks

License Number 14219
License Date 11/5/2008
Name **ERKMEN, CHERIE P MD**
Address DHMC-DIV OF THORACIC SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty TS
Board Certified TS
School and Year of Graduation UNIV OF CALIFORNIA USA 1998
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1999
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 12902
License Date 10/5/2005
Name **ERKMEN, KADIR MD**
Address DEPT OF NEUROSURGERY - UNI OF TEXAS at HOUSTON, 6400 FANIN SUITE 2800HOUSTON, TX, 770
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF MARYLAND, BALTIMORE MD US 1997
Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 1998
Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2004
License Expiration Date **6/30/2015**
Remarks

License Number 12653
License Date 4/6/2005
Name **ERMOLD, LARRY A MD**
Address , PO BOX 267GRANTHAM, NH, 03753
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1968
Internship and Year HUNTERDON MEDICAL CENTER, FLEMINGTON NJ 1969
Residency and Year HUNTERDON MEDICAL CENTER, FLEMINGTON NJ 1970
License Expiration Date **6/30/2009**
Remarks

License Number 12600
License Date 2/2/2005
Name **ERNEST, OPELLA F MD**
Address FIRST HEALTH, 3200 HIGHLAND AVEDOWNERS GROVE, IL, 60515-1282
Specialty FP
Board Certified FP
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1992
Internship and Year ST JOSEPH HOSPITAL, CHICAGO IL 1993
Residency and Year PROVIDENCE HOSPITAL, SOUTHFIELD MI 1995
License Expiration Date **6/30/2007**
Remarks

License Number 16475
License Date 2/5/2014
Name **ERNST, RASAI L MD**
Address NCH PHYSICIAN GROUP FAMILY MEDICINE, 1845 VETERANS PK DR NAPLES, FL, 34109
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2008
Internship and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2009
Residency and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2011
License Expiration Date **6/30/2016**
Remarks

License Number 9015
License Date 8/4/1993
Name **ERNSTING, PAUL M DO**
Address WENTWORTH-DOUGLASS PHYS CORP, 789 CENTRAL - EXIT 9 PROF BLDG DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF OSTEOPATHIC MED & HEALTH SCIENCES USA 1990
Internship and Year BRIGHTON MEDICAL CENTER PORTLAND, ME 1991
Residency and Year BRIGHTON MEDICAL CENTER PORTLAND, ME 1993
License Expiration Date **5/9/2014**
Remarks **5/9/14 - Agreement for Non-Disciplinary Remedial Action - See Agreement for details.**

License Number 8616
License Date 8/7/1991
Name **ERNSTOFF, MARC S MD**
Address DHMC/HEM/ONC DEPT, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty ON
Board Certified ON
School and Year of Graduation NEW YORK UNIV SCH OF MED - NY, NY USA 1978
Internship and Year BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1979
Residency and Year BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1981
License Expiration Date **6/30/2015**
Remarks

License Number 4126
License Date 8/28/1972
Name **ERSEVIM, ISMAIL MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/1/1990**
Remarks **Lapsed - 12/31/75 Reinstated 8/7/75**
Lapsed 6/1/90 8/13/98 - Order of Conditional Denial

License Number 9216
License Date 7/6/1994
Name **ERVIN, THOMAS J MD**
Address FLORIDA CANCER SPECIALIST, 714 DOCTORS DREngleWOOD, FL, 34223
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE DENTISTRY, NY USA 1974
Internship and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER ROCHESTER, NY 1975
Residency and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER ROCHESTER, NY 1976
License Expiration Date **6/30/2010**
Remarks

License Number 13955
License Date 5/7/2008
Name **ESCHBACH, KRIS A DO**
Address VALLEY RADIOLOGISTS PA, 243 ELM STCLAREMONT, NH, 03743
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF NEW ENGLAND USA 2003
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2004
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15102
License Date 1/5/2011
Name **ESKAPALLI, SWARUPA R MD**
Address DHMC-NEPHROLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation KURNOOL MEDICAL COLLEGE, NTR UNIV OF HEALTH SCIENC INDIA 2003
Internship and Year ST FRANCIS MEDICAL CENTER - PEORIA, IL 2007
Residency and Year NORWALK HOSPITAL - NORWALK, CT 2009
License Expiration Date **6/30/2013**
Remarks

License Number 14540
License Date 8/5/2009
Name **ESKAROS, SAPHWAT MD**
Address QUEENS HOSPITAL CENTER, 82-68 164TH ST N BLDING 7TH FLJAMAICA, NY, 11432
Specialty IM
Board Certified IM
School and Year of Graduation AIN SHAMS UNIVERSITY EGYPT 1996
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER-BROOKLYN, NY 1999
Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER-BROOKLYN, NY 2002
License Expiration Date **6/30/2011**
Remarks

License Number 10939
License Date 6/7/2000
Name **ESKEY, CLIFFORD J MD**
Address DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIV OF PITTSBURGH SCH - PITTSBURGH, PA USA 1993
Internship and Year UNIV HEALTH CENTER OF PITTSBURGH- PITTSBURGH, PA 1994
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 15530
License Date 2/1/2012
Name **ESPAILLAT PRESTOL, DIEGO MD**
Address BOSTON MEDICAL CENTER, 840 HARRISON AVEBOSTON, MA, 02118
Specialty IM
Board Certified IM
School and Year of Graduation INSTITUTO TECNOLOGICO DE SANTO DOMINGO DOMINICAN REPUBLIC 2001
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2007
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2009
License Expiration Date **6/30/2014**
Remarks

License Number 12785
License Date 7/6/2005
Name **ESPINOSA, ERIC A MD**
Address 17 RIVERSIDE ST STE 201, NASHUA, NH, 03062
Specialty U
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX USA 2000
Internship and Year UNIVERSITY OF CINCINNATI, CINCINNATI OH 2001
Residency and Year UNIVERSITY HOSPITAL-UNIVERSITY OF CINCINNATI, CINCINNATI OH 2005
License Expiration Date **6/30/2007**
Remarks

License Number 5305
License Date 3/14/1975
Name **ESPOSITO, GUY M MD**
Address WENTWORTH DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF ROCHESTER, NY USA 1968
Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1969
Residency and Year UNIV OF ROCHESTER STRONG MEMORIAL - ROCHESTER, NY 1973
License Expiration Date **6/30/2017**
Remarks

License Number 13096
License Date 6/7/2006
Name **ESS IV, HENRY J DO**
Address HOSPITALIST PROGRAM, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation LAKE ERIE COLLEGE, ERIE PA US 2003
Internship and Year SCRANTON-TEMPLE RESIDENCY PROGRAM, SCRANTON PA 2004
Residency and Year MERCY HOSPITAL, BUFFALO NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 6643
License Date 1/6/1983
Name **ESTABROOK, JOHN D MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty EM
Board Certified IM
School and Year of Graduation MED COLL OF OHIO AT TOLEDO-TOLEDO,OH USA 1976
Internship and Year MED COLL OF OHIO HOSP-TOLEDO,OH 1977
Residency and Year MED CTR HOSP-BURLINGTON,VT 1980
License Expiration Date **6/30/2015**
Remarks

License Number 17053
License Date 5/6/2015
Name **ESTES, JAMES M MD**
Address THE CARDIOVASCULAR GRP, 19 OLD ROLLINSFORD RDDOVER, NH, 03820
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE USA 1987
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 9244
License Date 8/3/1994
Name **ETHIER, MELISSA M MD**
Address LOWELL COMMUNITY HEALTH, 161 JACKSON STLOWELL, MA, 01852
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE USA 1990
Internship and Year UNIVERSITY OF ALABAMA HOSPITAL - BRIMINGHAM AL 1994
Residency and Year UNIVERSITY OF ALABAMA HOSPITAL - BRIMINGHAM AL 1994
License Expiration Date **6/30/2016**
Remarks

License Number 3944
License Date 9/13/1966
Name **ETTELSON, DONALD M MD**
Address ORTHOPEDIC PROF ASSN, 14 MAPLE ST STE 100GILFORD, NH, 03249
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIV OF NY COLL OF MED - SYRACUSE,NY USA 1956
Internship and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1957
Residency and Year WALTER REED GENERAL HOSPITAL - WASHINGTON, DC 1962
License Expiration Date **6/30/2004**
Remarks

License Number 11152
License Date 1/3/2001
Name **ETTINGER, LEIGH M MD**
Address CHILDREN'S HOSP AT DARTMOUTH, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2001
License Expiration Date **6/30/2001**
Remarks

License Number 6110
License Date 9/6/1979
Name **EUBANK, DANIEL F MD**
Address YEAPLE BUILDING, 250 PLEASANT STCONCORD, NH, 03301-
Specialty FP
Board Certified
School and Year of Graduation DUKE UNIV SCHOOL MEDICINE - DURHAM, NC USA 1976
Internship and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1977
Residency and Year UNIV MASS COORDINATED PROGRAM - WORCESTER, MA 1978
License Expiration Date **6/30/2015**
Remarks

License Number 15749
License Date 7/11/2012
Name **EVANGELISTA, OSVALDO J MD**
Address RIVERBEND CMHC, 40 PLEASANT STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSIDAD DE BUENOS AIRES ARGENTINA 1973
Internship and Year SUNY - UNIV HOSPITAL OF BROOKLYN-LONG ISLAND COLLEGE - BROOKLYN, NY 1975
Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NY, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 8412
License Date 8/8/1990
Name **EVANS JR, WILLIAM E MD**
Address VALUE OPTIONS CONNECTICUT, 500 ENTERPRISE DR 3DROCK HILL, CT, 06067
Specialty P
Board Certified P
School and Year of Graduation W VIRGINIA UNIV SCH OF MED-MORGANTOWN,WV USA 1976
Internship and Year CHARLESTON AREA MEDICAL CENTER - CHARLESTON, WV 1977
Residency and Year CHARLESTON AREA MEDICAL CENTER - CHARLESTON, WV 1979
License Expiration Date **6/30/2016**
Remarks

License Number 13583
License Date 7/11/2007
Name **EVANS, DEVON L MD**
Address MAINE CTR FOR CANCER MEDICINE, 100 CAMPUS DR STE 108SCARBOROUGH, ME, 04074
Specialty HO
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIV USA 2000
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 5619
License Date 9/27/1976
Name **EVANS, FRANCIS C MD**
Address 16 OCEAN RIDGE BLVD N, PALM COAST, FL, 32137-3379
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MED SCHOOL BOSTON USA 1963
Internship and Year BOSTON CITY HOSPITAL 1964
Residency and Year HARTFORD HOSPITAL HARTFORD 1969
License Expiration Date **6/30/2016**
Remarks

License Number 13664
License Date 9/5/2007
Name **EVANS, JANET E MD**
Address 11 GREENSWARD DR, PO BOX 749GRANTHAM, NH, 03753
Specialty DR
Board Certified R
School and Year of Graduation TUFTS UNIV USA 1979
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1980
Residency and Year NEW ENGLAND MEDICAL CENTER-TUFTS UNIV - BOSTON, MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 16862
License Date 12/3/2014
Name **EVANS, KORBOI MD**
Address 9300 DEWITT LOOP, FORT BELVOIR, VA, 20660
Specialty ORS
Board Certified ORS
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2006
Residency and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2009
License Expiration Date **6/30/2016**
Remarks

License Number 5523
License Date 6/8/1976
Name **EVANS, MICHAEL A MD**
Address 25 COUNTRY CLUB RD, PO BOX 7235GILFORD, NH, 03247-7235
Specialty P
Board Certified P
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA USA 1970
Internship and Year MAINE MED. CENTER PORTLAND 1971
Residency and Year HAHNEMANN MED. COLL HOSP 1974
License Expiration Date **6/30/2016**
Remarks

License Number 17161
License Date 7/1/2015
Name **EVANS, REBECCA E MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF VERMONT USA 2010
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE-ROCHESTER, MN 2011
Residency and Year UNIVERSITY OF UTAH MEDICAL CENTER, SALT LAKE CITY, UT 2014
License Expiration Date **6/30/2017**
Remarks

License Number 16039
License Date 3/6/2013
Name **EVANS, REBECCA H MD**
Address DHMC, 2300 SOUTHWOOD DR.NASHUA, NH, 03063
Specialty OBG
Board Certified
School and Year of Graduation VA COMMONWEALTH UNIVERSITY SCHOOL OF MED USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 8464
License Date 12/5/1990
Name **EVANS, ROBERT J MD**
Address LAKES REGION GEN HOSP, HIGHLAND STLAACONIA, NH, 03246
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1983
Internship and Year MALDEN HOSPITAL- MALDEN, MA 1984
Residency and Year USAF MEDICAL CENTER - SCOTT AFB, IL 1988
License Expiration Date **6/30/2016**
Remarks

License Number 5938
License Date 7/6/1978
Name **EVANS, ROGER A MD**
Address MANCHESTER UROLOGY AT DOVER, 10 MEMBER WAY STE 402DOVER, NH, 03820
Specialty U
Board Certified U
School and Year of Graduation STATE UNIV OF NEW YORK AT BUFFALO USA 1970
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1972
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 16163
License Date 6/5/2013
Name **EVERSGERD, JAYSON L DO**
Address 103 ROSEDOWN WAY, MANDEVILLE, LA, 70471
Specialty EM
Board Certified EM
School and Year of Graduation MIDWESTERN UNIV DOWNERS GROVE COLLEGE USA 2003
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2004
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2006
License Expiration Date **6/30/2015**
Remarks

License Number 15436
License Date 11/2/2011
Name **EVES, JASON H MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 2001
Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 2002
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 2006
License Expiration Date **6/30/2017**
Remarks

License Number 5857
License Date 1/24/1978
Name **EVJY, JACK T MD**
Address COMMONWEALTH HEMATOLOGY-ONCOLOGY PC, 25 MARSTON ST STE 301LAWRENCE, MA, 01841
Specialty ON
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE BOSTON USA 1961
Internship and Year UNIVERSITY HOSP BOSTON 1962
Residency and Year BOSTON CITY HOSPITAL 1963
License Expiration Date **6/30/2016**
Remarks

License Number 3955
License Date 9/15/1966
Name **EVORA, JOSEPH MD**
Address 8 BAGDAD RD, DURHAM, NH, 03824-2202
Specialty FP
Board Certified
School and Year of Graduation UNIV OF SEVILLE MEDICAL SCHOOL - CADIZ, SPAIN SPAIN 1956
Internship and Year LANCASTER HOSPITAL - ST JOHN, NEW BRUNSWICK 1963
Residency and Year QUEEN MARY VETERANS - MONTREAL P. Q. CANADA 1964
License Expiration Date **6/30/2008**
Remarks

License Number 14192
License Date 10/1/2008
Name **EWALD, ERIC J MD**
Address LGH MERRIMACK VALLEY CARDIOLOGY, 14 RESEARCH PLACE 3RDFLOORNORTH CHELMSFORD, MA,
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1997
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1998
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 8078
License Date 5/10/1989
Name **EWING, DOUGLAS K MD**
Address XPA MEDICAL, 2 1/2 BEACON STCONCORD, NH, 03301-
Specialty R
Board Certified R
School and Year of Graduation OHIO ST UNIV COLL OF MED COLUMBUS OH USA 1984
Internship and Year SUNY HLTH SCI CTR SYRACUSE NY 1985
Residency and Year SUNY HLTH SCI CTR SYRACUSE NY 1988
License Expiration Date **6/30/2017**
Remarks

License Number 8112
License Date 6/7/1989
Name **EWING, REBECCA A MD**
Address , 1052 BRIAR HILL RDCONTOOCOOK, NH, 03229
Specialty OBG
Board Certified OBG
School and Year of Graduation OH STATE UNIV COLL OF MED COLUMBUS OH USA 1984
Internship and Year MED CTR HOSP VT BURLINGTON VT 1985
Residency and Year MED CTR HOSP VT BURLINGTON VT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12336
License Date 6/2/2004
Name **EWY, BRIAN R DO**
Address 21 RIVERS EDGE DR, KENNEBUNK, ME, 04043
Specialty DR
Board Certified R
School and Year of Graduation UNIVERSITY OF NEW ENGLAND,BIDDEFORD ME US 1999
Internship and Year MIDDLESEX HOSPITAL, MIDDLETOWN CT 2000
Residency and Year UNIVERSITY OF CT, FARMINGTON CT 2004
License Expiration Date **6/30/2012**
Remarks

License Number 11446
License Date 11/7/2001
Name **EYLER, A EVAN MD**
Address CENTER FOR HEALTH & WELLBEING, 425 PEAR STBURLINGTON, VT, 05401
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1984
Internship and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1987
Residency and Year DARTMOUTH-HITHCCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2011**
Remarks

License Number 10272
License Date 5/6/1998
Name **FABIAN, CLAIRE B MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty PTH
Board Certified PTH
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1990
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER, WORCESTER MA 1991
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL, WASHINGTON, DC 1992
License Expiration Date **6/30/2016**
Remarks

License Number 6389
License Date 5/27/1981
Name **FABIAN, DEBORAH R MD**
Address BJACH, 1585 3RD STFORT POLK, LA, 71499
Specialty ORS
Board Certified ORS
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE USA 1975
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - HANOVER, NH 1976
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - HANOVER, NH 1977
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 10/3/84..
REINSTATED 9/3/08**

License Number 10273
License Date 5/6/1998
Name **FABOZZI, SCOTT J MD**
Address CONCORD UROLOGY, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF VERMONT USA 1990
Internship and Year EASTERN VIRGINIA MEDICAL SCHOOL, NORFOLK, VA 1991
Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL, NORFOLK, VA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 14286
License Date 1/7/2009
Name **FACTOR, DONALD E MD**
Address 454 STATE ST, BANGOR, ME, 04401
Specialty R
Board Certified R
School and Year of Graduation CREIGHTON UNIV USA 1967
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1968
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1972
License Expiration Date **6/30/2015**
Remarks

License Number 9447
License Date 6/7/1995
Name **FADUL, CAMILO E MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation UNIVERSIDAD DEL ROSARIO COLOMBIA 1980
Internship and Year MEMORIAL HOSPITAL CANCER ALLIED DIS, NEW YORK NY 1987
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL, HANOVER NH 1994
License Expiration Date **6/30/2017**
Remarks

License Number 8707
License Date 5/6/1992
Name **FAGAN, DAVID S MD**
Address MID-STATE HEALTH CENTER, 101 BOULDER POINT DR STE 1PLYMOUTH, NH, 03264
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1989
Internship and Year MEDICAL CENTER HOSPITAL 1990
Residency and Year MEDICAL CENTER HOSPITAL 1992
License Expiration Date **6/30/2016**
Remarks

License Number 3576
License Date 11/8/1962
Name **FAGELL, DAVID W MD**
Address C.O.R.E., 2 COPLEY PLACEBOSTON, MA, 02116
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, USA 1958
Internship and Year MASSACHUSETTS MEMORIAL HOSPITAL - BOSTON, MA 1959
Residency and Year MASSACHUSETTS MEMORIAL HOSPITAL - BOSTON, MA 1962
License Expiration Date **6/30/2002**
Remarks **10/11/01-SETTLEMENT AGREEMENT
DECEASED 10/23/2008**

License Number 5905
License Date 6/3/1983
Name **FAGELSON, DAVID L MD**
Address 1 FAIRVIEW, BRATTLEBORO, VT, 05301
Specialty OTO
Board Certified OTO
School and Year of Graduation LOYOLA UNIV STRITCH SCHOOL OF MEDICINE MAYWOOD, IL USA 1957
Internship and Year ST JOSEPH'S HOSPITAL - CHICAGO, IL 1958
Residency and Year VETERANS ADMINISTRATION HOSPITAL - HINES, 1962
License Expiration Date **6/30/2002**
Remarks **RETIRED 7/1/01**

License Number 5906
License Date 5/16/1978
Name **FAGELSON, ROBERT S MD**
Address 15 FAIRVIEW ST, BRATTLEBORO, VT, 05301-3418
Specialty OTO
Board Certified OTO
School and Year of Graduation LOYOLA UNIV STRITCH SCHOOL OF MEDICINE MAYWOOD,IL USA 1960
Internship and Year ST JOSEPH'S HOSPITAL - CHICAGO, IL 1961
Residency and Year VETERANS ADMINISTRATION HOSPITAL - HINES 1966
License Expiration Date **6/30/2016**
Remarks

License Number 7301
License Date 4/3/1986
Name **FAGIN, GARY W MD**
Address 75 GATES ST, PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation NY UNIV SCH MED - NY, NY USA 1982
Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1983
Residency and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1985
License Expiration Date **6/30/2016**
Remarks

License Number 9224
License Date 7/6/1994
Name **FAGO, JULIE P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
Residency and Year THE JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1994
License Expiration Date **6/30/2016**
Remarks

License Number 11498
License Date 2/6/2002
Name **FAHEY, DAVID A MD**
Address 26 JULIO DR, SHREWSBURY, MA, 01545
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1989
Internship and Year UMASS MEMORIAL HEALTH CARE - WORCESTER, MA 1990
Residency and Year UMASS MEMORIAL HEALTH CARE - WORCESTER, MA 1992
License Expiration Date **6/30/2008**
Remarks

License Number 10422
License Date 10/7/1998
Name **FAHRENBACH, MARY C MD**
Address 66 BRAMHALL ST, PORTLAND, ME, 04102
Specialty CD
Board Certified CD
School and Year of Graduation MT SINAI SCH OF MED UNIV OF NY - NY, NY USA 1987
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1988
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2002**
Remarks

License Number 5734
License Date 5/25/1977
Name **FAILLE, RONALD J MD**
Address 11209 NO CLUB DR, FREDRICKSBURG, VA, 22408-2054
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1969
Internship and Year COOK COUNTY HOSPITAL-CHICAGO IL 1970
Residency and Year ALBANY MEDICAL CENTER HOSPITAL-ALBANY NY 1974
License Expiration Date **6/30/2005**
Remarks

License Number 13767
License Date 12/5/2007
Name **FAIRBANK, JONATHAN T MD**
Address FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVE BURLINGTON, VT, 05445
Specialty R
Board Certified R
School and Year of Graduation CASE WESTERN RESERVE UNIV USA 1967
Internship and Year MCGILL UNIV-FACULTY OF MEDICINE-MONTREAL, QUEBEC CANADA 1968
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1971
License Expiration Date **6/30/2009**
Remarks

License Number 13533
License Date 6/6/2007
Name **FAIRCHOK, GREGORY P MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation INDIANA UNIV USA 1983
Internship and Year UNIV OF MIAMI-JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1984
Residency and Year UNIV OF MIAMI-JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1986
License Expiration Date **6/30/2017**
Remarks

License Number 4504
License Date 10/14/1969
Name **FAIRLEY, HUGH F MD**
Address NH DDS, 21 S FRUIT STCONCORD, NH, 03301
Specialty GP
Board Certified
School and Year of Graduation NATIONAL UNIV OF IRELAND - DUBLIN IRELAND 1952
Internship and Year SOUTH BELFAST HOSPITAL - BELFAST, N IRELAND 1953
Residency and Year SOUTH BELFAST HOSPITAL - BELFAST, N IRELAND 1953
License Expiration Date **6/30/2015**
Remarks

License Number 7806
License Date 4/6/1988
Name **FAIRWEATHER, ROBERT B MD**
Address 7 ALLEN'S DR, PO BOX 457GRANTHAM, NH, 03753
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV CONNECTUCUT SCH MED - FARMINGTON-CT USA 1983
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
Residency and Year DARTMOUTH-HITCHCOCK MED CTR- HANOVER, NH 1987
License Expiration Date **6/30/2008**
Remarks

License Number 10863
License Date 4/5/2000
Name **FAITELSON, BENJAMIN B MD**
Address ASSOCIATED RADIOLOGISTS PA, 8 EAST PEARL STNASHUA, NH, 03060
Specialty R
Board Certified R
School and Year of Graduation PULSE BEAT MEDICAL SCHOOL-JOHANNESBURG SOUTH AFRICA 1985
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE-ST LOUIS,MO 1992
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON ,MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 6494
License Date 2/8/1982
Name **FALCHETTA, STEPHEN L MD**
Address N GROTON RD, GROTON, NH, 03241
Specialty P
Board Certified
School and Year of Graduation FACOLTA DI MEDICINA E CHIRURGIA DELL UNIV-BOLOGNA GERMANY 1963
Internship and Year JERSEY CITY MED CTR-JERSEY CITY 1964
Residency and Year VET ADMIN MED CTR-LYONS NJ 1971
License Expiration Date **6/30/2003**
Remarks

License Number 17054
 License Date 5/6/2015
 Name **FALIT, BENJAMIN P MD**
 Address RADIATION ONCOLOGY ASSOC, 1 ELLIOT WAYMANCHESTER, NH, 03103
 Specialty RO
 Board Certified
 School and Year of Graduation YALE UNIVERSITY USA 2010
 Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2011
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL/MASSACHUSETTS GENERAL - BOSTON, MA 2015
 License Expiration Date **6/30/2017**
 Remarks

License Number 7971
 License Date 9/7/1988
 Name **FALK, RALPH M MD**
 Address NH ONCOLOGY-HEMATOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106
 Specialty IM
 Board Certified IM
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1982
 Internship and Year DANBURY HOSPITAL - DANBURY CT 1983
 Residency and Year DANBURY HOSPITAL - DANBURY CT 1985
 License Expiration Date **6/30/2016**
 Remarks

License Number 11412
 License Date 10/3/2001
 Name **FALKELL, BARBARA J DO**
 Address RIVERSIDE PRIMARY CARE, 11 KIMBALL DRHOOKSETT, NH, 03106
 Specialty IM
 Board Certified IM
 School and Year of Graduation MICHIGAN STATE UNIV - EAST LANSING, MI USA 1996
 Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1997
 Residency and Year WAYNE STATE UNIV/DETROIT MEDICAL CENTER - DETROIT, MI 2001
 License Expiration Date **6/30/2005**
 Remarks

License Number 3288
 License Date 3/11/1959
 Name **FALKENHAM, ELWIN R MD**
 Address 59 ELM ST, LANCASTER, NH, 03584
 Specialty FP
 Board Certified FP
 School and Year of Graduation TUFTS UNIVERSITY USA 1957
 Internship and Year MAINE MEDICAL CENTER PORTLAND - MAINE 1958
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1958
 License Expiration Date **6/30/2001**
 Remarks

License Number 12210
License Date 1/7/2004
Name **FALKER, JOHN M MD**
Address 8 BLUEBIRD RD, HOLLAND, PA, 18966-1904
Specialty R
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL COLLEGE, PHILADELPHIA PA US 1973
Internship and Year READING MEDICAL CTR, READING PA 1974
Residency and Year READING MEDICAL CTR, READING PA 1977
License Expiration Date **6/30/2006**
Remarks

License Number 10613
License Date 7/7/1999
Name **FALL, LESLIE H MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation DARTMOUTH MED SCH- HANOVER, NH USA 1990
Internship and Year UNIV OF CA/IRVINE MED CTR - ORANGE, CA 1991
Residency and Year UNIV OF CA/IRVINE MEDICAL CTR - ORANGE, CA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15869
License Date 10/3/2012
Name **FALLON II, JOHN M MD**
Address DHMC-DEPT OF GS, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 15830
License Date 9/5/2012
Name **FALLON, MARGARET A MD**
Address PATHOLOGY SPECIALISTS OF NEW ENGLAND, PO BOX 5528 - 1 ELLIOT WAYMANCHESTER, NH, 031
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1980
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1981
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 5612
License Date 9/15/1976
Name **FALLON, PAUL A MD**
Address 404 THE HILL, PHOEBE HART HOUSEPORTSMOUTH, NH, 03801-3736
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON USA 1974
Internship and Year MASS MENTAL HLTH HOSPITAL - BOSTON, MA 1974
Residency and Year MASS MENTAL HLTH HOSPITAL - BOSTON, MA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 16362
License Date 11/6/2013
Name **FANALE, CHRISTOPHER V MD**
Address MAYO CLINC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty N
Board Certified
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2002
Residency and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 10707
License Date 10/6/1999
Name **FANARAS, GREGORY C MD**
Address WHITE RIVER JUNCTION VA MEDICAL CENTER, 215 NORTH MAIN ST BLDG 1 MED SVCS ROOM 105
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1990
Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR 1991
Residency and Year LAHEY HITCHCOCK MEDICAL CENTER 1993
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13 - reinstated 9/3/14**

License Number 13665
License Date 9/5/2007
Name **FANBURG, SUSAN J MD**
Address 34 POWDER HILL RD, BEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1995
Internship and Year CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 1996
Residency and Year CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 1998
License Expiration Date **6/30/2017**
Remarks

License Number 9961
License Date 4/2/1997
Name **FANCIULLO, GILBERT J MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CT, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1987
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1988
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 13064
License Date 5/3/2006
Name **FANI SROUR, JOHN MD**
Address CARDIOLOGY CARE OF NH, 2064 WOODBURY AVE, STE 103NEWINGTON, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF DAMASCUS SYRIA 2000
Internship and Year UNIV OF TEXAS, HOUSTON TX 2005
Residency and Year UNIV OF TEXAS, HOUSTON TX 2006
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/2010 - reinstated 3/4/15**

License Number 8050
License Date 3/1/1989
Name **FANIZZI, MICHAEL V MD**
Address ALICE PECK DAY HOSP, 123 MASCOMA STLEBANON, NH, 03766
Specialty P
Board Certified
School and Year of Graduation UNIV OF NEW MEXICO SCHOOL OF MEDICINE ALBUQUERQUE, NEW MEXICO 1985
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1987
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1987
License Expiration Date **6/30/2015**
Remarks

License Number 12933
License Date 11/2/2005
Name **FANUELE, JASON C MD**
Address ORTHAPEDIC CARE SPECIALIST INC, 15 ROCHE BROS WAYNO EASTON, MA, 02356
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 5707
License Date 5/5/1977
Name **FARACI, JACK A MD**
Address OB GYN ASSOCIATES OF SOUTHERN NH, 30 DANIEL WEBSTER HWY STE 11MERRIMACK, NH, 03054
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1973
Internship and Year UNIVERSITY OF COLORADO MED CENTER-DENVER CO 1974
Residency and Year UNIV OF COLORADO MED CTR - DENVER, CO 1974
License Expiration Date **6/30/2015**
Remarks

License Number 14541
License Date 8/5/2009
Name **FARAH, HUSAM H MD**
Address CONCORD HOSPITAL CARDIAC ASSOCIATES - STE#2A1, LACONIA MED OFC/85 SPRING STLACONIA,
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 1988
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1997
Residency and Year ST VINCENT HOSPITAL -WORCESTER, MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14414
License Date 5/6/2009
Name **FARAH, JAREER O MD**
Address 1015 DEVONSHIRE RD, ALLENTOWN, PA, 18103
Specialty IM
Board Certified IM
School and Year of Graduation JORDAN UNIVERSITY JORDAN 2001
Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2005
Residency and Year DETROIT MEDICAL CENTER WAYNE STATE UNIVERSITY - DETROIT, MI 2009
License Expiration Date **6/30/2011**
Remarks

License Number 11622
License Date 6/5/2002
Name **FARAHMAND, ARYA MD**
Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK STLAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation ISFAHAN UNIV - ISFAHAN, IRAN IRAN 1994
Internship and Year FRANKFORD HOSPITAL - PHILADELPHIA, PA 1997
Residency and Year BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10118
License Date 9/10/1997
Name **FARBER, ALIK MD**
Address 3631 W 3RD ST STE 615 E, LOS ANGELES, CA, 90048
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCH - BOSTON, MA USA 1992
Internship and Year MASS GENERAL HOSPITAL-MA 1997
Residency and Year MASS GENERAL HOSPITAL - MA 1997
License Expiration Date **6/30/2001**
Remarks

License Number 10898
License Date 5/3/2000
Name **FARBER, MARTIN MD**
Address 85 NICHOLDS RD, COHASSET, MA, 02025
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA USA 1964
Internship and Year SUNY HEALTH SCIENCE CENTER-BROOKLYN - BROOKLYN, NY 1965
Residency and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1966
License Expiration Date **6/30/2016**
Remarks

License Number 3317
License Date 9/9/1959
Name **FARDELMANN, DALE V MD**
Address 10 POLK LN, PO BOX 506JONESPORT, ME, 04649-0506
Specialty U
Board Certified U
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1950
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER NH 1957
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER NH 1957
License Expiration Date **6/30/2013**
Remarks

License Number 13041
License Date 4/5/2006
Name **FARDI, MANUCHER MD**
Address HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN, MA, 01844
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF TEHRAN - TEHRAN IRAN IRAN 1961
Internship and Year WYCKOFF HIEIGHTS MEDICAL CENTER, BROOKLYN NY 1963
Residency and Year MORRISTOWN MEMORIAL HOSPITAL, MORRISTOWN NJ 1967
License Expiration Date **6/30/2016**
Remarks

License Number 16005
License Date 2/6/2013
Name **FARHAD, KHOSRO MD**
Address COASTAL NEUROLOGY SERVICES, INC., 158 E NH ROUTE 108 SUITE 5DOVER, NH, 03820
Specialty N
Board Certified N
School and Year of Graduation IRAN UNIVERSITY OF MEDICAL SCIENCES USA 1999
Internship and Year UMDNJ-UNIVERSITY HOSPITAL - NEWARK, NJ 2008
Residency and Year UMDNJ-UNIVERSITY HOSPITAL - NEWARK, N 2011
License Expiration Date **6/30/2017**
Remarks

License Number 13342
License Date 12/6/2006
Name **FARISS, ANNA K MD**
Address RADIATION ONCOLOGY DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation ROSALIND FRANKLIN UNIV OF MEDICINE & SCIENCE USA 1986
Internship and Year UNIV OF FLORIDA-GAINESVILLE, FL 1987
Residency and Year UNIV OF FLORIDA-GAINESVILLE, FL 1988
License Expiration Date **6/30/2016**
Remarks

License Number 14374
License Date 4/1/2009
Name **FARLEY, EDWARD P MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation TULANE UNIV USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2011**
Remarks

License Number 14496
License Date 7/1/2009
Name **FARMER, EVAN R MD**
Address 4242 GUM POINT LN, GLOUCESTER, VA, 23061
Specialty D
Board Certified D
School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 1970
Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1971
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1974
License Expiration Date **11/21/2013**
Remarks **REQUESTED INACTIVE 11/21/13**

License Number 11055
License Date 9/6/2000
Name **FARMER, WILLIAM D MD**
Address SOUTHLINGTON FAMILY MED, PO BOX 770MILLDALE, CT, 06467
Specialty AN
Board Certified FP
School and Year of Graduation LOMA LINDA UNIV SCH MED-LOMA LINDA, CA USA 1996
Internship and Year NORWALK HOSPITAL - MORWALK, CT 1997
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1998
License Expiration Date **6/30/2008**
Remarks

License Number 7611
License Date 6/3/1987
Name **FARMLETT, EDWARD J MD**
Address LAKES REGION RADIOLOGY, 87 SPRING ST STE 101LACONIA, NH, 03246
Specialty R
Board Certified R
School and Year of Graduation JOHN HOPKINS UNIV SCH MED USA 1982
Internship and Year SANTA BARBARA COTTAGE HOSPITAL 1983
Residency and Year JOHNS HOPKINS HOSPITAL 1987
License Expiration Date **6/30/2017**
Remarks

License Number 6832
License Date 1/5/1984
Name **FARNHAM, JACK E MD**
Address 7027 PINE HOLLOW DR, MT DORA, FL, 32757
Specialty AI
Board Certified AI
School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1957
Internship and Year HENRY FORD HOSPITAL-DETROIT,MI 1958
Residency and Year MASS GEN HOSPITLA-BOSTON,MA 1975
License Expiration Date **6/30/2006**
Remarks

License Number 8489
License Date 2/6/1991
Name **FARNHAM, LYNN W MD**
Address 17 ARBOR VIEW LN, SCARBOROUGH, ME, 04074-8389
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1986
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1987
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1991
License Expiration Date **6/30/2017**
Remarks

License Number 15478
License Date 12/7/2011
Name **FAROOKI, AAMER Z MD**
Address ADVANCED MEDICAL IMAGING, 21 GRAND AVE SUITE 509PALISADES PARK, NJ, 07650
Specialty DR
Board Certified DR
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1999
Residency and Year MALLINCKRODT INSTITUTE OF RADIOLOGY - ST LOUIS, MO 2003
License Expiration Date **6/30/2017**
Remarks

License Number 12295
License Date 5/5/2004
Name **FARR, CLAIRANN M DO**
Address VALLEY EYE CONSULTANTS, 1335 SOUTH LINDEN STE EFLINT, MI, 48532
Specialty OPH
Board Certified OPH
School and Year of Graduation MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 1988
Internship and Year BI-COUNTY COMMUNITY HOSP, WARREN MI 1989
Residency and Year BI-COUNTY COMMUNITY HOSP, WARREN MI 1992
License Expiration Date **6/30/2006**
Remarks

License Number 7079
License Date 5/2/1985
Name **FARRA, RAPHAEL MD**
Address 300 KEARNEY CIRCLE, MANCHESTER, NH, 03104
Specialty IM
Board Certified
School and Year of Graduation FAC OF MED UNIV OF ALEPPO ITALY 1977
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1983
Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 13150
License Date 7/5/2006
Name **FARRAHER, STEVEN W MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2000
Internship and Year ST VINCENT HOSPITAL-WORCESTER MA 2001
Residency and Year BOSTON UNIV MEDICAL CENTER-BOSTON MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13820
License Date 2/6/2008
Name **FARRAR, TASHA M MD**
Address ANNA MARSH CLINIC, PO BOX 803BRATTLEBORO, VT, 05302
Specialty P
Board Certified P
School and Year of Graduation UNIV OF NEBRASKA USA 2002
Internship and Year UNIV OF ILLINOIS @ CHICAGO - CHICAGO, IL 2003
Residency and Year UNIV OF ILLINOIS @ CHICAGO - CHICAGO, IL 2006
License Expiration Date **6/30/2010**
Remarks

License Number 14959
License Date 8/4/2010
Name **FARRELL, COURTNEY R MD**
Address DHMC-DEPT OF INTERNAL MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 2007
Internship and Year UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE, MD 2008
Residency and Year UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE, MD 2010
License Expiration Date **6/30/2016**
Remarks

License Number 5176
License Date 6/10/1974
Name **FARRELL, GAULT M MD**
Address , , ,
Specialty OPH
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE - NY USA 1967
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 15656
License Date 5/2/2012
Name **FARRELL, JULIE A MD**
Address JULIE ANN FARRELL MD INC, 110 E RIVERSIDE DRAUGUSTA, KY, 41002-0007
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MED USA 1979
Internship and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1980
Residency and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1983
License Expiration Date **6/30/2014**
Remarks

License Number 13859
License Date 3/5/2008
Name **FARRELL, THOMAS J MD**
Address MANATEE MEMORIAL HOSPITAL, 206 SECOND ST EASTBRADENTON, FL, 34208
Specialty DMP
Board Certified ATP
School and Year of Graduation GEORGETOWN UNIV USA 1998
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13397
License Date 2/7/2007
Name **FARRIS, PAUL A MD**
Address SEATTLE RADIOLOGISTS, 1229 MADISON ST STE 900SEATTLE, WA, 98104
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2003
Internship and Year DARTMOUTH- HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH- HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 12934
License Date 11/2/2005
Name **FARSAD, KHASHAYAR MD**
Address 45 ELDRIDGE ST, LEBANON, NH, 03766
Specialty NS
Board Certified
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2007**
Remarks

License Number 14678
License Date 12/2/2009
Name **FATTERUSSO, CHRISTINE L MD**
Address VA LITTLETON OUTPATIENT CLINIC, 685 MEADOWS STLITTLETON, NH, 03561
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2005
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2006
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2008
License Expiration Date **6/30/2017**
Remarks

License Number 14836
License Date 5/5/2010
Name **FAUCETT, SCOTT C MD**
Address GW MEDICAL FACULTY ASSOC, 2150 PENNSYLVANIA AVE NW ORTHOPAEDICS SUITE 7-408 WASHINGTON
Specialty ORS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2014**
Remarks

License Number 9727
License Date 6/5/1996
Name **FAULK, ELIZABETH A MD**
Address 1214 SALEM ST FL 2, MALDEN, MA, 02148-4647
Specialty EM
Board Certified
School and Year of Graduation LOUISIANA STATE UNIVERSITY-NEW ORLEANS LA USA 1987
Internship and Year CHICAGO MEDICAL SCHOOL-NORTH CHICAGO, IL 1993
Residency and Year CHICAGO MEDICAL SCHOOL-NORTH CHICAGO IL 1993
License Expiration Date **6/30/1998**
Remarks

License Number 4597
License Date 8/25/1970
Name **FAULKNER II, CHARLES S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF ROCHESTER, NY USA 1962
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1963
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1966
License Expiration Date **6/30/2006**
Remarks

License Number 17055
License Date 5/6/2015
Name **FAULKNER, HEATHER R MD**
Address 55 FRUIT ST, WACC435 BOSTON, MA, 02114
Specialty PS
Board Certified GS
School and Year of Graduation KECK SCHOOL OF MEDICINE OF THE UNIV OF SO CALIFORNIA USA 2004
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2005
Residency and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 10677
License Date 9/1/1999
Name **FAULKNER, NATHAN W MD**
Address CONCORD PEDIATRICS, 248 PLEASANT ST STE 1700CONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED- OH USA 1996
Internship and Year UNIV OF NEW MEXICO SCH OF MED - ALBUQUERQUE, NM 1997
Residency and Year UNIV OF NEW MEXICO SCH OF MED- ALBUQUERQUE, NM 1998
License Expiration Date **6/30/2017**
Remarks

License Number 16106
License Date 5/1/2013
Name **FAUST, WILLIAM C MD**
Address 3 SACRAMENTO PL APT 3, CAMBRIDGE, MA, 02138
Specialty U
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2009
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2010
License Expiration Date **6/30/2015**
Remarks

License Number 12101
License Date 10/1/2003
Name **FAWCETT, BRIAN P MD**
Address , PO BOX 5042APPLETON, WI, 54912
Specialty OM
Board Certified OM
School and Year of Graduation MARSHALL UNIVERSITY,HUNTINGTON WV US 1982
Internship and Year NAVAL MEDICAL CTR, PORTSMOUTH VA 1983
Residency and Year REGIONS HOSPITAL, ST PAUL MN 2003
License Expiration Date **6/30/2007**
Remarks

License Number 7148
License Date 7/10/1985
Name **FAY, LEON MD**
Address GREATER LAWRENCE HEALTH CENTER, 34 HAVERHILL STLAWRENCE, MA, 01841-2884
Specialty FP
Board Certified FP
School and Year of Graduation CORNELL UNIVERSITY-NEW YORK, NY USA 1977
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL-RICHMOND, VA 1978
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL-RICHMOND, VA 1980
License Expiration Date **6/30/2005**
Remarks

License Number 15870
License Date 10/3/2012
Name **FAY, MARY E MD**
Address ST PETERS HOSPITAL - DEPT OF NEONATOLOGY, 315 SO MANNING BLVD, 3 CUSACK RM 3563-CALB
Specialty NPM
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2009
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 14220
License Date 11/5/2008
Name **FAYNZILBERG, SIMON Y MD**
Address 157 WINTHROP RD APT 2, BROOKLINE, MA, 02445
Specialty AN
Board Certified AN
School and Year of Graduation ST PETERSBURG STATE MEDICAL ACADEMY RUSSIA 1981
Internship and Year USC DEPARTMENT OF SURGERY - LOS ANGELES, CA 1996
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 9687
License Date 4/3/1996
Name **FAYRE, GAIL B MD**
Address ANNA JAQUES HOSP, 25 HIGHLAND AVENUE WENDEBURYPORT, MA, 01950
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE USA 1989
Internship and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1990
Residency and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 15149
License Date 3/2/2011
Name **FAZELAT, AHAD A MD**
Address BELLOWS, GOODMAN, SHAKER AND SIEGAL, 250 RIVER ROAD MANCHESTER, NH, 03104
Specialty OPH
Board Certified OPH
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year ST VINCENTS HOSPITAL (MANHATTAN) NEW YORK MEDICAL COLLEGE, NEW YORK, NY 2006
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 15150
License Date 3/2/2011
Name **FAZELAT, JOYIA E MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY USA 2005
Internship and Year JACOBI MEDICAL CENTER - BRONX, NY 2006
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14917
License Date 7/7/2010
Name **FAZELI, JABBAR MD**
Address 1321 WASHINGTON AVE #310, PORTLAND, ME, 04103
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PECS HUNGARY 1992
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1996
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1998
License Expiration Date **6/30/2016**
Remarks

License Number 8426
License Date 8/8/1990
Name **FAZIO, THOMAS L MD**
Address PENTUCKET MEDICAL ASSOC, 1 PARKWAYHAVERHILL, MA, 01830-6220
Specialty GE
Board Certified GE
School and Year of Graduation SUNY-HLTH SCI CTR AT SYRACUSE - SYRACUSE,NY USA 1973
Internship and Year THE MEDICAL CENTER OF DELAWARE - WILMINGTON, DE 1974
Residency and Year UNIV HOSPITAL SUNY HLTH SCI CTR - SYRACUSE, NY 1978
License Expiration Date **6/30/2014**
Remarks

License Number 12375
License Date 7/7/2004
Name **FAZZONE, ANTHONY B MD**
Address SOUTHWESTERN VERMONT MEDICAL CENTER, 100 HOSPITAL DRI VEBENNINGTON, VT, 05201
Specialty AN
Board Certified AN
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 1996
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 1997
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 16345
License Date 10/2/2013
Name **FEARNEYHOUGH, PAUL K MD**
Address 2811 AVE OF THE WOODS, LOUISVILLE, KY, 40241
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1988
Internship and Year UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 1989
Residency and Year UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 1994
License Expiration Date **6/30/2017**
Remarks

License Number 8007
License Date 11/9/1988
Name **FECTEAU JR, JAMES R MD**
Address 1247 WASHINGTON RD #25, RYE, NH, 03870
Specialty P
Board Certified P
School and Year of Graduation UNIV DEL NORESTE SCHOOL OF MEDICINE MEXICO 1981
Internship and Year SALEM HOSPITAL - SALEM MA 1985
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSETT NY 1989
License Expiration Date **6/30/2016**
Remarks

License Number 3154
License Date 9/12/1956
Name **FECTEAU, GERARD O MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **12/12/1986**
Remarks **DECEASED 12/12/86**

License Number 8499
License Date 3/6/1991
Name **FEDELE, FRANK A MD**
Address LAHEY CARDIOLOGY, 333 BORTHWICK AVE STE 401PORTSMOUTH, NH, 03801
Specialty CD
Board Certified CD
School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1983
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1984
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1986
License Expiration Date **6/30/2017**
Remarks **6/3/15 - Settlement Agreement**

License Number 6710
License Date 6/2/1983
Name **FEDER, ROBERT E MD**
Address 753 CHESTNUT ST, MANCHESTER, NH, 03104
Specialty P
Board Certified P
School and Year of Graduation UNIV OF WASHINGTON SCH MED-SEATTLE,WA USA 1977
Internship and Year YALE NEW HAVEN HOSP-NEW HAVEN 1978
Residency and Year YALE UNIV SCH OF MED-NEW HAVEN 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15125
License Date 2/2/2011
Name **FEDERMAN, JANE MD**
Address GLEN COVE HOSPITAL - DEPT OF EMERGENCY MEDICINE, 101 ST ANDREW'S LANE GLEN COVE, NY,
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIVERSITY OF NY USA 1991
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1992
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1995
License Expiration Date **6/30/2013**
Remarks

License Number 9653
License Date 3/6/1996
Name **FEDERMAN, MARC R MD**
Address 65 CENTRAL ST, GEORGETOWN, MA, 01833
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF PA USA 1987
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1988
Residency and Year UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 1991
License Expiration Date **6/30/2001**
Remarks

License Number 13315
License Date 11/1/2006
Name **FEDOR, DAVID M DO**
Address MCKAY-DEE HOSP, 4401 HARRISON BLVD GEDDEN, UT, 84403
Specialty IM
Board Certified IM
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MED USA 2003
Internship and Year SCRANTON-TEMPLE RESIDENCY PROGRAM - SCRANTON, PA 2004
Residency and Year SCRANTON-TEMPLE RESIDENCY PROGRAM - SCRANTON, PA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14794
License Date 4/7/2010
Name **FEDOR, LAUREL A MD**
Address MCKAY DEE INTERNAL MED, 4401 HARRISON BLVDOGDEN, UT, 84403
Specialty IM
Board Certified IM
School and Year of Graduation MARSHALL UNIVERSITY USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15407
License Date 10/5/2011
Name **FEDRIZZI, RUDOLPH P MD**
Address CHESHIRE MED CTR - DH KEENE, COMMUNITY HEALTH DEPT - 580 COURT STKEENE, NH, 03431
Specialty OBG
Board Certified OBG
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1990
Residency and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16405
License Date 12/4/2013
Name **FEENEY, RICHARD O DO**
Address 3 ALUMNI DR, EXETER, NH, 03833
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2010
Residency and Year SPAULDING REHABILITATION HOSPITAL - BOSTON, MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 8020
License Date 12/7/1988
Name **FEINGOLD, MURRAY MD**
Address NBDC 40 SECOND AVE #520, WALTHAM, MA, 02451
Specialty PD
Board Certified PD
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PHIL,P USA 1959
Internship and Year ALLENTOWN HOSP-ALLENTOWN,PA 1960
Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON,MA 1961
License Expiration Date **6/30/2012**
Remarks

License Number 7776
License Date 2/3/1988
Name **FEINS, ROBERT S MD**
Address 144 TARRYTOWN RD, MANCHESTER, NH, 03103-2713
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF VT COLL MED-BURLINGTON,VT USA 1978
Internship and Year UNIV OF WISCONSIN HOSP-MADISON,WI 1979
Residency and Year UNIV OF WISCONSIN HOSP-MADISON,WI 1985
License Expiration Date **6/30/2016**
Remarks

License Number 7238
License Date 12/5/1985
Name **FEITELSON, AMY S MD**
Address LIBERTY MUTUAL, 100 LIBERTY WAYDOVER, NH, 03820
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1980
Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1981
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 16266
License Date 8/7/2013
Name **FEKE, TANYA LEE T MD**
Address CONVENIENT MD, 125 INDIAN ROCK ROADWINDHAM, NH, 03087
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2003
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - HARTFORD, CT 2004
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - HARTFORD, CT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 3878
License Date 2/1/1966
Name **FELBARG, HECTOR R MD**
Address ST FRANCIS HOSP, 25 MC WILLIAMS PLACEJERSEY CITY, NJ, 07302-1609
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF CORDOBA - ARGENTINA ARGENTINA 1957
Internship and Year ST MARY'S HOSPITAL - TROY, NY 1960
Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILA, PA 1965
License Expiration Date **6/30/2003**
Remarks

License Number 7408
License Date 8/14/1986
Name **FELDBERG, MURRAY S MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF AMSTERDAM USA 1957
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 15294
License Date 7/6/2011
Name **FELDMAN, MARINA I MD**
Address ELLIOT BREAST HEALTH CENTER, 185 QUEEN CITY AVE 1ST FLOOR MANCHESTER, NH, 03101
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2006
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2010
License Expiration Date **6/30/2017**
Remarks

License Number 8283
License Date 3/7/1990
Name **FELDMAN, MARK L MD**
Address 21 PAR LN, HUDSON, NH, 03051-5215
Specialty EM
Board Certified
School and Year of Graduation UNIV OF UTAH SCH OF MED - SALT LAKE CITY, UT USA 1972
Internship and Year THE ALTOONA HOSPITAL - ALTOONA, PA 1976
Residency and Year ROCKLAND PSYCHIATRY CENTER - ORANGEBURG, NY 1973
License Expiration Date **6/30/2010**
Remarks

License Number 16666
License Date 7/2/2014
Name **FELDMAN, MARY S DO**
Address 341 DOGFORD RD, ETNA, NH, 03750
Specialty N
Board Certified N
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2004
Internship and Year MILLCREEK COMMUNITY HOSPITAL - ERIE, PA 2005
Residency and Year LECOM-HAMOT MEDICAL CENTER - ERIE, PA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10071
License Date 8/6/1997
Name **FELDMANN, THERESA L MD**
Address 22 MAIN ST, SALEM, NH, 03079
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF TEXAS MED SCH AT HOUSTON, TX USA 1993
Internship and Year ST JOSEPHS HOSP-TX 1997
Residency and Year ST JOSEPHS HOSPITAL - TX 1997
License Expiration Date **6/30/2017**
Remarks

License Number 9800
License Date 8/7/1996
Name **FELDMANN, WILLIAM B MD**
Address ALL-CARE MEDICAL, 22 MAIN STSALEM, NH, 03079-4881
Specialty PD
Board Certified
School and Year of Graduation SUNY-HLTH SCIENCE CTR AT BROOKLYN COLL OF MED, NY USA 1991
Internship and Year UNIV TEXAS MEDICAL SCHOOL AT HOUSTON - TX 1996
Residency and Year UNIV TEXAS MEDICAL SCHOOL AT HOUSTON - TX 1996
License Expiration Date **6/30/2016**
Remarks

License Number 4979
License Date 5/2/1973
Name **FELGATE, RODNEY A MD**
Address LINWOOD MEDICAL CENTER, PO BOX 129-115 MAIN STREETLINCOLN, NH, 03251
Specialty FP
Board Certified
School and Year of Graduation CHARING CROSS HOSPITAL MEDICAL CENTER LONDON 1962
Internship and Year OLDCHURCH HOSPITAL - UNITED KINGDOM 1963
Residency and Year OLDCHURCH HOSPITAL - UNITED KINGDOM 1964
License Expiration Date **6/30/2017**
Remarks

License Number 12696
License Date 5/4/2005
Name **FELIX, ROGER MD**
Address 9618 BRISTOL AVE, SILVER SPRING, MD, 20901
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1991
Internship and Year JACOB HOLLER FAMILY MED CTR, ROCHESTER NY 1992
Residency and Year JACOB HOLLER FAMILY MED CTR, ROCHESTER NY 1994
License Expiration Date **6/30/2007**
Remarks

License Number 11812
License Date 1/8/2003
Name **FELLNER, ERINN L MD**
Address PO BOX 250, 461 MAIN STREET SUITE B6FRANCONIA, NH, 03580
Specialty P
Board Certified P
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI USA 1998
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1999
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2002
License Expiration Date **6/30/2017**
Remarks

License Number 12842
License Date 8/3/2005
Name **FELTMATE, HEATHER L MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2002
Residency and Year BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 6863
License Date 4/10/1984
Name **FELTON, CHARLES R MD**
Address MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNO CONWAY, NH, 03860
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TEXAS MED SCH-SAN ANTONIO,TX USA 1977
Internship and Year DALLAS CO HOS DIS/PARKLAND MEM -DALLAS,TX 1979
Residency and Year U TX SW MED SCH AFFIL HOSP-DALLAS,TX 1980
License Expiration Date **6/30/2016**
Remarks

License Number 11589
License Date 5/1/2002
Name **FELTQUATE, DAVID M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MASS MEDICAL SCH- WORCESTER, MA USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2003**
Remarks

License Number 10329
License Date 7/1/1998
Name **FENG, MONA P MD**
Address 60 EXETER RD, BLDG 100 STE 103NEWMARKET, NH, 03857
Specialty PD
Board Certified PD
School and Year of Graduation PEKING SECOND MED COLL - PEKING CHINA CHINA 1983
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1993
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 9479
License Date 7/5/1995
Name **FENNO, WILL MD**
Address , PO BOX 477PETERBOROUGH, NH, 03458-0477
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL SCHOL OF WISCONSIN MILWAUKEE , WI USA 1987
Internship and Year UNIV HOSPITAL SUNY HEALTH S C-BROOKLYN BROOKLYN,NY 1988
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL RICHMOMD, VA 1994
License Expiration Date **6/30/2003**
Remarks

License Number 13283
License Date 10/4/2006
Name **FENSTER, HAROLD A MD**
Address 2630 H 3/4 RD, GRAND JUNCTION, CO, 81506
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1973
Internship and Year TRIPLER ARMY MED CTR, TRIPLER HI 1974
Residency and Year WALTER REED ARMY MED CTR, WASHINGTON DC 1982
License Expiration Date **6/30/2016**
Remarks

License Number 11694
License Date 8/7/2002
Name **FENSTER, MARTIN M MD**
Address 120 FIFTH AVE, SUITE P4205PITTSBURGH, PA, 15222
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1972
Internship and Year PENNSYLVANIA HOSPITAL-PHILADELPHIA,PA 1973
Residency and Year PENNSYLVANIA HOSPITAL-PHILADELPHIA,PA 1974
License Expiration Date **6/30/2008**
Remarks

License Number 9962
License Date 4/2/1997
Name **FENTON, RANDALL C MD**
Address BIDHC OF SALEM, 32 STILES RD, STE 103SALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation ST LOUIS UNIV SCHOL OF MEDICINE - ST LOUIS,MO USA 1991
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1992
Residency and Year PORTSMOUTH GENERAL HOSPITAL - VA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13490
License Date 5/9/2007
Name **FENYAR, BONNIE A MD**
Address 47 COVE RD, TOMS RIVER, NJ, 08753
Specialty P
Board Certified P
School and Year of Graduation UNIV OF OF HEALTH SCIENCES ANTIGUA 1987
Internship and Year UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 1991
Residency and Year ATLANTICARE REGIONAL MEDICAL CENTER - ATLANTIC CITY, NJ 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16578
License Date 5/7/2014
Name **FEO AGUIRRE, LEANDRO J MD**
Address 32 ESSEX RD, BEDFORD, NH, 03110
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSIDAD CENTRO-OCCIDENTAL LISANDRO ALVARADO VENEZUELA 2002
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2007
Residency and Year DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 14069
License Date 7/9/2008
Name **FERDER, GABRIELA MD**
Address 110-07 73RD RD #1D, FOREST HILLS, NY, 11375
Specialty PD
Board Certified
School and Year of Graduation UNIV OF MAIMONIDES ARGENTINA 2001
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
Residency and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2008
License Expiration Date **6/30/2010**
Remarks

License Number 7711
License Date 9/2/1987
Name **FERGUSON, DALE J MD**
Address DALE J FERGUSON MD, 25 LOIS STROCHESTER, NH, 03867-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MARYLAND SCH MED-BALTIMORE,MD USA 1980
Internship and Year FRANKLIN SQUARE HOSP-BALTIMORE,MD 1981
Residency and Year FRANKLIN SQUARE HOSP-BALTIMORE,MD 1984
License Expiration Date **6/30/2017**
Remarks

License Number 17213
License Date 8/5/2015
Name **FERGUSON, FREDERICK A MD**
Address PO BOX 19401, KALAMAZOO, MI, 49019
Specialty FP
Board Certified FP
School and Year of Graduation MEHARRY MEDICAL COLLEGE SCHOOL OF MED USA 1995
Internship and Year SHANDS JACKSONVILLE MEDICAL CENTER- UNIVERSITY OF FL - JACKSONVILLE, FL 1997
Residency and Year SHANDS JACKSONVILLE MEDICAL CENTER - UNIVERSITY OF FL - JACKSONVILLE, FL 1999
License Expiration Date **6/30/2017**
Remarks

License Number 17162
License Date 7/1/2015
Name **FERGUSON, MICHAEL A MD**
Address 5225 POOKS HILL RD #117N, BETHESDA, MD, 20814
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY USA 1989
Internship and Year KEESLER MEDICAL CENTER - KEESLER AFB, MS 1990
Residency and Year KEESLER MEDICAL CENTER - KEESLER AFB, MS 1992
License Expiration Date **6/30/2017**
Remarks

License Number 15245
License Date 6/1/2011
Name **FERGUSON, SHARON E DO**
Address 590 COURT ST, KEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 2009
Residency and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 13956
License Date 5/7/2008
Name **FERLAN, MARK R DO**
Address DERRYFIELD MEDICAL GROUP, 275 MAMMOTH RD STE 4MANCHESTER, NH, 03109
Specialty IM
Board Certified IM
School and Year of Graduation PHILADELPHIA COLLEGE USA 2004
Internship and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 2005
Residency and Year KETTERING MEDICAL CENTER-KETTERING, OH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 4574
License Date 6/15/1970
Name **FERM, VERGIL H MD**
Address 202 DOGFORD RD, ETNA, NH, 03750
Specialty GP
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MED USA 1948
Internship and Year ST LUKES MEDICAL CENTER - OH 1949
Residency and Year ST LUKES MEDICAL CENTER - OH 1949
License Expiration Date **6/30/2006**
Remarks **DECEASED 10/04/07**

License Number 15750
License Date 7/11/2012
Name **FERNANDEZ ROBLES, CARLOS G MD**
Address MASS GEN HOSP, 55 FRUIT ST YAWKEY 10BBOSTON, MA, 02141
Specialty P
Board Certified P
School and Year of Graduation UNIVERSIDAD INDUSTRIAL DE SANTANDER COLOMBIA 2001
Internship and Year UNIVERSITY OF MIAMI- JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 2006
Residency and Year UNIVERSITY OF MIAMI- JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 2008
License Expiration Date **6/30/2016**
Remarks

License Number 13534
License Date 6/6/2007
Name **FERNANDEZ, GERARDO J MD**
Address AUREON LABORATORIES, 28 WELLS AVEYONKERS, NY, 10701
Specialty PTH
Board Certified PTH
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1992
Internship and Year NEW YORK UNIV MEDICAL CENTER-NY, NY 1993
Residency and Year NEW YORK UNIV MEDICAL CENTER-NY, NY 1996
License Expiration Date **6/30/2011**
Remarks

License Number 15246
License Date 6/1/2011
Name **FERNANDEZ, GINA GERARDINE S MD**
Address DHMC - DEPT OF INTERNAL MED, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1999
Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 2008
Residency and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 2010
License Expiration Date **6/30/2017**
Remarks

License Number 16406
License Date 12/4/2013
Name **FERNANDEZ, IMELYN M MD**
Address AMMONOOSUC COMMUNITY HEALTH SERVICES, 14 KING SQWHITEFIELD, NH, 03598
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2005
Internship and Year CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 2008
Residency and Year CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 2010
License Expiration Date **6/30/2017**
Remarks

License Number 4390
License Date 4/22/1969
Name **FERNANDEZ, OSCAR E MD**
Address INTERNAL MED & CARDIOLOGY, 85-43 55 AVEELMHURST, NY, 11373
Specialty IM
Board Certified
School and Year of Graduation UNIV LAPLATA - ARGENTINA, SOUTH AFRICA SOUTH AFRICA 1959
Internship and Year MEADOWBROOK HOSPITAL - HEMSTEAD, NY 1968
Residency and Year NASSAU HOSPITAL - MINEOLA, NY 1969
License Expiration Date **6/30/2017**
Remarks

License Number 16541
License Date 4/2/2014
Name **FERNANDO, CATHERINE DO**
Address EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified
School and Year of Graduation MIDWESTERN UNIVERSITY USA 2011
Internship and Year UNIVERSITY OF TOLEDO MEDICAL CENTER - TOLEDO, OH 2012
Residency and Year UNIVERSITY OF TOLEDO MEDICAL CENTER - TOLEDO, OH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 7723
License Date 10/7/1987
Name **FERNHOLZ, FREDERIC A MD**
Address 724 MAIN ST, LACONIA, NH, 03247-
Specialty U
Board Certified U
School and Year of Graduation UNIV OF SOUTH FLORIDA COLL OF MED USA 1979
Internship and Year NAVAL HOSP-SAN DIEGO,CA 1980
Residency and Year NAVAL HOSP-SAN DIEGO,CA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 15295
License Date 7/6/2011
Name **FERRARO, FRANCIS A MD**
Address USTELERADIOLOGY LLC, 3520 PIEDMONT RD NE STE 250ATLANTA, GA, 30305
Specialty DR
Board Certified DR
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1988
Residency and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 3371
License Date 7/14/1960
Name **FERRARO, THOMAS J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 17056
License Date 5/6/2015
Name **FERREIRA, JASON D MD**
Address 593 EDDY ST, PROVIDENCE, RI, 02903
Specialty IM
Board Certified IM
School and Year of Graduation THE WARREN ALPERT MED SCHOOL OF BROWN UNIVERSITY USA 2009
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2010
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 6945
License Date 8/2/1984
Name **FERRELL III, HENRY H MD**
Address 1 PARK AVE, UNIT 6-1HAMPTON, NH, 03842
Specialty U
Board Certified U
School and Year of Graduation UNIV OF VIRGINIA SCH MED-CHARLOTTESVILLE,VA USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1980
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
License Expiration Date **6/30/2016**
Remarks

License Number D0008
License Date
Name **FERRELL JR, ROBERT W MD**
Address 50 HIGHLAND ROAD, BOXFORD, MA, 01921
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 1970
Internship and Year LOS ANGELES UNIVERSITY - LOS ANGELES CA 1971
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1974
License Expiration Date **3/20/1991**
Remarks **3/20/91 - Application for Licensure Denied based on disciplinary action in Massachusetts for unprofessional conduct with a female psychiatric patient.
12/7/92 - Order. Motion to withdraw application is granted.**

License Number 5394
License Date 8/7/1975
Name **FERRELL, RICHARD B MD**
Address DHMC-DEPT PSYCHIATRY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation INDIANA UNIV SCHOOL OF MEDICINE USA 1969
Internship and Year DARTMOUTH HITCHCOCK AFFILIATED HOSPITAL - HANOVER, NH 1970
Residency and Year DARTMOUTH HITCHCOCK AFFILIATED HOSPITAL - HANOVER, NH 1973
License Expiration Date **6/30/2017**
Remarks

License Number 9936
License Date 2/5/1997
Name **FERRER, ANA MARIA MD**
Address , PO BOX 521NORTHAMPTON, MA, 01061-0521
Specialty PD
Board Certified PD
School and Year of Graduation UNIV CENTRAL DEL CARIBE SCH OF MED PUERTO RICO 1980
Internship and Year CAGUAS REGIONAL HOSPITAL - PUERTO RICO 1981
Residency and Year CAGUAS REGIONAL HOSPITAL - PUERTO RICO 1983
License Expiration Date **6/30/2013**
Remarks

License Number 10940
License Date 6/7/2000
Name **FERRERO, DONNA G MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC, 220 SUTTON STN ANDOVER, MA, 01845
Specialty PM
Board Certified PM
School and Year of Graduation STATE UNIV OF NEW YORK - BUFFALO,NY USA 1994
Internship and Year MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1995
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date **6/30/2003**
Remarks

License Number 16998
License Date 4/1/2015
Name **FERRI, RAYMOND T MD**
Address DHMC - PEDIATRIC NEUROLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1995
Internship and Year BROWN UNIVERSITY SCHOOL OF MEDICINE/RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1998
Residency and Year BROWN UNIVERSITY SCHOOL OF MEDICINE/RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
License Expiration Date **6/30/2017**
Remarks

License Number 5377
License Date 7/30/1975
Name **FERRIER, IAN R MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation CANADA 1969
Internship and Year
Residency and Year
License Expiration Date **3/16/1979**
Remarks

License Number 13425
License Date 3/7/2007
Name **FERRIS, DAVID V DO**
Address NORTH COUNTRY INTERNAL MEDICINE, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NJ USA 1999
Internship and Year UMDNJ SOM - KENNEDY MEMORIAL HOSPITAL-STRATFORD, NJ 2000
Residency and Year CAPITAL HEALTH SYSTEM FAMILY PRACTICE RESIDENCY - PLAINSBORO, NJ 2002
License Expiration Date **6/30/2017**
Remarks

License Number 2443
License Date 3/14/1946
Name **FERRITER, WILLIAM B MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1983**
Remarks **DECEASED 8/15/07**

License Number 8737
License Date 6/3/1992
Name **FERRUCCI, FERNANDO T MD**
Address PEDIATRIC HEALTH ASSOC, 275 MAMMOTH RD MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1984
Internship and Year THE HOSPITAL FOR SICK CHILDREN TORONTO - ONTARIO - CANADA 1985
Residency and Year THE HOSPITAL FOR SICK CHILDREN TORONTO - ONTARIO - CANADA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 14318
License Date 2/4/2009
Name **FERZLI, PASCAL MD**
Address DHMC @ CONCORD, 253 PLEASANT ST CONCORD, NH, 03301
Specialty D
Board Certified D
School and Year of Graduation BOSTON UNIV USA 2005
Internship and Year CARNEY HOSPITAL - DORCHESTER, MA 2006
Residency and Year COOPER UNIV HOSPITAL - CAMDEN, NJ 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13768
License Date 12/5/2007
Name **FESKE, STEVEN K MD**
Address PARTNERS TELESTROKE, 55 FRUIT ST, BIGELOW 1206 BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation LOUISIANA STATE UNIV USA 1982
Internship and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSP - BOSTON, MA 1984
Residency and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSP - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 13042
License Date 4/5/2006
Name **FETTER, JEFFREY C MD**
Address MHM, INC., 105 PLEASANT ST 3RD FLOORCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN UNIV-CLEVELAND OH USA 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10820
License Date 2/2/2000
Name **FETTER, SUZANNE L MD**
Address SO NH MEDICAL CENTER, PO BOX 2014 8 PROSPECT STNASHUA, NH, 03061
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VA SCH OF MED - CHARLOTTESVILL, VA USA 1991
Internship and Year CHILDREN'S HOSPITAL - ROCHESTER, NY 1992
Residency and Year CHILDREN'S HOSPITAL - ROCHESTER, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 10941
License Date 6/7/2000
Name **FEYERABEND, ANGELA J MD**
Address NAVAL HEALTH CLINIC NE, 43 SMITH RDNEWPORT, RI, 02841
Specialty R
Board Certified R
School and Year of Graduation LOUISIANA STATE UNIV - NEW ORLEANS, LA USA 1984
Internship and Year LOUISIANA STATE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1985
Residency and Year LOUISIANA STATE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 11590
License Date 5/1/2002
Name **FEYRER, SHEILA L MD**
Address ALICE PECK DAY MEMORIAL, 5 ALICE PECK DAY DRLEBANON, NH, 03766
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN- MILESUKRR, WI USA 1996
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON,MA 1997
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON,MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 15103
 License Date 1/5/2011
 Name **FIALKOW, LAWRENCE B DO**
 Address AMERICAN RED CROSS, 825 JOHN STW HENRIETTA, NY, 14607
 Specialty PTH
 Board Certified PTH
 School and Year of Graduation DES MOINES UNIVERSITY USA 1999
 Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2000
 Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2004
 License Expiration Date **6/30/2017**
 Remarks

License Number 8812
 License Date 9/2/1992
 Name **FICHERA, PHILLIP P MD**
 Address HUDSON MEDICAL ASSOCIATES, 225 DERRY RDHUDSON, NH, 03051
 Specialty FP
 Board Certified FP
 School and Year of Graduation ROSS UNIVERSITY SCHOOL OF MEDICINE USA 1987
 Internship and Year SOMERSET MEDICAL CENTER SOMERVILLE - NJ 1989
 Residency and Year SOMERSET MEDICAL CENTER SOMERVILLE - NJ 1991
 License Expiration Date **6/30/2016**
 Remarks

License Number 14161
 License Date 9/3/2008
 Name **FICHMAN, BERT L MD**
 Address DHMC-ANESTHESIOLOGY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03766
 Specialty AN
 Board Certified AN
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1987
 Internship and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1988
 Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 12027
 License Date 8/6/2003
 Name **FIDDLER, TROY A MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty IM
 Board Certified IM
 School and Year of Graduation OREGON HEALTH & SCIENCE U, PORTLAND OR US 2000
 Internship and Year MAINE MEDICAL CTR, PORTLAND ME 2001
 Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2002
 License Expiration Date **6/30/2007**
 Remarks

License Number 16034
License Date 3/6/2013
Name **FIDIAS, PANAGIOTIS MD**
Address UNIV OF ARIZONA CANCER CENTER, 500 W THOMAS RD STE 720PHOENIX, AZ, 85013
Specialty ON
Board Certified ON
School and Year of Graduation UNIVERSITY OF ATHENS GREECE 1989
Internship and Year SUNY @ BUFFALO GRADUATE MEDICAL-DENTAL EDUCATION - BUFFALO, NY 1991
Residency and Year SUNY @ BUFFALO GRADUATE MEDICAL-DENTAL EDUCATION - BUFFALO, NY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 14960
License Date 8/4/2010
Name **FIELD, CAREY J MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10079
License Date 8/6/1997
Name **FIELDING, KRISTIN M MD**
Address NACC NEWPORT, 1 RIGGS RDNEWPORT, RI, 02841
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW MEXICO SCH OF MED ALBUQUERQUE USA 1994
Internship and Year CONCORD HOSPITAL - CONCORD, NH 1996
Residency and Year CONCORD HOSPITAL - NH 1997
License Expiration Date **6/30/2005**
Remarks

License Number 11658
License Date 7/3/2002
Name **FIER, CARL M MD**
Address ELLIOT CARDIOLOGY CONSULT, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty CD
Board Certified CD
School and Year of Graduation MT SINAI SCH OF MED- NEW YORK, NY USA 1994
Internship and Year MT SINAI SCH OF MED - NEW YORK, NY 1995
Residency and Year MT SINAI SCH OF MED - NEW YORK, NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 8284
License Date 3/7/1990
Name **FISEHER, JAMES MD**
Address PORTSMOUTH PRIMARY CARE ASSOCI, 330 BORTHWICK AVE STE 101PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation LABANY MED COLL OF UNION UNIV-ALBANY,NY USA 1987
Internship and Year FORBES HLTH SYSTEMS MONROEVILLE,PA 1988
Residency and Year FORBES HLTH SYSTEMS-MONROEVILLE,PA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 9217
License Date 7/6/1994
Name **FIFE, JENNIFER MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNET DR STE 200S PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1987
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1992
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1992
License Expiration Date **6/30/2016**
Remarks

License Number 14375
License Date 4/1/2009
Name **FIGUERAS, MARIA L MD**
Address 3935 BIGAL CT, BETHLEHEM, PA, 18020
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 2003
Internship and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2007
Residency and Year IMOV CPMMECTOCIT JEA;TJ CEMTER - FARMINGTON, CT 2008
License Expiration Date **6/30/2015**
Remarks

License Number 17261
License Date 9/2/2015
Name **FIGUEROA GARCIA, ALBERTO R MD**
Address 15050 ELDERBERRY LN, FORT MYERS, FL, 33907
Specialty N
Board Certified N
School and Year of Graduation PONCE SCHOOL OF MEDICINE - PONCE, PR PUERTO RICO 2008
Internship and Year UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 2009
Residency and Year UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 2012
License Expiration Date **6/30/2017**
Remarks

License Number 10749
License Date 11/3/1999
Name **FILENE, DANIEL R MD**
Address 125 STATE STREET, PORTLAND, ME, 04101
Specialty P
Board Certified
School and Year of Graduation DATRMOUTH HITCHCOCK MEDICAL CENTER HANOVER,NH USA 1997
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-HANOVER,NH 1998
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-HANOVER,NH 1999
License Expiration Date **6/30/2001**
Remarks

License Number 9016
License Date 8/4/1993
Name **FILIANO, JAMES J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year CHILDREN'S HOSPITAL BOSTON, MA 1983
Residency and Year BRIGHAM & WOMEN'S HOSPITAL BOSTON, MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 13584
License Date 7/11/2007
Name **FILICE JR, ALBERT J MD**
Address NORTHERN DIAGNOSTIC PATHOLOGY, 2145 COURT STREDDING, CA, 96001
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF CALIFORNIA USA 1973
Internship and Year SAN JOAQUIN GENERAL HOSPITAL - FRENCH CAMP, CA 1974
Residency and Year UNIV OF COLORADO HEALTH SCIENCES CENTER - DENVER, CO 1978
License Expiration Date **6/30/2009**
Remarks

License Number 12197
License Date 1/7/2004
Name **FILIPPONE, MARION V MD**
Address 13 GLACIER LILY WAY, PO BOX 1897CRESTED BUTTE, CO, 81224-1897
Specialty OTO
Board Certified OTO
School and Year of Graduation TULANE UNIVERSITY, NEW ORLEANS LA US 1967
Internship and Year TULANE UNIVERSITY, NEW ORLEANS LA 1968
Residency and Year BAYLOR COLLEGE, HOUSTON TX 1971
License Expiration Date **6/30/2010**
Remarks

License Number 8960
License Date 6/2/1993
Name **FILLINGER, MARK F MD**
Address DHMC-VASCULAR SURGERY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty VS
Board Certified VS
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 1984
Internship and Year UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER - SYRACUSE NY 1991
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 8492
License Date 2/6/1991
Name **FILLINGER, MARY P MD**
Address DHMC - DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation SUNY-HLTH SCI CTR - SYRACUSE, NY USA 1985
Internship and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1986
Residency and Year UNIV HOSPITAL SUNY HEALTH SCI CTR - SYRACUSE, NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 7678
License Date 8/5/1987
Name **FILOSO, ANTHONY M MD**
Address 400 HIGHLAND AVE, STE 6SALEM, MA, 01970
Specialty U
Board Certified U
School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE USA 1972
Internship and Year UNIVERSITY HOSPITAL - BOSTON MA 1973
Residency and Year UNIVERSITY HOSPITAL - BOSTON MA 1978
License Expiration Date **6/30/2015**
Remarks

License Number 13957
License Date 5/7/2008
Name **FINCH, SARAH B DO**
Address 140 HAVERHILL ST BLDG 1, ANDOVER, MA, 01810
Specialty OBG
Board Certified
School and Year of Graduation NEW ENGLAND COLLEGE USA 2004
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2005
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2007
License Expiration Date **6/30/2010**
Remarks

License Number 16446
License Date 1/8/2014
Name **FINCH, SARAH B DO**
Address 140 HAVERHILL ST, ANDOVER, MA, 01810
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2004
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2005
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2008
License Expiration Date **6/30/2016**
Remarks

License Number 16407
License Date 12/4/2013
Name **FINDLEY, CHRISTOPHER C MD**
Address 90 SWIFTWATER RD, WOODSVILLE, NH, 03785
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 2002
Internship and Year VANDERBILT UNIVERSITY - NASHVILLE, TN 2004
Residency and Year VANDERBILT UNIVERSITY - NASHVILLE, TN 2006
License Expiration Date **6/30/2017**
Remarks

License Number 17106
License Date 6/3/2015
Name **FINDLEY, JOSEPH E MD**
Address UNIV OF VT MED CTR, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty OBG
Board Certified OBG
School and Year of Graduation WEST VIRGINIA UNIV SCHOOL OF MEDICINE USA 2009
Internship and Year WEST VIRGINIA UNIV-CHARLESTON, WV 2010
Residency and Year WEST VIRGINIA UNIV-CHARLESTON, WV 2013
License Expiration Date **6/30/2017**
Remarks

License Number 13374
License Date 1/3/2007
Name **FINE, MORRIS H MD**
Address 4090 N PAINTED QUAIL PL, TUCSON, AZ, 85750
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE USA 1962
Internship and Year JACOBI MEDICAL CTR-BRONX, NY 1963
Residency and Year JACOBI MEDICAL CTR-BRONX, NY 1965
License Expiration Date **6/30/2009**
Remarks

License Number 6371
License Date 4/16/1981
Name **FINER, CHAD A MD**
Address ALICE PECK DAY MEMORIAL, 125 MASCOMA STLEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MED SCH,HANOVER,HN YSA 1976
Internship and Year MARY I BASSETT HOSP,COOPERSTOWN,NY 1977
Residency and Year DARTMOUTH MED SCH AFF HOSP,HANOVER,NH 1979
License Expiration Date **6/30/2011**
Remarks

License Number 11659
License Date 7/3/2002
Name **FINGEROTH, RICHARD J MD**
Address 60 RTE 103A, PO BOX 421NEWBURY, NH, 03255
Specialty ORS
Board Certified ORS
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1973
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1975
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 12337
License Date 6/2/2004
Name **FINIGAN, ELIZABETH G MD**
Address ELIOT FAMILY PRACTICE, 47 DOW HIGHWAY STE 2ELIOT, ME, 03904
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE WISCONSIN, MILWAUKEE WI US 1995
Internship and Year ST MICHAEL HOSP, MILWAUKEE WI 1996
Residency and Year ST MICHAEL HOSP, MILWAUKEE WI 1998
License Expiration Date **6/30/2006**
Remarks

License Number 7612
License Date 6/3/1987
Name **FINK, LOUIS I MD**
Address SOUTHERN NH CARDIOLOGY CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF PA SCH MED - PHILA, PA USA 1980
Internship and Year HOSPITAL UNIV OF PA - PHILA, PA 1981
Residency and Year HOSPITAL UNIV OF PA - PHILA, PA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 14653
License Date 11/4/2009
Name **FINKBEINER, ANDREW A MD**
Address PROSCAN READING SERVICES, 5400 KENNEDY AVE CINCINNATI, OH, 45213
Specialty DR
Board Certified R
School and Year of Graduation UNIVERSITY OF ARKANSAS USA 1999
Internship and Year CARRAWAY METHODIST MEDICAL CENTER - EULESS, TX 2000
Residency and Year UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 2004
License Expiration Date **6/30/2017**
Remarks

License Number 5459
License Date 12/11/1975
Name **FINKEL, HARVEY E MD**
Address 720 HARRISON AVE STE 202, BOSTON, MA, 02118-2334
Specialty ON
Board Certified HEM
School and Year of Graduation STATE UNIV OF NY USA 1959
Internship and Year US PUBLIC HEALTH SERVICE HOSPITAL - BOSTON, MA 1960
Residency and Year NEW ENGLAND MED CTR - BOSTON MA 1966
License Expiration Date **6/30/1999**
Remarks

License Number 14376
License Date 4/1/2009
Name **FINKEL, KEVIN J MD**
Address NEW BRITAIN ANESTHESIA P.C, 100 GREAT MEADOW RD STE 208 WETHERSFIELD, CT, 06109
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF CONNECTICUT USA 2004
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2005
Residency and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2008
License Expiration Date **6/30/2011**
Remarks

License Number 12697
License Date 5/4/2005
Name **FINKELBERG, ZACHARY MD**
Address GREAT-WEST HEALTHCARE, 1 CENTENNIAL AVE PISCATAWAY, NJ, 08854
Specialty PD
Board Certified PD
School and Year of Graduation SUNY@BROOKLYN, BROOKLYN NY US 1966
Internship and Year LONG ISLAND COLLEGE, BROOKLYN NY 1967
Residency and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 1969
License Expiration Date **6/26/2007**
Remarks **DECEASED 6/26/07**

License Number 8349
License Date 6/6/1990
Name **FINKELMAN, RICHARD S MD**
Address NE NEUROLOGICAL ASSOC, 354 MERRIMACK STLAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation MED COLL OF PA-PHIL,PA USA 1983
Internship and Year NEW ROCHELLE HOSP MED CTR-NEW ROCHELLE,NY 1984
Residency and Year UNIV HOSP-BOSTON,MA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 16637
License Date 6/4/2014
Name **FINKELSTON, MIA B MD**
Address AMERICAN WELL, 75 STATE ST 26TH FLBOSTON, MA, 02109
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1992
Internship and Year PINNACLE HEALTH - HARRISBURG HOSPITAL - HARRISBURG, PA 1993
Residency and Year PINNACLE HEALTH - HARRISBURG HOSPITAL - HARRISBURG, PA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 7901
License Date 7/6/1988
Name **FINKLE, JEREMY P MD**
Address NORTHEAST DERMATOLOGY, 401 ANDOVER ST STE 101NORTH ANDOVER, MA, 01845
Specialty D
Board Certified D
School and Year of Graduation UNIV OF PA SCH MED - PHILA, PA USA 1984
Internship and Year MT SINAI HOSPITAL - NY, NY 1985
Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1988
License Expiration Date **6/30/2016**
Remarks

License Number 9697
License Date 5/1/1996
Name **FINLAYSON, SAMUEL R G MD**
Address 30 N 1900 E, 3B110 SOMSALT LAKE CITY, UT, 84132
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON,MA USA 1993
Internship and Year MASS GENERAL HOSPITAL-BOSOTN,MA 1998
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1998
License Expiration Date **6/30/2014**
Remarks

License Number 10274
License Date 5/6/1998
Name **FINLEY, BERNARD L MD**
Address 225 CROSS ROADS BLVD #270, CARMEL, CA, 93923
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1959
Internship and Year JACKSON MEDICAL CENTER, MIAMI FL 1960
Residency and Year VA MEDICAL CENTER, LOS ANGELES CA 1962
License Expiration Date **6/30/2001**
Remarks **DECEASED 7/28/10**

License Number 16999
License Date 4/1/2015
Name **FINLEY, DAVID J MD**
Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty TS
Board Certified TS
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1999
Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2002
Residency and Year NY & PRESBYTERIAN HOSPITAL - NY, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 14221
License Date 11/5/2008
Name **FINN, CHRISTINE T MD**
Address DHMC - DEPT PSYCHIATRY, ONE MED CTR DR 5DLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation ALBERT EINSTEIN COLLEGE USA 1997
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 17057
License Date 5/6/2015
Name **FINN, SARAH H MD**
Address DHMC - BEDFORD, 25 S RIVER RDBEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEVADA USA 2009
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2010
Residency and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2014
License Expiration Date **6/30/2017**
Remarks

License Number 10646
License Date 8/4/1999
Name **FINNEY, DEIRDRE L MD**
Address BEECH HILL HOSP, PO BOX 254DUBLIN, NH, 03444
Specialty P
Board Certified P
School and Year of Graduation EAST TENNESSEE STATE UNIV -JOHNSON CITY,TN USA 1985
Internship and Year SAINT VINCENT HOSPITAL - WORCESTER, MA 1986
Residency and Year CONNECTICUT VALLEY HOSP - MIDDLETOWN, CT 1986
License Expiration Date **6/30/2000**
Remarks

License Number 10275
License Date 5/6/1998
Name **FINOCCHIARO, PHILIP J MD**
Address 5 COLISEUM AVE, NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1995
Internship and Year GEORGETOWN UNIVERSITY HOSPITAL, WASHINGTON DC 1996
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL, WASHINGTON DC 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12654
License Date 4/6/2005
Name **FISCHER, GABOR MD**
Address ELM AND CARLTON STEETS, BUFFALO, NY, 14263
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF PECSIN HUNGARY 1994
Internship and Year SUNY, BUFFALO NY 2003
Residency and Year SUNY,BUFFALO NY 2004
License Expiration Date **6/30/2007**
Remarks

License Number 14222
License Date 11/5/2008
Name **FISCHER, GWENYTH A MD**
Address 5181 ROUTE 113, THETFORD CTR, VT, 05075
Specialty PD
Board Certified
School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2010**
Remarks

License Number 15376
License Date 9/7/2011
Name **FISCHER, MICHAEL A MD**
Address SOUTHERN NH HEALTH SYSTEM AT PELHAM, 33 WINDHAM RDPELHAM, NH, 03076-2372
Specialty PD
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1994
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 13343
License Date 12/6/2006
Name **FISCHER, NEAL C MD**
Address HUMANA, INC, 550 W ADAMS ST 7TH FLRCHICAGO, IL, 60661
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE USA 1987
Internship and Year CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 1988
Residency and Year CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 1990
License Expiration Date **6/30/2010**
Remarks

License Number 12059
License Date 9/3/2003
Name **FISCHMAN, ALAN J MD**
Address SHRINERS HOSPITAL FOR CHILDREN, 51 BLOSSON STBOSTON, MA, 02114
Specialty NM
Board Certified NM
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1981
Internship and Year TULANE UNIVERSITY MED SCHOOL, NEW ORLEANS LA 1983
Residency and Year NATIONAL PERSONNEL RECORDS CTR, ST LOUIS MO 1984
License Expiration Date **6/30/2017**
Remarks

License Number 16408
License Date 12/4/2013
Name **FISHER, ALLAN J MD**
Address 1 ELLIOT WAY 3RD FL MFM, MANCHESTER, NH, 03103
Specialty OBS
Board Certified OBG
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1989
Residency and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 5772
License Date 7/7/1977
Name **FISHER, CYRIL MD**
Address ROYAL MARSDEN HOSP, FULHAM RDLONDON, UK, SW3 6JJ
Specialty ATP
Board Certified
School and Year of Graduation UNIV OF LONDON UNIV COLL SCH OF MED LONDON 1969
Internship and Year UNIV COLLEGE HOSPITAL - LONDON 1971
Residency and Year UNIV COLLEGE HOSPITAL - LONDON 1973
License Expiration Date **6/30/2017**
Remarks

License Number 14542
License Date 8/5/2009
Name **FISHER, DAVID C MD**
Address DANA FARBER CANCER INSTITUTE, 44 BINNEY ST DA-1B30BOSTON, MA, 02115
Specialty ON
Board Certified ON
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 1989
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1990
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1992
License Expiration Date **6/30/2017**
Remarks

License Number 16107
License Date 5/1/2013
Name **FISHER, EMILY J MD**
Address LAHEY CLINIC, 41 MAILL RDBURLINGTON, MA, 01805
Specialty D
Board Certified D
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year UNIVERSITY HOSPITAL-UNIVERSITY OF CINCINNATI COM - CINCINNATI, OH 2003
Residency and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2006
License Expiration Date **6/30/2015**
Remarks

License Number 8588
License Date 7/17/1991
Name **FISHER, F. DAVID MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER - NY USA 1957
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 15247
License Date 6/1/2011
Name **FISHER, JESSICA M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 10992
License Date 7/5/2000
Name **FISHER, JUDITH L MD**
Address NORTHEAST DERMATOLOGY ASSOC, 3 DUNDEE PARK STE 202BANDOVER, MA, 01810
Specialty D
Board Certified D
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1996
Internship and Year CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1997
Residency and Year JOHNS HOPKINS MEDICAL INSTITUTIONS - BALTIMORE, MD 1999
License Expiration Date **6/30/2014**
Remarks

License Number 13065
License Date 5/3/2006
Name **FISHER, KATHLEEN M MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1998
Internship and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1999
Residency and Year UNIV OF CALIFORNIA IRVINE MEDICAL CTR, ORANGE CA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14193
License Date 10/1/2008
Name **FISHER, STEVEN J MD**
Address THE MEMORIAL HOSPITAL, 3073 WHITE MTN HWY CONWAY, NH, 03860
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT USA 1981
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1982
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1985
License Expiration Date **6/30/2010**
Remarks

License Number 12962
License Date 12/7/2005
Name **FISHER, TIMOTHY J MD**
Address DH-K DEPT OF OB/GYN, 580-590 COURT STKEENE, NH, 03431
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1998
Internship and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1999
Residency and Year NAVAL MEDICAL CTR, SAN DIEGO CA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 12454
License Date 9/1/2004
Name **FISHER, TIMOTHY S MD**
Address 570 APTOS CREEK RD, APTOS, CA, 95001
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CALIFORNIA, LA JOLLA CA US 1997
Internship and Year SANTA CLARA VALLEY MED CTR, SAN JOSE CA 1998
Residency and Year SANTA CLARA VALLEY MED CTR, SAN JOSE CA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13585
License Date 7/11/2007
Name **FISHMAN, EINA G MD**
Address ANTHEM BLUE CROSS&BLUE SHIELD, 370 BASSETT RDNORTH HAVEN, CT, 06473
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIV USA 1982
Internship and Year UCLA VA GREATER LOS ANGELES MEDICAL CENTER - SEPULVEDA, CA 1983
Residency and Year UCLA VA GREATER LOS ANGELES MEDICAL CENTER - SEPULVEDA, CA 1984
License Expiration Date **6/30/2013**
Remarks

License Number 16569
License Date 5/7/2014
Name **FISHMAN, FRED L MD**
Address MAGELLAN HEALTH SERVICES, 14100 MAGELLAN PLAZAMARYLAND HEIGHTS, MO, 63043
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1966
Internship and Year MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1967
Residency and Year MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1971
License Expiration Date **6/30/2016**
Remarks **ADMINISTRATIVE LICENSE**

License Number 5791
License Date 7/26/1977
Name **FIK, ELSA N MD**
Address , , ,
Specialty AN
Board Certified
School and Year of Graduation INDIANA UNIVERSITY USA 1974
Internship and Year
Residency and Year
License Expiration Date **12/31/1978**
Remarks

License Number 9989
License Date 5/7/1997
Name **FIK, MARC S DO**
Address LAHEY-HITCHCOCK MED CTR, 41 MALL RDBURLINGTON, MA, 01805
Specialty CD
Board Certified
School and Year of Graduation NY COLL OF OSTEO MED-OLD WESTBURY,NY USA 1992
Internship and Year CONEY ISLAND HOSP-NY 1993
Residency and Year LAHEY-HITCHCOCK CLINCI-MA 1998
License Expiration Date **6/30/1998**
Remarks

License Number 14162
License Date 9/3/2008
Name **FISKE, MARY E MD**
Address DARTMOUTH OB.GYN & MIDWIFERY, 253 PLEASANT STCONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CALIFORNIA USA 1985
Internship and Year CASE WESTERN RESERVE UNIV/UNIV HOSPITALS OF CI - CLEVELAND, OH 1986
Residency and Year CASE WESTERN RESERVE UNIV/UNIV HOSPITALS OF CI - CLEVELAND, OH 1987
License Expiration Date **6/30/2016**
Remarks

License Number 14543
License Date 8/5/2009
Name **FITCH, CHRISTINA E DO**
Address UMASS MEMORIAL MEDICAL CENTER, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NJ USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2015**
Remarks

License Number 8141
License Date 6/7/1989
Name **FITZ, DAVID G MD**
Address PLASTIC & HAND SURGICAL ASSOC, 244 WESTERN AVES PORTLAND, ME, 04106-2430
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED CINCINNATI,OH USA 1980
Internship and Year MAINE MED CTR PORTLAND ME 1981
Residency and Year MAINE MED CTR PORTLAND ME 1985
License Expiration Date **6/30/2017**
Remarks

License Number 12296
License Date 5/5/2004
Name **FITZGERALD, CHRISTINE T MD**
Address MERRIMACK VALLEY PEDIATRICS, 387 E DUNSTABLE RD NASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1999
Internship and Year VANDERBILT UNIVERSITY, NASHVILLE TN 2001
Residency and Year VANDERBILT UNIVERSITY, NASHVILLE TN 2003
License Expiration Date **6/30/2016**
Remarks

License Number 4447
License Date 6/30/1969
Name **FITZGERALD, GEOFFREY MD**
Address 12 SULLIVAN FALLS, DURHAM, NH, 03824
Specialty PTH
Board Certified PTH
School and Year of Graduation NATIONAL UNIV OF IRELAND - DUBLIN IRELAND 1957
Internship and Year GENERAL HOSPITAL - ST JOHN'S, NEWFOUNDLAND 1968
Residency and Year GEORGETOWN UNIV HOSPITAL - WASHINGTON, DC 1961
License Expiration Date **6/30/2001**
Remarks

License Number 11560
License Date 4/3/2002
Name **FITZGERALD, GEOFFREY M MD**
Address CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1994
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1995
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 14497
License Date 7/1/2009
Name **FITZGERALD, HEIDI L MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 2003
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 2004
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 2008
License Expiration Date **6/30/2011**
Remarks

License Number 11271
License Date 6/6/2001
Name **FITZGERALD, JAMES F MD**
Address 25 SOUTH RIVER RD, BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1998
Internship and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX, VA 1999
Residency and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX. VA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 9922
License Date 2/5/1997
Name **FITZGERALD, REBECCA L MD**
Address NORTHEAST DERMATOLOGY ASSOC, 820 TURNPIKE STN ANDOVER, MA, 01845
Specialty D
Board Certified D
School and Year of Graduation LOUISIANA STATE UNIV SCH OF MED IN NEW ORLEANS USA 1989
Internship and Year CEDARS-SINAI MEDICAL CENTER - CA 1992
Residency and Year LOUISIANA STATE UNIV SCHOOL OF MED - LA 1995
License Expiration Date **6/30/1998**
Remarks

License Number 5839
License Date 11/3/1977
Name **FITZGERALD, ROBERT A MD**
Address 445 CYPRESS ST STE 5, MANCHESTER, NH, 03103-2713
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE,PHILA PA USA 1971
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1972
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1975
License Expiration Date **6/30/2013**
Remarks

License Number 11906
License Date 5/7/2003
Name **FITZGERALD, TERENCE S MD**
Address 26 PASTURE LN, DARIEN, CT, 06820
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1968
Internship and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1969
Residency and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1970
License Expiration Date **6/30/2013**
Remarks

License Number 10119
License Date 9/10/1997
Name **FITZGERALD, THOMAS M MD**
Address CORE PHYSICIANS LLC - EPPING REGIONAL HEALTH CTR, 212 CALEF HIGHWAYEPPING, NH, 03042
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ROCHESTER SCH MED-ROCHESTER, NY USA 1987
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - CT 1990
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16786
License Date 10/1/2014
Name **FITZGERALD, TIMOTHY DO**
Address STOWE URGENT CARE, 394 MOUNTAIN RDSTOWE, VT, 05672
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NE COLLEGE OF OSTEOPATHIC MED USA 1987
Internship and Year NYCOM-MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 1988
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 11591
License Date 5/1/2002
Name **FITZGIBBONS, LISA M MD**
Address WE CARE PEDIATRICS, 23 STILES RD STE 210SALEM, NH, 03079
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1997
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1998
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000
License Expiration Date **6/30/2012**
Remarks

License Number 11848
License Date 3/5/2003
Name **FITZHARRIS-ONYON, TERESA K MD**
Address 299 RIVER RD, WEST CHESTERFIELD, NH, 03466
Specialty FP
Board Certified EM
School and Year of Graduation UNIV OF INNSBRUCK - INNSBURCK, AUSTRIA AUSTRIA 1983
Internship and Year UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 1992
Residency and Year UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 1994
License Expiration Date **6/30/2017**
Remarks

License Number 5887
License Date 4/18/1978
Name **FITZMAURICE JR, ARTHUR G MD**
Address 190 BROAD ST STE 104, NASHUA, NH, 03063-3121
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE - DC USA 1975
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT,CT 1976
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1978
License Expiration Date **6/30/2016**
Remarks

License Number 11056
License Date 9/6/2000
Name **FITZMORRIS, CHRISTOPHER P DO**
Address ORTHOPEDIC PROFESSIONAL ASSOC, 14 MAPLE ST STE 100GILFORD, NH, 03249
Specialty ORS
Board Certified ORS
School and Year of Graduation NY COLL OF OSTEO MED - OLD WESTBURY, NY USA 1989
Internship and Year PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1990
Residency and Year PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1991
License Expiration Date **6/30/2016**
Remarks

License Number 14544
License Date 8/5/2009
Name **FITZPATRICK, DIANA L MD**
Address DHMC-OB/GYN DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF MARYLAND USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANN, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2011**
Remarks

License Number 16305
License Date 9/4/2013
Name **FITZPATRICK, LUCRETIA A MD**
Address ONE AMERICAN CENTER, 3100 WEST END AVE STE 800NASHVILLE, TN, 37203
Specialty PM
Board Certified PM
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1988
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1990
License Expiration Date **6/30/2017**
Remarks **License lapsed for non-renewal 6/30/2015. Renewed license 7/17/15.**

License Number 14868
License Date 6/2/2010
Name **FITZPATRICK, PATRICK M DO**
Address LRH - ENT/FACIAL PLASTIC SURG, 580 N ST JOHNSBURY RD STE 14LITTLETON, NH, 03561
Specialty OTO
Board Certified OTO
School and Year of Graduation DES MOINES UNIVERSITY USA 2005
Internship and Year ST JOHN OAKLAND GENERAL HOSPITAL - MADISON HEIGHTS, MI 2007
Residency and Year ST JOHN OAKLAND GENERAL HOSPITAL - MADISON HEIGHTS, MI 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13535
License Date 6/6/2007
Name **FITZPATRICK, PHILIP J MD**
Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified CD
School and Year of Graduation GEORGETOWN UNIV USA 1978
Internship and Year ALBANY MEDICAL CTR - ALBANY, NY 1979
Residency and Year ALBANY MEDICAL CTR - ALBANY, NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 9094
License Date 1/5/1994
Name **FITZPATRICK, SEAN W MD**
Address 38 TYLER ST 2ND FLR, NASHUA, NH, 03060-
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year SAN DIEGO MEDICAL CENTER - SAN DIEGO CA 1990
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 9943
License Date 3/5/1997
Name **FITZPATRICK, W DAVID MD**
Address DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified IM
School and Year of Graduation JEFFERSON MED COLL THOS JEFFERSON UNIV PA USA 1992
Internship and Year UNIV OF MARYLAND MEDICAL SYSTEMS - MD 1995
Residency and Year MARY HITCHCOCK MEDICAL CENTER - NH 1998
License Expiration Date **6/30/1998**
Remarks

License Number 13244
License Date 9/6/2006
Name **FITZWATER DUTTON, AMANDA K MD**
Address VIRTUAL RADIOLOGIC CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF KANSAS USA 2000
Internship and Year UNIV OF KANSA MED CTR-KANSAS CITY KS 2001
Residency and Year BAPTIST MEDICAL CTR OF OKLAHOMA-OKLAHOMA CITY OK 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10276
License Date 5/6/1998
Name **FLACHSBART, KEITH D MD**
Address 2350 GEARY BLVD, SAN FRANCISCO, CA, 94115
Specialty GS
Board Certified TS
School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1971
Internship and Year RUSH-PRESBYTERIAN - ST LUKES MEDICAL CENTER, CHICAGO, IL 1978
Residency and Year RUSH-PRESBYTERIAN-ST LUKES MEDICAL CENTER, CHICAGO IL 1978
License Expiration Date **6/30/2000**
Remarks

License Number 7252
License Date 1/2/1986
Name **FLAKS, ETHAN G MD**
Address , , ,
Specialty FP
Board Certified FP
School and Year of Graduation AUOG - MEXICO USA
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 7116
License Date 6/6/1985
Name **FLAMBURIS, DIANE M MD**
Address PORTSMOUTH IM MEDICAL ASSOC, 330 BORTHWICK AVE STE 205PORTSMOUTH, NH, 03801-4101
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON, MA USA 1982
Internship and Year BRIGHAM-WOMENS HOSPITAL-BOSTON, MA 1983
Residency and Year BRIGHAM-WOMENS HOSPITAL-BOSTON, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 8388
License Date 7/11/1990
Name **FLANAGAN, MICHAEL F MD**
Address DHMC-PEDIATRIC CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PDC
Board Certified PD
School and Year of Graduation UNIV OF WISCONSIN MED SCH-MADISON,WI USA 1981
Internship and Year UCLA MED CTR-LOS ANGELES CA 1982
Residency and Year UCLA MED CTR-LOS ANGELES,CA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 17107
License Date 6/3/2015
Name **FLANAGAN, NOREEN M MD**
Address 8 AVENUE FOUR, SCARBOROUGH, ME, 04074
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2010
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2011
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2014
License Expiration Date **6/30/2017**
Remarks

License Number 15437
License Date 11/2/2011
Name **FLANDER, TERRANCE M DO**
Address DAVITA HEALTHCARE PARTNERS, 16155 N 83rd AVEPEORIA, AZ, 85382
Specialty FP
Board Certified FP
School and Year of Graduation DES MOINES UNIVERSITY OSTEOPATHIC MED CTR USA 1989
Internship and Year IOWA LUTHERAN HOSPITAL - DES MOINES, IA 1990
Residency and Year IOWA LUTHERAN HOSPITAL - DES MOINES, IA 1992
License Expiration Date **6/30/2015**
Remarks

License Number 15918
License Date 11/7/2012
Name **FLANNERY JR, JOHN V MD**
Address COLON & RECTAL SURGERY OF NEW ENGLAND, 8 PROSPECT STREET, NORTH II SPECIALTY NASHUA,
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1998
Internship and Year UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL, NC 1999
Residency and Year UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL, NC 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13491
License Date 5/9/2007
Name **FLANNERY, TERRENCE P MD**
Address 11 CORPORATE WOODS BLVD, ALBANY, NY, 12211
Specialty FP
Board Certified FP
School and Year of Graduation ROSALIND FRANKLIN UNIV USA 1982
Internship and Year BASSETT HEALTHCARE-COOPERSTOWN, NY 1983
Residency and Year BASSETT HEALTHCARE-COOPERSTOWN, NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 9944
License Date 3/5/1997
Name **FLASHNER, PAUL MD**
Address 4 FRIDOLIN HILL, LINCOLN, MA, 01773
Specialty GS
Board Certified
School and Year of Graduation UNIV OF MICHIGAN MEDICAL SCHOOL - ANN ARBOR USA 1981
Internship and Year BOSTON UNIV MEDICAL CENTER - MA 1982
Residency and Year VA MEDICAL CENTER MASS - MA 1985
License Expiration Date **6/30/2005**
Remarks

License Number 5353
License Date 6/26/1975
Name **FLAVIN, DAVID P MD**
Address 21 CLARK WAY, SOMERSWORTH, NH, 03878
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF VERMONT USA 1973
Internship and Year UNIV HOSPITAL - BOSTON, MA 1974
Residency and Year UNIV HOSPITAL - BOSTON, MA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 4930
License Date 12/4/1972
Name **FLECKNER, ALAN N MD**
Address , 22 WINDING DRGETTYSBURG, PA, 17325
Specialty OBG
Board Certified OBG
School and Year of Graduation JEFFERSON MEDICAL COLLEGE - PHILA, PA USA 1960
Internship and Year FITZSIMONS GENERAL HOSPITAL - BOSTON, MA 1961
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967
License Expiration Date **6/30/2010**
Remarks

License Number 10708
License Date 10/6/1999
Name **FLEET, STEPHEN J MD**
Address INTERNAL MEDICINE OF WOLFEBORO, PO BOX 1029WOLFEBORO FALLS, NH, 03896
Specialty IM
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year MADIGAN ARMY MEDICAL CENTER 1994
Residency and Year MADIGAN ARMY MEDICAL CENTER 1996
License Expiration Date **6/30/2017**
Remarks

License Number 13958
License Date 5/7/2008
Name **FLEISCHER, GARY D MD**
Address NEW ENGLAND NECK & SPINE INSTITUTE, 19 TYLER ST, STE 104NASHUA, NH, 03060
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV USA 1993
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1994
Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT FORDON, GA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 10553
License Date 5/5/1999
Name **FLEISCHMAN, MARIANNE A MD**
Address MHM SERVICES, 105 PLEASANT STCONCORD, NH, 03301
Specialty OBG
Board Certified
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1996
Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10136
License Date 10/1/1997
Name **FLEISHMAN, CRAIG E MD**
Address NEMOURS CARDIAC CENTER, 85 W MILLR ST STE 306ORLANDO, FL, 32806
Specialty PDC
Board Certified PD
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1989
Internship and Year YALE NEW HAVEN HOSPITAL - CT 1993
Residency and Year DUKE UNIV MEDICAL CENTER - NC 1997
License Expiration Date **6/30/2002**
Remarks

License Number 16542
License Date 4/2/2014
Name **FLEIT, ADAM B MD**
Address 7 MARSHBROOK DR, SOMERSWORTH, NH, 03878
Specialty ORS
Board Certified
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2009
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2013
License Expiration Date **6/30/2016**
Remarks

License Number 8961
License Date 6/2/1993
Name **FLEMING, ELAINE L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1986
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 14129
License Date 8/6/2008
Name **FLEMING, EVELYN L MD**
Address DHMC - OB/GYN DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year WOMEN & INFANTS HOSPITAL-BROWN UNIV - PROVIDENCE, RI 2002
Residency and Year WOMEN & INFANTS HOSPITAL-BROWN UNIV - PROVIDENCE, RI 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12873
License Date 9/7/2005
Name **FLEMING, KEVIN S MD**
Address MERCY PHILADELPHIA HOSPITAL, 501 SOUTH 54TH STREETPHILADELPHIA, PA, 19143
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH US 2003
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12574
License Date 1/5/2005
Name **FLEMING, RITA A MD**
Address 3209 UTICA PIKE, JEFFERSONVILLE, IN, 47130
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF LOUISVILLE, LOUISVILLE KY US 1985
Internship and Year UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1986
Residency and Year UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1989
License Expiration Date **6/30/2011**
Remarks

License Number 10821
License Date 2/2/2000
Name **FLEMMING, DAVID C MD**
Address 329 OLD GREENFIELD RD, PETERBOROUGH, NH, 03458-1241
Specialty AN
Board Certified
School and Year of Graduation IMPERIAL COLL OF SCI TECH AND MED - LONDON LONDON 1967
Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1974
Residency and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1975
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/02 - reinstated 5/2/12**

License Number 9639
License Date 2/7/1996
Name **FLEWWELLING, ANDREW S MD**
Address MONADNOCK COMM HOSP, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE - DETROIT, MI USA 1992
Internship and Year UNIV OF NC HOSPITAL-CHAPEL HILL,NC 1995
Residency and Year UNIV OF NC HOSPITAL - CHAPEL HILL ,NC 1995
License Expiration Date **6/30/2006**
Remarks **LAPSED FOR NON-RENEWAL 6/30/99 (REINSTATED 12/3/03)**

License Number 11530
License Date 3/6/2002
Name **FLICKINGER, EDWARD G MD**
Address FOUNDATION SURGERY, 8 PROSPECT ST NORTH IINASHUA, NH, 03060
Specialty GS
Board Certified GS
School and Year of Graduation DUKE UNIV - DURHAM, NC USA 1973
Internship and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1974
Residency and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1978
License Expiration Date **6/30/2016**
Remarks

License Number 7348
License Date 6/12/1986
Name **FLINN, MARGARET S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 21 E HOLLIS STNASHUA, NH, 03060
Specialty RHU
Board Certified RHU
School and Year of Graduation JEFFERSON MED COLL PHILADELPHIA PA USA 1978
Internship and Year THOS JEFFERSON UNIV HOSPITAL 1979
Residency and Year UNIVERSITY HOSPITAL INC BOSTON MA 1986
License Expiration Date **6/30/2008**
Remarks

License Number 16753
License Date 9/3/2014
Name **FLINT, ERIC C MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty RNR
Board Certified RNR
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDIICNE USA 1984
Internship and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 1985
Residency and Year OHIO STATE UNIVERSITY - COLUMBUS, OH 1989
License Expiration Date **6/30/2016**
Remarks

License Number 13900
License Date 4/2/2008
Name **FLISZAR, EVELYNE MD**
Address FAHC, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MONTREAL CANADA 1990
Internship and Year UNIV DE SHERBROOKE - SHERBROOKE, QUEBEC CANADA 1991
Residency and Year UNIV DE MONTREAL-MONTREAL, QUEBEC CANADA 1996
License Expiration Date **6/30/2010**
Remarks

License Number 12843
License Date 8/3/2005
Name **FLORCZAK, JONATHAN W MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty N
Board Certified
School and Year of Graduation INDIANA UNIVERSITY, INDIANAPOLIS IN US 2001
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE, EVANSTON IL 2002
Residency and Year INDIANA UNIVERSITY, INDIANAPOLIS IN 2005
License Expiration Date **6/30/2007**
Remarks

License Number 9945
License Date 3/5/1997
Name **FLORES, ALEJANDRO F MD**
Address NEW ENGLAND MEDICAL CENTER, 750 WASHINGTON STBOSTON, MA, 0211
Specialty GE
Board Certified PD
School and Year of Graduation UNIV DE SAN CARLOS FAC DE CIEN MED GUATEMALA GUATEMALA 1975
Internship and Year CHILDREN'S HOSPITAL - MA 1978
Residency and Year CHILDREN'S HOSPITAL - MA 1981
License Expiration Date **6/30/2011**
Remarks

License Number 8656
License Date 11/6/1991
Name **FLORES, LUIS F MD**
Address PERRY MEDICAL BLDG, 3 ALUMNI DR STE 201EXETER, NH, 03833-
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSIDAD DE SAN CARLOS DE GUATEMALA GUATEMALA 1973
Internship and Year WORCESTER CITY HOSPITAL U OF MASS MEDICAL SCHOOL 1974
Residency and Year WORCESTER CITY HOSPITAL U OF MASS MEDICAL SCHOOL 1976
License Expiration Date **6/30/2005**
Remarks **3/11/04 Settlement Agreement**
6/7/04 - Order granting early termination of the one year period of supervision requirements.
License is restored to full and unrestricted status. Please note new address in TX is: 4302 S Sugar
Rd Ste 210
Edinburg TX 78539

License Number 4392
License Date 4/22/1969
Name **FLORES, MELECIO H MD**
Address 74 NE VILLAGE RD, CONCORD, NH, 03301-
Specialty GP
Board Certified
School and Year of Graduation UNIV OF SANTO TOMAS - MANILA, PHILIPPINES PHILIPPINES 1957
Internship and Year ST JOHN'S HOSPITAL - LOWELL, MA 1959
Residency and Year TEWKSBURY HOSPITAL - TEWKSBURY, MA 1968
License Expiration Date **6/30/2013**
Remarks **Deceased 1/22/2014**

License Number 16820
License Date 11/6/2014
Name **FLORES, REBECCA A DO**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation KANSAS CITY UNIV OF MEDICINE & BIOSCIENCES USA 2006
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2007
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2011
License Expiration Date **6/30/2016**
Remarks

License Number 13097
License Date 6/7/2006
Name **FLYNN, JAMES M MD**
Address NEW INGLAND HEART INSTITUTE, 100 MC GREGOR STMANCHESTER, NH, 03102
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1992
Internship and Year UNIVERSITY OF MASS, WORCESTER MA 1993
Residency and Year UNIVERSITY OF MASS, WORCESTER MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16821
License Date 11/6/2014
Name **FLYNN, KORTNI S MD**
Address 701 S HOWARD AVE STE 106312, TAMPA, FL, 33606
Specialty IM
Board Certified IM
School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF HUMAN MEDICINE USA 2002
Internship and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2003
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2004
License Expiration Date **6/30/2016**
Remarks

License Number 9887
License Date 12/4/1996
Name **FLYNN, MARGARET C MD**
Address , 5 COLLOSIUM AVENASHUA, NH, 03060
Specialty IM
Board Certified END
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1990
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1993
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1993
License Expiration Date **6/30/2016**
Remarks **LAPSED 6/30/2003-----REINSTATED 12/06/2006**

License Number 13454
License Date 4/4/2007
Name **FOERST, JASON R MD**
Address 127 MCCLANAHAN ST, SYUTE 300ROANOKE, VA, 24014
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MISSOURI USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER- LEBANON, NH 2006
License Expiration Date **6/30/2013**
Remarks

License Number 11477
License Date 12/5/2001
Name **FOGARTY, WILLIAM T MD**
Address 5080 SPECTRUM DR, STE 1200 WESTADDISON, TX, 75001
Specialty FP
Board Certified
School and Year of Graduation TEXAS TECH UNIV HLTH SCI CTR- LUBBOCK, TX USA 1980
Internship and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLO, TX 1981
Residency and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLO, TX 1983
License Expiration Date **6/30/2015**
Remarks

License Number 12422
License Date 8/4/2004
Name **FOGEL, DOV A MD**
Address 211 FAYERWEATHER ST, #1CAMBRIDGE, MA, 02138
Specialty P
Board Certified P
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BROOKLYN NY US 1996
Internship and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1997
Residency and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1999
License Expiration Date **6/30/2006**
Remarks

License Number 9218
License Date 7/6/1994
Name **FOGEL, ERIN S MD**
Address CONCORD OPHTHALMOLOGIC ASSOC, 2 PILLSBURY STCONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation VANDERBILT UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1989
Residency and Year UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO IL 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10515
License Date 3/3/1999
Name **FOLEY, BRENDA M MD**
Address ANDOVER MEDICAL CENTER, 323 LOWELL STANDOVER, MA, 01810
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year KEESLER MEDICAL CENTER - PILOXI KEESLER AFB, MS 1991
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1994
License Expiration Date **6/30/2017**
Remarks

License Number 6669
License Date 4/7/1983
Name **FOLEY, BURNS E MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF VERMONT COLL MED BURLINGTON, VT USA 1979
Internship and Year MARY I BASSETT HOSPITAL - COOPERTOWN, NY 1980
Residency and Year UNIV OF VA HOSPITAL - CHARLOTTESVILLE, VA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 15871
License Date 10/3/2012
Name **FOLEY, DAVID A MD**
Address MAYO CLINIC, 200 FIRST ST SWROCHESTER, MN, 55905
Specialty CD
Board Certified CD
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1985
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1986
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1988
License Expiration Date **6/30/2016**
Remarks

License Number 12489
License Date 10/6/2004
Name **FOLEY, ELIOT D MD**
Address 248 PLEASANT ST STE 1600, CONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 1999
Internship and Year BETH ISRAEL MED CTR, NEW YORK NY 2000
Residency and Year BOSTON UNIVERSITY, BOSTON MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 10614
 License Date 7/7/1999
 Name **FOLEY, ELIZABETH H MD**
 Address AFFILIATED DERMATOLOGY, 650 SHAWAN FALLS DRDUBLIN, OH, 43017
 Specialty D
 Board Certified
 School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1995
 Internship and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1996
 Residency and Year SUNY AT BUFFALO - BUFFALO, NY 1997
 License Expiration Date **6/30/2002**
 Remarks

License Number 6156
 License Date 1/18/1980
 Name **FOLEY, JOHN W DO**
 Address STRAFFORD MEDICAL ASSOC, 10 MEMBERS WAY STE 302DOVER, NH, 03880-
 Specialty IM
 Board Certified IM
 School and Year of Graduation DES MOINES COLL.OF OSTEOPATHIC MED. USA 1973
 Internship and Year COOK COUNTY HOSP.CHICAGO,IL 1974
 Residency and Year BROOKE ARMY MED. CTR SAN ANTONIO,TX 1979
 License Expiration Date **6/30/2016**
 Remarks

License Number 8645
 License Date 11/6/1991
 Name **FOLEY, MATTHEW MD**
 Address NASHOBA VALLEY MEDICAL CENTER, 200 GROTON RDAYER, MA, 01432
 Specialty R
 Board Certified R
 School and Year of Graduation DARTMOUTH COLLEGE USA 1985
 Internship and Year MALDEN HOSPITAL MALDEN MASS 1986
 Residency and Year PENNSYLVANIA HOSPITAL PHILADELPHIA PA 1990
 License Expiration Date **6/30/2017**
 Remarks

License Number 14016
 License Date 6/4/2008
 Name **FOLKS, DAVID G MD**
 Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
 Specialty P
 Board Certified P
 School and Year of Graduation UNIV OF OKLAHOMA USA 1979
 Internship and Year UNIV OF OKLAHOMA COLLEGE OF MEDICINE-OKLAHOMA CITY, OK 1980
 Residency and Year VANDERBILT UNIV - NASHVILLE, TN 1983
 License Expiration Date **6/30/2016**
 Remarks

License Number 12963
License Date 12/7/2005
Name **FONG, JIAN H MD**
Address 591 WEST HOLLIS ST, NASHUA, NH, 03062
Specialty FP
Board Certified
School and Year of Graduation SPARTAN HEALTH SCIENCE UNIVERSITY, ST LUCIA ST LUCIA 2000
Internship and Year CARRAWAY FAMILY MED RESIDENCY PROGRAM, BIRMINGHAM AL 2003
Residency and Year CARRAWAY FAMILY MED RESIDENCY PROGRAM, BIRMINGHAM AL 2005
License Expiration Date **6/30/2007**
Remarks

License Number 3672
License Date 12/30/1963
Name **FONS, STANLEY D MD**
Address 16 RANDOM RD, BEDFORD, NH, 03110-5605
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE - PHIL, PA USA 1959
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1960
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1963
License Expiration Date **6/30/2009**
Remarks **DECEASED 9-21-2011**

License Number 16006
License Date 2/6/2013
Name **FONSEKA, JANAKI S MD**
Address WENTWORTH DOUGLASS PHYSICIAN CORPORATION, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation PEOPLE'S FRIENDSHIP UNIVERSITY OF RUSSIA RUSSIA 2000
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2007
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2010
License Expiration Date **6/30/2017**
Remarks

License Number 11108
License Date 11/1/2000
Name **FONTAINE, DAVID W MD**
Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACE BEDFORD, NH, 03110-6745
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1990
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1991
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 3619
License Date 6/19/1963
Name **FONTANA II, NATHEL J MD**
Address 5 WOODWARD AVE, NASHUA, NH, 03060
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **12/1/1991**
Remarks **LICENSE SURRENDERED PENDING DISCIPLINARY ACTION-Deceased 11/5/01**

License Number 5307
License Date 3/20/1975
Name **FOORD, WILLIAM D MD**
Address 60 PLEASANT ST, BERLIN, NH, 03570-1919
Specialty OPH
Board Certified
School and Year of Graduation UNIV OF WISCONSIN - MADISON, WI USA 1971
Internship and Year UNIV OF WISCONSIN - MADISON, WI 1972
Residency and Year UNIV OF WISCONSIN - MADISON, WI 1974
License Expiration Date **6/30/2017**
Remarks **2/14/13 - Order of Emergency Suspension of Prescribing Privileges and Notice of Hearing
2/21/13 - Preliminary Agreement for Practice Restrictions.
7/9/14 - Settlement Agreement**

License Number 5944
License Date 6/12/1979
Name **FOOTE, ROBERT S MD**
Address DHMC - NUCLEAR CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty EM
Board Certified IM
School and Year of Graduation VANDERBILT MEDICAL SCHOOL USA 1976
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NH 1977
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NH 1979
License Expiration Date **6/30/2016**
Remarks

License Number 12297
License Date 5/5/2004
Name **FORAUER, ANDREW R MD**
Address D H M C - RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation WAKE FOREST UNIVERSITY, WINSTON-SALEM NC US 1991
Internship and Year MILTON S HERSHEY MED CTR, HERSHEY PA 1992
Residency and Year WESTERN PENNSYLVANIA HOSP, PITTSBURGH PA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 9801
License Date 8/7/1996
Name **FORBES, CHARLES R MD**
Address NEW ENGLAND GERIATRICS, 125 LIBERTY ST STE 405SPRINGFIELD, MA, 01103
Specialty P
Board Certified P
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1971
Internship and Year UNIV MIAMI JACKSON MEMORIAL MEDICAL CENTER - FL 1972
Residency and Year INSTITUTE OF PENNSYLVANIA HOSPITAL - PA 1975
License Expiration Date **6/30/2000**
Remarks

License Number 5483
License Date 3/4/1976
Name **FORBES, H JAMES MD**
Address QUALITY ORTHOPAEDIC CARE PC, 246 PLEASANT ST STE 106CONCORD, NH, 03301-7500
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MED.AND DENTISTRY ROCHESTER USA 1969
Internship and Year STRONG MEM.HOSPITAL 1970
Residency and Year STRONG MEM. HOSPITAL 1973
License Expiration Date **6/30/2012**
Remarks

License Number 11907
License Date 5/7/2003
Name **FORBES, HAROLD W MD**
Address HARVARD PILGRIM HLTH CARE, 1600 CROWN COLONY DRQUINCY, MA, 02169
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEBRASKA COLL OF MED - OMAHA, NE USA 1969
Internship and Year US PUBLIC HEALTH SERVICES HOSPITAL - STATEN ISLAND, NY 1971
Residency and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1974
License Expiration Date **6/30/2009**
Remarks

License Number 12698
License Date 5/4/2005
Name **FORBUSH, BENJAMIN W MD**
Address VETERANS AFFAIRS MED CTR SURG, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MED SCHOOL, LEBANON NH US 1995
Internship and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1996
Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14341
License Date 3/4/2009
Name **FORCIER, PAUL G MD**
Address , 2355 EAST 55TH STREET CLEVELAND, OH, 44104
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VIRGINIA USA 1982
Internship and Year UNIV HOSPITALS OF CLEVELAND-CLEVELAND, OH 1983
Residency and Year UNIV HOSPITALS OF CLEVELAND-CLEVELAND, OH 1988
License Expiration Date **6/30/2017**

Remarks

License Number 3749
License Date 12/9/1964
Name **FORCIER, ROBERT J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty ON
Board Certified ON
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1960
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961
License Expiration Date **6/30/1998**

Remarks

Deceased 1/3/15

License Number 8215
License Date 8/9/1989
Name **FORD, GAIL S DO**
Address LAKES REGION GENERAL HOSP, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty EM
Board Certified EM
School and Year of Graduation OHIO UNIV COLL OF OSTEO-ATHENS, OH USA 1986
Internship and Year OSTEOPATHIC HOSP-MAINE 1987
Residency and Year OSTEOPATHIC HOSP-MAINE 1987
License Expiration Date **7/15/2014**

Remarks

7/15/14 - Final Decision and Order. Original license expiration date 6/30/2015. Call Board for further details.

License Number 14961
License Date 8/4/2010
Name **FORD, GREGORY M MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**

Remarks

License Number 10554
License Date 5/5/1999
Name **FORD, JOHN E MD**
Address WEEKS MEDICAL CTR, 8 CLOVER LNWHITEFIELD, NH, 03598
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASS MEDICAL SCH - WORCESTER,MA USA 1996
Internship and Year WASHINGTON HOSPITAL - WASHINGTON, PA 1997
Residency and Year WASHINGTON HOSPITAL - WASHINGTON, PA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11212
License Date 4/4/2001
Name **FORE, CHRISTOPHER A MD**
Address DEPARTMENT OF EMERGENCY MEDIC, 250 PLEASANT STCONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF IOWA - IOWA CITY, IA USA 1998
Internship and Year UPMC SHADYSIDE HOSP - PITTSBURGH, PA 1999
Residency and Year UPMC SHADYSIDE HOSP- PITTSBURGH, PA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 13098
License Date 6/7/2006
Name **FOREMAN, DOUGLAS S DO**
Address 1444 WARWICK AVE, WARWICK, RI, 02888
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1983
Internship and Year CRANSTON GENERAL HOSP, PROVIDENCE RI 1984
Residency and Year HEART OF LANCASTER REGIONAL MED CTR, LITITZ PA 1986
License Expiration Date **6/30/2012**
Remarks

License Number 9728
License Date 6/5/1996
Name **FORESTER, BRENT P MD**
Address MC LEAN HOSPITAL-PSYCHIATRY, 115 MILL STBELMONT, MA, 02478
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-HANOVER NH USA 1992
Internship and Year MCLEAN HOSPITAL-BELMONT,MA 1996
Residency and Year MCLEAN HOSPITAL-BELMONT MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 14070
License Date 7/9/2008
Name **FORLANO, LAURA G DO**
Address DEPT OF HEALTH, 109 GOVERNOR 6TH FL, VIRGINARICHMOND, VA, 23219
Specialty GPM
Board Certified GPM
School and Year of Graduation PHILADELPHIA COLLEGE USA 2002
Internship and Year FRANKFORD HOSPITAL-PHILADELPHIA, PA 2003
Residency and Year UNIV OF VT COLLEGE OF MED-MILTON, VT 2004
License Expiration Date **6/30/2014**
Remarks

License Number 9666
License Date 3/6/1996
Name **FORMAN, JEFFREY L MD**
Address NEW ENGLAND MEDICAL CTR, 750 WASHINGTON ST BOSTON, MA, 02111-0387
Specialty PM
Board Certified PM
School and Year of Graduation TEL AVIV UNIV SACKLER SCHOOL OF MEDICINE ISREAL 1990
Internship and Year ST RAPHAEL HOSPITAL - NEW HAVEN, CT 1991
Residency and Year MONTEFIORE HOSPITAL - BRONX, NY 1995
License Expiration Date **6/30/2004**
Remarks

License Number 8839
License Date 11/4/1992
Name **FORREST, ANDREW I MD**
Address 171 PLEASANT ST, C/O MVOHCONCORD, NH, 03301-
Specialty PM
Board Certified PM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1987
Internship and Year MAYO GRAD SCHOOL OF MEDICINE-ROCHESTER,MN 1988
Residency and Year MAYO GRAD SCHOOL OF MEDICINE MAYO CLINIC ROCHESTER - MINNESOTA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 8552
License Date 6/5/1991
Name **FORREST, BRENDA J MD**
Address BRENDA J. FORREST, MD INC, 680 GUZZI LN., STE. 106 SONORA, CA, 95370
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MARYLAND SCH OF MED-BALTIMORE,MD USA 1988
Internship and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1989
Residency and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 15151
License Date 3/2/2011
Name **FORREST, EILEEN C MD**
Address CORE PEDIATRICS, 9 BUZZELL AVEEXETER, NH, 03833
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year CHILDREN'S HOSPITAL-BOSTONMEDICAL CENTER - BOSTON, MA 1998
Residency and Year CHILDREN'S HOSPITAL-BOSTONMEDICAL CENTER - BOSTON, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 5933
License Date 6/20/1978
Name **FORREST, JANE L MD**
Address 165 CHARLES ST, ROCHESTER, NH, 03867-3422
Specialty OTO
Board Certified OTO
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1971
Internship and Year ST VINCENTS HOSPITAL MEDICAL CENTER - NEW YORK, NY 1972
Residency and Year UNIV HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 9219
License Date 7/6/1994
Name **FORRISTER, GARY F MD**
Address PSYCHIATRIC COLLABORATIVE, 30 HIGGINS CROWELL RDW YARMOUTH, MA, 02673
Specialty P
Board Certified
School and Year of Graduation BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1989
Internship and Year MIRIAM HOSPITAL - PROVIDENCE RI 1990
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS - BOSTON MA 1994
License Expiration Date **6/30/2012**
Remarks

License Number 5863
License Date 3/2/1978
Name **FORSSELL, PETER L MD**
Address 454 OLD STREET RD, STE 202PETERBOROUGH, NH, 03458
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1975
Internship and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1976
Residency and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1978
License Expiration Date **6/30/2012**
Remarks

License Number 7409
License Date 8/14/1986
Name **FORTIER, KEITH MD**
Address WOMEN'S HEALTH CTR, 29 RIDGEWOOD RDSRINGFIELD, VT, 05156
Specialty OBG
Board Certified
School and Year of Graduation CORNELL UNIV MED COLL NEW YORK NY USA 1971
Internship and Year HIGHLAND HOSPITAL ROCHESTER NY 1972
Residency and Year STRONG MEM HOSP U ROCHESTER NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 13455
License Date 4/4/2007
Name **FORTIER, THERESA M MD**
Address 64 ROWE DRIVE, FREMONT, NH, 03044
Specialty FP
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1991
Internship and Year LANKENAU HOSPITAL-WYNNEWOOD, PA 1992
Residency and Year BRYN MAWR HOSPITAL-BRYN MAWR, PA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 3699
License Date 6/10/1964
Name **FORTIN, WILFRID L MD**
Address 17 CHAPMAN ST, NASHUA, NH, 03060-4228
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE-BURLINGTON,VT USA 1961
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1962
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1964
License Expiration Date **6/30/2008**
Remarks **DECEASED 1/19/2015**

License Number 8009
License Date 12/7/1988
Name **FORWARD, STANLEY A MD**
Address 300 MT AUBURN ST #317, CAMBRIDGE, MA, 02138-5502
Specialty CD
Board Certified CD
School and Year of Graduation COLUMBIA UNIV COLL OF PHY-NY USA 1960
Internship and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1961
Residency and Year NEW ENGLAND MED CTR-HOSP-BOSTON,MA 1965
License Expiration Date **6/30/2002**
Remarks

License Number 7410
License Date 8/14/1986
Name **FOSSUM, ROGER M MD**
Address , , ,
Specialty PTH
Board Certified PTH
School and Year of Graduation SOUTHERN ILLINOIS UNIVERSITY USA 1975
Internship and Year
Residency and Year
License Expiration Date **11/18/1994**
Remarks **DECEASED 11/18/94**

License Number 11109
License Date 11/1/2000
Name **FOSTER, BELLELIZABETH MD**
Address 512 VALVERDE DRIVE SE, ALBUQUERQUE, NM, 87108
Specialty P
Board Certified P
School and Year of Graduation OREGON HLTH SCI UNIV SCH OF MED- PORTLAND, OR USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **5/20/2015**
Remarks **Requested inactive 5/20/2015.**

License Number 8033
License Date 2/1/1989
Name **FOSTER, JOHN E MD**
Address JEFFERSON RADIOLOGY- CREDENTIALING DEPT, 111 FOUNDERS PL STE400E HARFORD, CT, 06108
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1983
Internship and Year CROSER-CHESTER MEDICAL CTR - CHESTER, PA 1984
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 10942
License Date 6/7/2000
Name **FOSTER, TINA C MD**
Address DHMC-OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CALIFORNIA - SAN FRANCISCO, CA USA 1984
Internship and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1985
Residency and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 7838
License Date 5/4/1988
Name **FOTHERGILL, JOHN J MD**
Address INDIAN STREAM HEALTH CTR, 141 CORLISS LN COLEBROOK, NH, 03576-9534
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MEDICAL SCH - WORCESTER, MA USA 1985
Internship and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1986
Residency and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 8309
License Date 5/9/1990
Name **FOUNTAIN, MARTHA T MD**
Address 21 COLONIAL WAY, EXETER, NH, 03833
Specialty PD
Board Certified PD
School and Year of Graduation EMORY UNIV SCH OF MED-ATLANTA, GA USA 1981
Internship and Year UNIV OF IOWA HOSP-IOWA CITY, IA 1982
Residency and Year UNIV IOWA HOSP-IOWA CITY-IA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 6876
License Date 5/10/1984
Name **FOURNIER, PAUL D MD**
Address KAISER PERMANENTE, 7701 SHERIDAN BLVD WESTMINSTER, CO, 80003
Specialty OM
Board Certified OM
School and Year of Graduation UNIV OF VT COLL MED-BURLINGTON, VT USA 1981
Internship and Year UNITED HLTH SERVICES-JOHNSON CITY, NY 1982
Residency and Year UNITED HLTH SERVICES-JOHNSON CITY, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13536
License Date 6/6/2007
Name **FOWLER, KENNETH P MD**
Address PENTUCKET MEDICAL ASSOCIATES, 500 MERRIMACK ST LAWRENCE, MA, 01843
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL UNIV OF SOUTH CAROLINA COLLEGE OF MED USA 2001
Internship and Year UNIV OF MICHIGAN-ANN ARBOR, MI 2003
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESID - AUGUSTA, ME 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16267
License Date 8/7/2013
Name **FOX, ASHLEY A MD**
Address CONCORD EMERGENCY MEDICINE ASSOCATES, @ CONCORD HOSPITAL - 250 PLEASANT STCONCO
Specialty EM
Board Certified EM
School and Year of Graduation FLORIDA STATE UNIVERSITY USA 2008
Internship and Year UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE, FL 2009
Residency and Year UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE, FL 2011
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 8553
License Date 6/5/1991
Name **FOX, KATHARINE T MD**
Address PLEASANT ST FAMILY MEDICINE, 280 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation MT SINAI SCH OF MED -NY, NY USA 1988
Internship and Year ST JOSEPHS HOSPITAL - SYRACUSE, NY 1989
Residency and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 8673
License Date 1/8/1992
Name **FOX, LAURA J MD**
Address 6 TSIENNETO RD, DERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER UNITED STATES 1986
Internship and Year STRONG MEMORIAL HOSPITAL - UNIVERSITY OF ROCHESTER - NY 1987
Residency and Year WASHINGTON HOSPITAL CENTER WASHINGTON DC 1989
License Expiration Date **6/30/2016**
Remarks

License Number 15217
License Date 5/4/2011
Name **FOX, PATRICK T MD**
Address PLEASANT ST. FAMILY MEDICINE, 280 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2008
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 6312
License Date 11/6/1980
Name **FOX, RICHARD A MD**
Address COBBETTS POND RD, 22 ORIOLE RD WINDHAM, NH, 03087
Specialty FP
Board Certified
School and Year of Graduation UNIV OF MIAMI SCH OF MED MIAMI, FL USA 1976
Internship and Year MEMORIAL HOSP-PAWTUCKET, RI 1977
Residency and Year MEMORIAL HOSP-PAWTUCKET, RI 1979
License Expiration Date **6/30/2016**
Remarks

License Number 10228
License Date 1/7/1998
Name **FOX, ROBERT A MD**
Address ELMCREST HOSP, 25 MARLBOROUGH ST PORTLAND, CT, 06480
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CT SCH OF MED, FARMINGTON, CT USA 1974
Internship and Year UNIV COLORADO HEALTH SCIENCE CTR - CO 1978
Residency and Year UNIV COLORADO HEALTH SCIENCE CTR - CO 1978
License Expiration Date **6/30/1998**
Remarks **ORDER OF CONDITIONAL APPROVAL**

License Number 6027
License Date 4/5/1979
Name **FOX, SHERMAN S MD**
Address 125 LIBERTY ST, DANVERS, MA, 01923
Specialty P
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL MEDICINE - WASH, DC USA 1972
Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1973
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date **6/30/2017**
Remarks

License Number 8253
License Date 12/6/1989
Name **FOX, STEPHEN J MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT ST CONCORD, NH, 03301-7500
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VIRGINIA SCH OF MED-CHARLOTTESVILLE, VA USA 1982
Internship and Year UNIV HOPS-CLEVELAND, OH 1983
Residency and Year STRONG MEM HOSP-ROCHESTER, NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 8010
License Date 12/7/1988
Name **FOX, THOMAS S MD**
Address 105 PLEASANT ST, CONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIV OF UTAH SCH OF MED - SLAT LAKE CITY, UT USA 1970
Internship and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1971
Residency and Year STANFORD UNIV HOSPITAL - STANFORD, CA 1973
License Expiration Date **6/30/2003**
Remarks **DECEASED 6/10/02**

License Number 15791
License Date 8/1/2012
Name **FRAGOSO, CARLOS A MD**
Address MEMORIAL HOSP, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty PUD
Board Certified PUD
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1983
Internship and Year DANBURY HOSPITAL - DANBURY, CT 1984
Residency and Year DANBURY HOSPITAL - DANBURY, CT 1987
License Expiration Date **6/30/2016**
Remarks

License Number 17000
License Date 4/1/2015
Name **FRAME, KELBY L MD**
Address 110 SEIK RD, WASHINGTON, PA, 15301
Specialty DR
Board Certified DR
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1996
Internship and Year ALLEGHENY GENERAL HOSPITAL-WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1997
Residency and Year ALLEGHENY HENERAL HOSPITAL - PITTSBURGH, PA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 4891
License Date 2/15/1972
Name **FRAMPTON, ROY MD**
Address 166 KINSLEY ST STE 203, NASHUA, NH, 03060-3676
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF LONDON-LONDON ENGLAND ENGLAND 1962
Internship and Year CAMBERWELL HOSPITAL - ENGLAND 1963
Residency and Year SOUTH WEST LONDON HOSPITAL - ENGLAND 1964
License Expiration Date **6/30/2016**
Remarks

License Number 16268
License Date 8/7/2013
Name **FRANCIS, PATRICK A MD**
Address DARTMOUTH MEDICAL CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2010
Internship and Year WATERBURY HOSPITAL - WATERBURY, CT 2011
Residency and Year WATERBURY HOSPITAL - WATERBURY, CT 2013
License Expiration Date **6/30/2017**
Remarks

License Number 12527
License Date 11/3/2004
Name **FRANCIS, ROBERT D MD**
Address W. CAROLINA ORTHOPAEDICS, 2920 HAYWOOD RDHENDERSONVILLE, NC, 28791
Specialty ORS
Board Certified ORS
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1977
Internship and Year DUKE UNIVERSITY, DURHAM NC 1979
Residency and Year DUKE UNIVERSITY, DURHAM NC 1983
License Expiration Date **6/30/2012**
Remarks

License Number 5674
License Date 2/3/1977
Name **FRANCKE, GARY P MD**
Address ORTHOPEDIC PROF ASSN, 14 MAPLE ST STE 100GILFORD, NH, 03249
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CINCINNATI-CINCINNATI OH USA 1969
Internship and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1971
Residency and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1975
License Expiration Date **6/30/2017**
Remarks

License Number 9566
License Date 10/4/1995
Name **FRANK, EDWARD W MD**
Address DERMATOLOGY ASSOCIATES, 76 ALLDS STNASHUA, NH, 03060-
Specialty D
Board Certified D
School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE ST LOUIS, MO USA 1987
Internship and Year UNIV WASHINGTON MEDICAL CENTER SEATTLE, WA 1988
Residency and Year MASS GENERAL HOSPITAL BOSTON, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 5162
License Date 4/16/1974
Name **FRANK, JUDITH E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NPM
Board Certified NPM
School and Year of Graduation NEW YORK MEDICAL COLLEGE-NEW YORK CITY NY USA 1961
Internship and Year CLEVELAND CLINIC EDUCATION-CLEVELAND OH 1962
Residency and Year ST LUKES HOSP-NEW YORK NY 1964
License Expiration Date **9/24/2008**
Remarks **DECEASED 9/24/2008**

License Number 14893
License Date 6/2/2010
Name **FRANK, MARIA C MD**
Address 21 HAMPTON RD, EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 2003
Internship and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 2007
Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 2010
License Expiration Date **6/30/2014**
Remarks

License Number 12951
License Date 11/2/2005
Name **FRANKLIN, JULIE MD**
Address VAMC, #1128, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty APM
Board Certified APM
School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 1997
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1998
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9640
License Date 2/7/1996
Name **FRANKLIN, JULIE R MD**
Address LGH PHYSICIAN ASSOC, 140 HAVERHILL STANDOVER, MA, 01870-
Specialty OBG
Board Certified
School and Year of Graduation UNIV OF CHICAGO, PRITZER SCHOOL OF MEDICINE USA 1990
Internship and Year LA CO HARBOR UCLA MEDICAL CTR - TORRANCE CA 1991
Residency and Year UNIV HOSPITALS - CLEVELAND, OH 1995
License Expiration Date **6/30/1998**
Remarks

License Number 12741
License Date 6/1/2005
Name **FRANKLIN, MARK N MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MED NEW JERSEY, PISCATAWAY NJ US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10206
License Date 1/7/1998
Name **FRANKLIN, PETER D MD**
Address RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST 3RD FLBEACHWOOD, OH, 44122
Specialty DR
Board Certified R
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1981
Internship and Year METROWEST MEDICAL CENTER INC - MA 1982
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 3254
License Date 6/16/1958
Name **FRANZ, WARREN L MD**
Address , PO BOX 655NEWPORT, NH, 03773-
Specialty PTH
Board Certified PTH
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1953
Internship and Year US NAVAL HOSPITAL - CHELSEA, MA 1954
Residency and Year US NAVAL HOSPITAL - CHELSEA, MA 1954
License Expiration Date **6/30/2006**
Remarks

License Number 12376
License Date 7/7/2004
Name **FRANZEK, DEBORAH A MD**
Address 198 KANUTSU LN S, LOUDON, TN, 37774
Specialty PD
Board Certified PD
School and Year of Graduation INDIANA UNIVERSITY, INDIANAPOLIS IN US 1982
Internship and Year INDIANA UNIVERSITY, INDIANAPOLIS IN 1983
Residency and Year INDIANA UNIVERSITY, INDIANAPOLIS IN 1985
License Expiration Date **6/30/2016**
Remarks

License Number 12874
License Date 9/7/2005
Name **FRATES JR, THOMAS M MD**
Address NEW HAMPSHIRE NEUROSPINE INST, 4 HAWTHORNE DRIVE BEDFORD, NH, 03110
Specialty PM
Board Certified PM
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 1992
Internship and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1993
Residency and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 5217
License Date 7/15/1974
Name **FRAUNFELDER, JOHN P MD**
Address , PO BOX 476 WALPOLE, NH, 03608
Specialty R
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL COLLEGE, PHILA, PA USA 1967
Internship and Year ST LUKE'S HOSPITAL - BETHLEHEM, PA 1968
Residency and Year PENNSYLVANIA HOSPITAL - PHILA, PA 1974
License Expiration Date **6/30/2008**
Remarks

License Number 6062
License Date 6/11/1979
Name **FRAZER III, JOSEPH F MD**
Address 57 SPAR COVE RD, STE A FREEPORT, ME, 04032
Specialty AI
Board Certified AI
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1973
Internship and Year ST CHRISTOPHERS HOSPITAL CHILDREN - PHILA, PA 1974
Residency and Year ST CHRISTOPHER HOSPITAL CHILDREN - PHILA, PA 1976
License Expiration Date **6/30/2015**
Remarks

License Number 5347
License Date 6/16/1975
Name **FRECHETTE, DAVID K MD**
Address COTTAGE HOSP, SWIFTWATER RD WOODSVILLE, NH, 03785
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1972
Internship and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1973
Residency and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1975
License Expiration Date **6/30/2009**
Remarks

License Number 7679
License Date 8/5/1987
Name **FRECHETTE, RICHARD P MD**
Address MONADNOCK FAMILY CARE, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty FP
Board Certified
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1981
Internship and Year ST CLARES HOSP-SCHENECTATY,NY 1982
Residency and Year ST CLARES HOSP-SCHENECTATY,NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 15058
License Date 11/3/2010
Name **FREDE, JAMES R MD**
Address 430 KELE ST STE 401, KAHULUI, HI, 96732
Specialty OBG
Board Certified OBG
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1977
Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1979
Residency and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1981
License Expiration Date **6/30/2012**
Remarks **6/7/13 - Voluntary Surrender of License.**

License Number 8751
License Date 7/1/1992
Name **FREDENBURG, DAVID C MD**
Address MCPHS, 1260 ELM STMANCHESTER, NH, 03101
Specialty PD
Board Certified PD
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 1982
Internship and Year UNIVERSITY OF VERMONT MEDICAL CENTER BURLINGTON - VERMONT 1983
Residency and Year UNIVERSITY OF VERMONT MEDICAL CENTER BURLINGTON - VERMONT 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14287
License Date 1/7/2009
Name **FREDERICK, SHIRLEY A MD**
Address SO BERWICK FAMILY PRACTICE, 31 COLCORD STSO BERWICK, ME, 03908
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT USA 1990
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1991
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1993
License Expiration Date **6/30/2017**
Remarks

License Number 13203
License Date 8/2/2006
Name **FREDERICKS, SCOTT E MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation UNIV OF NEW JERSEY USA 2000
Internship and Year NY MEDICAL COLLEGE @ ST VINCENTS HOSPITAL MEDICAL CTR - NY, NY 2001
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11089
License Date 10/4/2000
Name **FREDRICK, DOUGLAS R MD**
Address DHMC OPHTHALMOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1986
Internship and Year ST MARY'S MEDICAL CENTER - SAN FRANCISCO, CA 1987
Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1990
License Expiration Date **6/30/2002**
Remarks

License Number 15218
License Date 5/4/2011
Name **FREED JR, GARY L MD**
Address DHMC - DEPT OF PLASTIC SURGERY, 1 MED CTR DRLEBANON, NH, 03756
Specialty PS
Board Certified OTO
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2003
Internship and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2004
Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 7492
License Date 1/8/1987
Name **FREEDBERG, PAUL S MD**
Address UROLOGY CONSULTANTS, 400 HIGHLAND AVE STE 6SALEM, MA, 01970
Specialty U
Board Certified U
School and Year of Graduation BOSTON UNIV SCH MED - BOSTON, MA USA 1974
Internship and Year LA CO HARBOR/UCLA MEDICAL CENTER - TORRANACE, CA 1975
Residency and Year VA MEDICAL CENTER -LOS ANGELES, CA 1976
License Expiration Date **6/30/2013**
Remarks

License Number 14545
License Date 8/5/2009
Name **FREEDMAN, ARNOLD S MD**
Address DANA FARBER CANCER INSTITUTE, 450 BROOKLINE AVE BOSTON, MA, 02215
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1979
Internship and Year UNIVERSITY OF MASSACHUSETTS MEMORIAL-MEMORIAL CAMPUS - WORCESTER, MA 1980
Residency and Year UNIVERSITY OF MASSACHUSETTS MEMORIAL-MEMORIAL CAMPUS - WORCESTER, MA 1982
License Expiration Date **6/30/2015**
Remarks

License Number 4999
License Date 6/11/1973
Name **FREEDMAN, DAVID E MD**
Address 1800 S OCEAN BLVD APT 6A, BOCA RATON, FL, 33432-8544
Specialty R
Board Certified
School and Year of Graduation UNIVERSITY OF LOUISVILLE-LOUISVILLE KY USA 1969
Internship and Year LOUISVILLE GENERAL HOSP-LOUISVILLE KY 1970
Residency and Year CITY OF MEMPHIS HOSP-MEMPHIS TN 1973
License Expiration Date **6/30/2017**
Remarks

License Number 6063
License Date 6/11/1979
Name **FREEDMAN, DAVID M MD**
Address , 1510 E WAGON WHEEL LN FORT MOHAVE, AZ, 86426
Specialty FP
Board Certified FP
School and Year of Graduation FACULTE DE MEDICINE DE L UNIV CATHOLIQUE DE LOUVAIN 1975
Internship and Year ST JOSEPH'S HOSPITAL - YONKERS, NY 1976
Residency and Year ST JOSEPHS HOSPITAL - READING, PA 1979
License Expiration Date **6/30/2009**
Remarks **SETTLEMENT AGREEMENT 11/14/02**

License Number 11110
License Date 11/1/2000
Name **FREEDMAN, MALCOLM R DO**
Address 6440 BIGELOW COMMONS, ENFIELD, CT, 06082
Specialty P
Board Certified
School and Year of Graduation NOVA SOUTHEASTERN UNIV - FL LAUDERDALE, FL USA 1994
Internship and Year WELLINGTON REGIONAL MEDICAL CENTER - WEST PALM BEACH, FL 1995
Residency and Year JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 2000
License Expiration Date **6/30/2004**
Remarks

License Number 15023
License Date 10/6/2010
Name **FREEMAN JR, EARL R DO**
Address SACO RIVER MEDICAL GROUP, 7 GREENWOOD AVE CONWAY, NH, 03878
Specialty FP
Board Certified
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1969
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1970
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 14758
License Date 3/3/2010
Name **FREEMAN JR, RICHARD B MD**
Address DHMC - DEPT OF SURGERY, 1 MED CTR DR LEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 1983
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1984
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 9334
License Date 12/7/1994
Name **FREEMAN, ALAN N MD**
Address 23 FEDERATION RD, BEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation DALHOUSIE UNIVERSITY CANADA 1972
Internship and Year DALHOUSIE UNIVERSITY - HALIFAX NOVA SCOTIA 1973
Residency and Year DALHOUSIE UNIVERSITY - HALIFAX NOVA SCOTIA 1976
License Expiration Date **6/30/2014**
Remarks

License Number 3468
License Date 9/19/1961
Name **FREEMAN, ALLAN G MD**
Address 580 WEST ST, KEENE, NH, 03431-2894
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1956
Internship and Year SAINT LUKE'S HOSPITAL- CLEVELAND OH 1957
Residency and Year CHILDREN'S HOSPITAL OF MICHIGAN 1961
License Expiration Date **6/30/2003**
Remarks

License Number 11561
License Date 4/3/2002
Name **FREEMAN, BARBARA M MD**
Address 308N. EVERGREEN RD STE LL, LOUISVILLE, KY, 40243
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE, KY USA 1974
Internship and Year ST ELIZABETH HOSPITAL - FT MITCHELL, KY 1975
Residency and Year NONE
License Expiration Date **6/30/2006**
Remarks

License Number 14415
License Date 5/6/2009
Name **FREEMAN, GLENN J MD**
Address , PO BOX 339ENGLEWOOD, FL, 34295
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1982
Internship and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1983
Residency and Year EMORY UNIVERSITY SCHOOL OF MEDIICNE - ATLANTA, GA 1987
License Expiration Date **6/30/2015**
Remarks

License Number 15751
License Date 7/11/2012
Name **FREEMAN, JEFFREY J MD**
Address SUMMIT RADIOLOGY, 6119 W JEFFERSON BLVDFORT WAYNE, IN, 46804
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year OCHSNER CLINIC FOUNDATION - NEW ORLEANS, LA 2004
Residency and Year OCHSNER CLINIC FOUNDATION - NEW ORLEANS, LA 2008
License Expiration Date **6/30/2014**
Remarks

License Number 16035
License Date 3/6/2013
Name **FREESE, JOHN P MD**
Address FRISBIE MEM HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty EM
Board Certified EM
School and Year of Graduation SOUTHERN ILLINOIS UNIV SCHOOL OF MED USA 2000
Internship and Year INDIANA UNIVERSITY HEALTH METHODIST HOSPITAL - INDIANAPOLIS, IN 2001
Residency and Year INDIANA UNIVERSITY HEALTH METHODIST HOSPITAL - INDIANAPOLIS, IN 2003
License Expiration Date **6/30/2017**
Remarks

License Number 3560
 License Date 9/15/1962
 Name **FREI, MAX MD**
 Address 95 BICKFORD HILL RD, GARDNER, MA, 01440-2313
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIVERSITY OF ZURICK SWITZERLAND 1955
 Internship and Year QUEENS HOSPITAL CENTER- NY 1956
 Residency and Year THE ROYAL VICTORIA HOSPITAL- QUEBEC, CANADA 1960
 License Expiration Date **6/30/2006**
 Remarks

License Number 9567
 License Date 10/4/1995
 Name **FREIDBERG, STEPHEN R MD**
 Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805-
 Specialty NS
 Board Certified NS
 School and Year of Graduation A EINSTEIN COLL OF MED OF YESHIVA BRONX, NY USA 1960
 Internship and Year UNIV HOSPITAL & CLINIC OKLAHOMA CITY, OK 1961
 Residency and Year KINGS COUNTY HOSPITAL CENTER BROOKLYN, NY 1968
 License Expiration Date **6/30/1999**
 Remarks

License Number 8796
 License Date 9/2/1992
 Name **FREMONT-SMITH III, MAURICE MD**
 Address 19 CULLEN WAY, EXETER, NH, 03833
 Specialty PTH
 Board Certified PTH
 School and Year of Graduation UNIVERSITY DE NAVARRA MEDICAL SCHOOL SPAIN 1986
 Internship and Year UNIVERSITY HOSPITAL - SUNY STONY BROOK STONY BROOK - NY 1990
 Residency and Year UNIVERSITY HOSPITAL - SUNY STONY BROOK STONY BROOK - NY 1990
 License Expiration Date **6/30/2016**
 Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/26/14**

License Number 16787
 License Date 10/1/2014
 Name **FRENCH, GINNY M MD**
 Address 1410 GEORGIA AVE, PALM HARBOR, FL, 34683
 Specialty IM
 Board Certified IM
 School and Year of Graduation WRIGHT STATE UNIVERSITY OF MEDICINE USA 2007
 Internship and Year MEDSTAR FRANKLIN SQUARE MEDICAL CENTER - BALTIMORE, MD 2009
 Residency and Year MEDSTAR FRANKLIN SQUARE MEDICAL CENTER - BALTIMORE, MD 2011
 License Expiration Date **6/30/2016**
 Remarks

License Number 11908
License Date 5/7/2003
Name **FRENCH, MARGARET A MD**
Address VA HOSPITAL, 215 N MAIN STWHITE RIVER JCT, VT, 03755
Specialty PTH
Board Certified PTH
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1986
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 14017
License Date 6/4/2008
Name **FRENCH, TIMOTHY S MD**
Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1991
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 1992
Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16217
License Date 7/3/2013
Name **FRENKIEWICH, BRIAN J DO**
Address NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty OMM
Board Certified OMM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MED USA 2008
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2009
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14795
License Date 4/7/2010
Name **FREW, JULIA R MD**
Address DHMC-DEPT OF PSYCHIATRY, ONE MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 4005
License Date 3/8/1966
Name **FREY III, WALTER G MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IMG
Board Certified IMG
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1954
Internship and Year UNIVERSITY OF PENNSYLVANIA PHILADELPHIA - PENNSYLVANIA 1955
Residency and Year UNIV OF PENNSYLVANIA - PHILA, PA 1955
License Expiration Date **6/30/2005**
Remarks

License Number 15831
License Date 9/5/2012
Name **FREY, PAUL F MD**
Address MMP - MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY MASSACHUSETTS MED SCHOOL USA 2003
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2004
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2008
License Expiration Date **6/30/2016**
Remarks

License Number 7502
License Date 2/5/1987
Name **FREYDINGER-WINKLER, DALMA MD**
Address WENTWORTH DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty PD
Board Certified
School and Year of Graduation SEMMELWEIS ORVOSTUDOMANYI EGYETEM HUNGARY 1979
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1983
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1985
License Expiration Date **6/30/2013**
Remarks

License Number 8674
License Date 1/8/1992
Name **FREYHOFER, CORNELIA S MD**
Address , PO BOX 109CROWN POINT, NY, 12928
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF ARKANSAS UNITED STATES 1980
Internship and Year ORLANDO REGIONAL MEDICAL CENTER ORLANDO - FLORIDA 1984
Residency and Year ORLANDO REGIONAL MEDICAL CENTER ORLANDO - FLORIDA 1986
License Expiration Date **6/30/2010**
Remarks

License Number 7807
License Date 4/6/1988
Name **FRIEDEN, ROGER S MD**
Address DOCTORS PARK PEDIATRICS, 275 MAMMOTH RD MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation OHIO STATE UNIV COLL MED - COLUMBUS, OH USA 1979
Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 1980
Residency and Year PHOENIX HOSPITAL AFFILIATED PEDIATRIC PROGRAM - PHOENIX, AZ 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7869
License Date 6/8/1988
Name **FRIEDENBERG, DAVID S DO**
Address NEPHROLOGY ASSOCIATES, 1750 ELM ST, SUITE 201C MANCHESTER, NH, 03103
Specialty NEP
Board Certified NEP
School and Year of Graduation PHILA COLL OF OSTEO MED - PHILA, PA USA 1980
Internship and Year JOHN F KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1981
Residency and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 7565
License Date 5/6/1987
Name **FRIEDLANDER JR, ROBERT J MD**
Address HARVARD VANGUARD MED ASSOCIATES, 254 2ND AVENUE NEEDHAM, MA, 02494
Specialty ON
Board Certified ON
School and Year of Graduation CORNELL UNIVERSITY - NEW YORK, NY USA 1981
Internship and Year NY HOSPITAL - CORNELL UNIVERSITY - NEW YORK, NY 1982
Residency and Year NY HOSPITAL - CORNELL UNIVERSITY - NEW YORK, NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 17262
License Date 9/2/2015
Name **FRIEDLANDER, ADAM L MD**
Address 1875 NW CORPORATE BLVD STE 270, BOCA RATON, FL, 33431
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - FL USA 2001
Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2002
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2004
License Expiration Date **6/30/2017**
Remarks

License Number 4590
License Date 7/29/1970
Name **FRIEDLANDER, ROBERT M MD**
Address VALLEY RADIOLOGY PROF, 243 ELM STCLAREMONT, NH, 03743
Specialty R
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL COLLEGE, PA USA 1967
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1968
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1968
License Expiration Date **6/30/2008**
Remarks

License Number 6553
License Date 6/24/1982
Name **FRIEDMAN, BRUCE J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation NY MED COLL VALHALLA, NY USA 1976
Internship and Year NORTH SHORE UNIV HOSP - MANHASSETT, NY 1977
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982
License Expiration Date **6/30/2016**
Remarks

License Number 4482
License Date 10/6/1969
Name **FRIEDMAN, FRANCES M MD**
Address 7 HENEAGE LN, HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MICHIGAN - ANN ARBOR, MI USA 1961
Internship and Year UNIV HOSPITAL - ANN ARBOR, MI 1962
Residency and Year UNIV HOSPITAL - ANN ARBOR, MI 1967
License Expiration Date **6/30/2005**
Remarks

License Number 10207
License Date 1/7/1998
Name **FRIEDMAN, GARY B MD**
Address SOUTHERN NH REGIONAL MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty AN
Board Certified AN
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED - DC USA 1992
Internship and Year J DEMPSEY HOSPITAL UNIV CONNECTICUT HOSPITAL - CT 1993
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA SOUTHERN NH MEDICAL CTR-NASHUA NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10080
License Date 8/6/1997
Name **FRIEDMAN, HARLEY P MD**
Address DHMC - HOSPITAL MEDICINE, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MEDICAL SCHOOL - WORCESTER, MA USA 1994
Internship and Year BETH ISREAL DEACONESS MEDICAL CENTER,MA 1997
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER,MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 4273
License Date 7/17/1968
Name **FRIEDMAN, HAROLD M MD**
Address , 3 ROPE FERRY RDHANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1960
Internship and Year BALTIMORE CITY HOSPITAL - BALTIMORE, MD 1961
Residency and Year UNIV HOSPITAL - ANN ARBOR, MI 1968
License Expiration Date **6/30/2012**
Remarks

License Number 12163
License Date 12/3/2003
Name **FRIEDMAN, JENNIFER D MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA, SAN FRANCISCO,CA US 1997
Internship and Year MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 1999
Residency and Year MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 2002
License Expiration Date **6/30/2005**
Remarks

License Number 12130
License Date 11/5/2003
Name **FRIEDMAN, JONATHAN A MD**
Address 3201 UNIVERSITY DR EAST STE 41, BRYAN, TX, 77802
Specialty NS
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, CA US 1997
Internship and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1998
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE, ROCHESTER MN 2003
License Expiration Date **6/30/2005**
Remarks

License Number 5055
License Date 7/24/1973
Name **FRIEDMAN, MATTHEW J MD**
Address V A HOSPITAL, WHITE RIVER JCT, VT, 05001
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF KENTUCKY-LEXINGTON KY USA 1969
Internship and Year UNIVERSITY OF KENTUCKY-LEXINGTON KY 1970
Residency and Year MASSACHUSETTS GENERAL HOSP-BOSTON MA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 5480
License Date 2/6/1976
Name **FRIEDMAN, RICHARD B MD**
Address CENTER FOR CLINICAL EXCELLANCE, 475 CYPTESS STMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV. OF N.Y. DOWNSTATE MED. CENTER N.Y. USA 1972
Internship and Year GEO WASHINGTON U HOSP. 1973
Residency and Year GEO WASHINGTON U HOSP. 1975
License Expiration Date **6/30/2016**
Remarks

License Number 14498
License Date 7/1/2009
Name **FRIEDMAN, SCOTT E MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 15531
License Date 2/1/2012
Name **FRIEDMAN, STEPHEN V MD**
Address 45 L P HENDERSON RD, BEVERLY, MA, 01915
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1995
Internship and Year ST VINCENTS HOSPITAL(MANHATTON) NY MEDICAL COLLEGE - NY, NY 1996
Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1999
License Expiration Date **8/28/2012**
Remarks **8/28/12 - Order of Emergency License Suspension & Notice of Hearing**
9/7/12 - Preliminary Agreement for Practice Restrictions. 11/9/12 - Settlement Agreement

License Number 7316
License Date 5/8/1986
Name **FRIEDRICHS, PAUL E MD**
Address LAMPREY HEALTH CARE, 207 S MAIN STNEWMARKET, NH, 03857-1821
Specialty FP
Board Certified
School and Year of Graduation UNIV OF PENNSYLVANIA SCH MED - PHILA, PA USA 1983
Internship and Year BROWN UNIV AFFILIATED HOSPITAL - PROVIDENCE, RI 1984
Residency and Year BROWN UNIV AFFILIATED HOSPITAL - PROVIDENCE, RI 1986
License Expiration Date **6/30/2016**
Remarks

License Number 14991
License Date 9/1/2010
Name **FRIEL, JOHN C MD**
Address FOUNDATION MED PARTNERS, 268 MAIN STNASHUA, NH, 03060
Specialty GS
Board Certified GS
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1998
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 6877
License Date 5/10/1984
Name **FRIEND, PAUL K MD**
Address WESTSIDE HEALTHCARE, 15 AIKIN AVEFRANKLIN, NH, 03235
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1978
Internship and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1979
Residency and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 16476
License Date 2/5/2014
Name **FRIESE, STEVEN B MD**
Address 2602 GLACIER ST, ANCHORAGE, AK, 93940
Specialty EM
Board Certified EM
School and Year of Graduation KECK SCHOOL OF MEDICINE OF THE UNIV OF S CALIFORNI USA 2002
Internship and Year ALAMEDA COUNTY MEDICAL CENTER - OAKLAND, CA 2003
Residency and Year KERN MEDICAL CENTER - BAKERSFIELD, CA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15219
License Date 5/4/2011
Name **FRISENDA, ROBERT A MD**
Address HARLIN HOUSE, 52 HOOKER AVEPOUGHKEEPSIE, NY, 12601
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1975
Internship and Year MSU KALAMAZOO CENTER FOR MEDICAL STUDIES - KALAMAZOO, MI 1976
Residency and Year MSU KALAMAZOO CENTER FOR MEDICAL STUDIES - KALAMAZOO, MI 1979
License Expiration Date **6/30/2017**
Remarks

License Number 15569
License Date 3/7/2012
Name **FRITHTSEN, IVAR L MD**
Address VALLEY REGIONAL HOSPITAL, 243 ELM STCLAREMONT, NH, 03743
Specialty FP
Board Certified FP
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2002
Internship and Year TRIDENT FAMILY MEDICINE RESIDENCY PROGRAM - CHARLESTON, SC 2003
Residency and Year TRIDENT FAMILY MEDICINE RESIDENCY PROGRAM - CHARLESTON, SC 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10157
License Date 11/5/1997
Name **FRITSCH, SANDRA L MD**
Address SALEM HOSPITAL, 81 HIGHLAND AVESALEM, NH, 03079
Specialty CHP
Board Certified PD
School and Year of Graduation MICHIGAN STATE UNIV COLL OF HUMAN MED USA 1985
Internship and Year BUTTERWORTH HOSPITAL - MI 1986
Residency and Year EMMA P BRADLEY HOSPITAL - RI 1989
License Expiration Date **6/30/2002**
Remarks

License Number 5053
License Date 7/20/1973
Name **FRIZZELL, JAMES A MD**
Address 915 TOLL HOUSE AVE #201, FREDERICK, MD, 21701
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT USA 1968
Internship and Year DENVER GENERAL HOSPITAL - DENVER, CO 1969
Residency and Year DARTHOOUTH MEDICAL SCHOOL - HANOVER, NH 1971
License Expiration Date **6/30/2009**
Remarks **Deceased 12/15/13**

License Number 15698
License Date 6/6/2012
Name **FROELICH, HEATHER M MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF TEXAS USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 8465
License Date 12/5/1990
Name **FROELICH, JOHN J MD**
Address ATASCADERO STATE HOSPITAL, 1033 EL CAMINO REALATASCADERO, CA, 93423-7001
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TEXAS MEDICAL SCHOOL AT HOUSTON USA 1982
Internship and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1983
Residency and Year TULANE MEDICAL CENTER HOSPITAL - NEW ORLEANS, LA 1986
License Expiration Date **6/30/2008**
Remarks

License Number 1922
License Date 12/30/1933
Name **FROMER, JOHN L MD**
Address C/O HOLLY REED, 59 WELLESLELY RD EXTNATICK, MA, 01760
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF BELLEVUE HOSPITAL MEDICAL COLLEGE USA 1932
Internship and Year HOSPITAL TRAINING UNITED HOSPITAL - PORT CHESTER, NY 1933
Residency and Year UNITED STATES ARY MEDICAL CORP 1934
License Expiration Date **6/30/1998**
Remarks **Deceased 12/26/03**

License Number 10822
License Date 2/2/2000
Name **FROMM, HANS MD**
Address DHMC GASTROENTEROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty GE
Board Certified
School and Year of Graduation ALBERT LUDWIGS UNIV OF FREIBURG - BREISGUA GERMANY 1964
Internship and Year MEMORIAL HEALTH CARE- WORCESTER, MA 1967
Residency and Year LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 1968
License Expiration Date **1/2/2006**
Remarks **DECEASED 1/02/06**

License Number 3462
License Date 8/8/1961
Name **FROST JR, WILLIAM W MD**
Address 379 ROUTE 106 S, LOUDON, NH, 03307-0822
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT USA 1956
Internship and Year UP STATE MEDICAL CENTER- NY 1957
Residency and Year UPSTATE MEDICAL CENTER- NY 1959
License Expiration Date **3/28/2006**
Remarks **DECEASED 3/28/06**

License Number 12875
License Date 9/7/2005
Name **FROST, SEAN C MD**
Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty ORS
Board Certified ORS
School and Year of Graduation QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA CANADA 1999
Internship and Year UNIVERSITY OF WESTERN ONTARIO, LONDON ONTARIO CANADA 2000
Residency and Year UNIVERSITY OF WESTERN ONTARIO, LONDON ONTARIO CANADA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 14416
License Date 5/6/2009
Name **FRUECHTE, ETHAN M MD**
Address NORTH MEMORIAL MED CTR, ROBBINSDALE, MN,
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 2003
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2004
Residency and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2006
License Expiration Date **6/30/2011**
Remarks

License Number 13204
License Date 8/2/2006
Name **FRUECHTE, KAREN J MD**
Address DHC-COMMUNITY HEALTH CENTER, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MINNESOTA USA 2003
Internship and Year UNIV OF MINNESOTA/NORTH MEMORIAL HEALTH CARE-MINNEAPOLIS, MN 2004
Residency and Year UNIV OF MINNESOTA/NORTH MEMORIAL HEALTH CARE-MINNEAPOLIS, MN 2006
License Expiration Date **6/30/2012**
Remarks

License Number 16822
License Date 11/6/2014
Name **FRUMAN, STUART A MD**
Address 8311 SUMMERWOOD DR, MC LEAN, VA, 22102
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNIVERSITY USA 1988
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1989
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 6898
License Date 6/7/1984
Name **FRUMKIN, MITCHELL MD**
Address DH NASHUA PEDIATRICS, 2300 SOUTHWOOD DR NASHUA, NH, 03063-1818
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1978
Internship and Year NEW ENGLAND MED CTR HOSP INC BOSTON,MA 1979
Residency and Year NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 17001
License Date 4/1/2015
Name **FRUSZTAJER, NINA T MD**
Address 7 WOODLAND RD, LEXINGTON, MA, 02420
Specialty PTH
Board Certified PTH
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1992
Internship and Year CALIFORNIA PACIFIC MEDICAL CENTER - SAN FRANCISCO, CA 1993
Residency and Year KAISER PERMANENTE MED GROUP - SAN FRANCISCO, CA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 9619
License Date 1/3/1996
Name **FRY, LAURA R MD**
Address MANCHESTER COMM HLTH CTR, 145 HOLLIS ST MANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation SUNY-HEALTH SCIENCE CENTER AT BROOKLYN COL OF MED USA 1989
Internship and Year PROVIDENCE HOSPITAL - WASHINGTON, DC 1990
Residency and Year PROVIDENCE HOSPITAL - WASHINGTON, DC 1992
License Expiration Date **6/30/2016**
Remarks

License Number 16164
License Date 6/5/2013
Name **FRYDMAN, EMILY S MD**
Address CHILD HEALTH SERVICES, 1245 ELM ST.MANCHESTER, NH, 03101
Specialty PD
Board Certified PD
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2006
Internship and Year GORYEB CHILDRENS HOSPITAL ATLANTIC HEALTH - MORRISTOWN, NJ 2008
Residency and Year GORYEB CHILDRENS HOSPITAL ATLANTIC HEALTH - MORRISTOWN, NJ 2010
License Expiration Date **6/30/2017**
Remarks

License Number 17108
License Date 6/3/2015
Name **FRYE, LAUREN R DO**
Address CROZER-CHESTER MED CTR, 1 MED CTR BLVD ACP 332UPLAND, PA, 19013
Specialty OBG
Board Certified
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 2012
Residency and Year CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 7317
License Date 5/8/1986
Name **FUCHS, NINA A MD**
Address 31 GARVEY RD, FRAMINGHAM, MA, 01701-3071
Specialty GP
Board Certified
School and Year of Graduation LENINGRAD PEDIATRIC ORD TRUD KRASNOGO RUSSIA 1961
Internship and Year LENINGZOD PEDIATRIC MEDICAL HOSPITAL - LENINGZOD 1962
Residency and Year LENINGZOD PEDIATRIC MEDICAL HOSPITAL - LENINGZOD 1962
License Expiration Date **6/30/1998**
Remarks

License Number 14621
License Date 10/7/2009
Name **FUDGE, MARY L MD**
Address SURG ASSOC OF SOUTHERN NH, 44 BIRCH ST STE 301DERRY, NH, 03038
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14759
License Date 3/3/2010
Name **FUENFER, MICHAEL M MD**
Address MGH DEPT OF PEDIATRICS, 175 CAMBRIDGE ST 5TH FLRBOSTON, MA, 02114
Specialty PDS
Board Certified PDS
School and Year of Graduation UNIVERSITY OF LOUISVILLE USA 1976
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1978
Residency and Year UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE 1979
License Expiration Date **6/30/2016**
Remarks

License Number 16165
License Date 6/5/2013
Name **FUKUDA, YOKO MD**
Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation KEIO UNIVERSITY JAPAN 2005
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2008
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2010
License Expiration Date **6/30/2017**
Remarks

License Number 14992
License Date 9/1/2010
Name **FUKUSHIMA, DOREEN L MD**
Address GENESIS BEHAVIORAL HEALTH, 111 CHURCH STLACONIA, NH, 03246
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF HAWAII USA 2006
Internship and Year UNIVERSITY OF HAWAII - HONOLULU, HI 2008
Residency and Year UNIVERSITY OF HAWAII - HONOLULU, HI 2010
License Expiration Date **6/30/2014**
Remarks

License Number 15342
License Date 8/3/2011
Name **FULD, ALEXANDER D MD**
Address WHITE RIVER JUNCTION VA, 215 NO MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2002
Internship and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2003
Residency and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 4792
License Date 6/14/1971
Name **FULD, GILBERT L MD**
Address 11 BLACKBERRY LN, KEENE, NH, 03431
Specialty PDA
Board Certified PDA
School and Year of Graduation UNIV OF PITTSBURGH, PA USA 1962
Internship and Year ST LUKE'S HOSPITAL CENTER - NY, NY 1963
Residency and Year BABIES HOSPITAL - NY, NY 1965
License Expiration Date **6/30/2017**
Remarks

License Number 6728
License Date 7/7/1983
Name **FULLER JR, JOSEPH E MD**
Address ROCHESTER HILL FAMILY PRACTICE, FRISBIE MEMORIAL HOSPITAL ROCHESTER, NH, 03867
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1980
Internship and Year MIDDLESEX HOSPITAL-MIDDLETOWN, CT 1981
Residency and Year MIDDLESEX HOSPITAL-MIDDLETOWN, CT 1983
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 1/31/86...
RE-INSTATED ON 9/5/07**

License Number 9946
License Date 3/5/1997
Name **FULLER, JAMES M MD**
Address VALLEY RADIOLOGY PA, 1 RIVER RIDGE ROAD HANOVER, NH, 03755
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF MA MEDICAL SCHOOL WORCESTER, MA USA 1991
Internship and Year MEDICAL CENTER OF CENTRAL MASS 1992
Residency and Year ST VINCENT HOSPITAL - MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 8458
License Date 11/7/1990
Name **FULLER, JONATHAN E MD**
Address LANDSTUHL REGIONAL MEDICAL CTR, CMR 402 BOX 786 APO, AE, 09180-
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1988
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1993
License Expiration Date **6/30/1998**
Remarks

License Number 11695
License Date 8/7/2002
Name **FULTON, JOHN S DO**
Address SNHMC -HOSPITALIST PROGRAM, BOX 2014NASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1999
Internship and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 2000
Residency and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14546
License Date 8/5/2009
Name **FUNE, JIMMY C MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS USA 1994
Internship and Year JERSEY SHORE UNIVERSITY MEDICAL CENTER-NEPTUNE, NJ 2007
Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15184
License Date 4/6/2011
Name **FUNG, ERIK Y MD**
Address ADV HEART - CARDIO - USC, 1510 SAN PABLO ST STE 322LOS ANGELES, CA, 90033
Specialty IM
Board Certified
School and Year of Graduation CHINESE UNIVERSITY OF HONG KONG HONG KONG 2004
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2009
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2015**
Remarks

License Number 6625
License Date 10/7/1982
Name **FUNK, ERIK J MD**
Address MANCHESTER VA MED CTR, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty CD
Board Certified CD
School and Year of Graduation ALBANY MEDICAL COLL OF UNION UNIV - NY USA 1975
Internship and Year ST VINCENTS HOSPITAL MEDICAL CENTER - NEW YORK, NY 1976
Residency and Year MEMORIAL HOSPITAL - PAWTUCKET, RI 1980
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/06 - reinstated 7/2/14**

License Number 7270
License Date 2/6/1986
Name **FUNK, MARK M MD**
Address DARTMOUTH-HITCHCOCK, 590 COURT STKEENE, NH, 03431-8706
Specialty U
Board Certified U
School and Year of Graduation UNIV OF CINCINNATI MED COLL USA 1981
Internship and Year SUNY UPSTATE MED CTR SYRACUSE NY 1982
Residency and Year SUNY UPSTATE MED CTR SYRACUSE NY 1986
License Expiration Date **6/30/2016**
Remarks

License Number 11623
License Date 6/5/2002
Name **FUREY, PATRICIA C MD**
Address SURGICAL CARE GROUP, 87 MCGREGOR ST STE 3100MANCHESTER, NH, 03102
Specialty VS
Board Certified VS
School and Year of Graduation BROWN UNIV SCHOOL OF MED - PROVIDENCE, RI USA 1990
Internship and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1991
Residency and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1995
License Expiration Date **6/30/2016**
Remarks

License Number 15185
License Date 4/6/2011
Name **FURLAN, JULIE E DO**
Address HUGGINS HOSP/MOULTONBOROUGH FAM MED, PO BOX 750MOULTONBOROUGH, NH, 03254
Specialty FP
Board Certified FP
School and Year of Graduation OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 2009
Residency and Year SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12742
License Date 6/1/2005
Name **FURMANSKI, LISA A MD**
Address ALICE PECK DAY, 125 MASCOMA ST #5LEBANON, NH, 03766
Specialty IM
Board Certified GER
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 1996
Internship and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1997
Residency and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 10615
 License Date 7/7/1999
 Name **FUSARIS, KIM W MD**
 Address 32 HOLTON CIRCLE, LONDONDERRY, NH, 03053
 Specialty IM
 Board Certified
 School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON,CT USA 1996
 Internship and Year LAHEY-HITCHCOCK CLINIC - BURLINGTON, MA 1997
 Residency and Year LAHEY-HITCHCOCK CLINIC - BURLINGTON, MA 1999
 License Expiration Date **6/30/2017**
 Remarks

License Number 8859
 License Date 12/2/1992
 Name **FUSELIER, FRANCIS W MD**
 Address MONADNOCK INTERNISTS, 454 OLD STREET RDPETERBOROUGH, NH, 03458-
 Specialty IM
 Board Certified IM
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 1969
 Internship and Year NAVAL HOSPITAL OAKLAND - CALIFORNIA 1970
 Residency and Year NAVAL HOSPITAL OAKLAND - CALIFORNIA 1972
 License Expiration Date **2/2/2006**
 Remarks **REQUESTED INACTIVE 2/2/06**

License Number 12060
 License Date 9/3/2003
 Name **FUSONIE, GLENN E MD**
 Address L R G H SURGICAL SPECIALIST, 85 SPRING STLACONIA, NH, 03246
 Specialty GS
 Board Certified VS
 School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1996
 Internship and Year BOSTON U MED CTR DEPT OF SURGERY, ROXBURY MA 1997
 Residency and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2002
 License Expiration Date **6/30/2017**
 Remarks

License Number 9246
 License Date 8/3/1994
 Name **GAARY, ELIZABETH A MD**
 Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570
 Specialty R
 Board Certified R
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1990
 Internship and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA PA 1991
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
 License Expiration Date **6/30/2016**
 Remarks

License Number 15657
License Date 5/2/2012
Name **GABBARD, SCOTT L MD**
Address DHMC-GASTRO DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 2006
Internship and Year UNIVERSITY OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 2007
Residency and Year UNIVERSITY OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 2009
License Expiration Date **6/30/2014**
Remarks

License Number 7432
License Date 9/4/1986
Name **GABRIEL, NOBLE MD**
Address 11 SUMMER ST STE 7, CHELMSFORD, MA, 01824-3064
Specialty OTO
Board Certified
School and Year of Graduation FAC MED UNIV AIN SHAMS EGYPT 1969
Internship and Year KINGS COUNTY HOSP CTR-BROOKLYN NY 1977
Residency and Year NEW YORK UNIV OF MED CTR-NEW YORK 1980
License Expiration Date **6/30/2016**
Remarks **Lapsed 6/30/99 - Reinstated 5/4/11
6/8/12 - Settlement Agreement**

License Number 11401
License Date 9/5/2001
Name **GABRIELLE, CLAUDIA G MD**
Address BETH ISRAEL AT SALEM, NH, 32 STILES RD, STE 103SALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1992
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIV- PAWTUCKET, RI 1993
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIV- PAWTUCKET, RI 1995
License Expiration Date **6/30/2017**
Remarks

License Number 6204
License Date 5/14/1980
Name **GABRIELLI, ROBERT D MD**
Address PENACOOK FAMILY PHYSICIANS, 1 MERRIMACK STPENACOOK, NH, 03303-1455
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF SOUTHERN CALI-LOS ANGELES,CA USA 1977
Internship and Year LANCASTER GEN HOSP-LANCASTER,PA 1978
Residency and Year LANCASTER GEN HOSP-LANCASTER,PA 1980
License Expiration Date **6/30/2012**
Remarks

License Number 6442
License Date 8/6/1981
Name **GABROY, JAMES B MD**
Address 1535 W WARM SPRINGS RD STE 135, HENDERSON, NV, 89014
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, PA USA 1973
Internship and Year ST VINCENT HOSPITAL WORCESTER, MA 1973
Residency and Year WORCESTER CITY HOSPITAL WORCESTER, MA 1975
License Expiration Date **6/30/2011**
Remarks

License Number 14962
License Date 8/4/2010
Name **GACHERI, SUSAN MD**
Address ONE ELLIOT WAY, MANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2007
Internship and Year THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2008
Residency and Year THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16269
License Date 8/7/2013
Name **GAD, HEBA T MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation AIN SHAMS UNIVERSITY EGYPT 2003
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2009
Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2012
License Expiration Date **6/30/2017**
Remarks

License Number 12601
License Date 2/2/2005
Name **GADBOIS, ALEXANDER E MD**
Address 250 PLEASANT ST, CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1998
Internship and Year STRONG MEMORIAL HOSP, ROCHESTER NY 1999
Residency and Year STRONG MEMORIAL HOSP, ROCHESTER NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 16306
License Date 9/4/2013
Name **GADEY, GAUTAM MD**
Address 14 APPLE RIDGE WAY, E BRUNSWICK, NJ, 08816
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NJ USA 2006
Internship and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2007
Residency and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12338
License Date 6/2/2004
Name **GADSBY, MICHAEL O MD**
Address 88 ARLINGTON DR, PASADENA, CA, 91105-3108
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1992
Internship and Year UCLA, TORRANCE CA 1993
Residency and Year DREW MEDICAL CTR, LOS ANGELES CA 2001
License Expiration Date **6/30/2008**
Remarks

License Number 14547
License Date 8/5/2009
Name **GAETA, MIGUEL M MD**
Address ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty GS
Board Certified GS
School and Year of Graduation CHARLES R. DREW UNIVERSITY USA 2003
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2004
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2008
License Expiration Date **6/30/2017**
Remarks

License Number 5815
License Date 9/1/1977
Name **GAETJENS, ROBERT E MD**
Address UNUM, 2211 CONGRESS STPORTLAND, ME, 04122
Specialty OM
Board Certified OM
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE MEDICAL CENTER USA 1975
Internship and Year UNIV OF KENTUCKY 1976
Residency and Year UNIVERSITY OF KENTUCKY 1976
License Expiration Date **6/30/2017**
Remarks

License Number 3354
License Date 3/9/1960
Name **GAGE, WILLIAM L MD**
Address 322 SHORE DR, LACONIA, NH, 03246
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1953
Internship and Year BOSTON CITY HOSPITAL 1954
Residency and Year BOSTON CITY HOSPITAL 1956
License Expiration Date **6/30/2012**
Remarks

License Number 16036
License Date 3/6/2013
Name **GAGINA, MARIANNA MD**
Address THE MEMORIAL HOSPITAL (MWV HEALTHCARE ASSOC INC), 3073 WHITE MOUNTAIN HWYNO. CO
Specialty PD
Board Certified PD
School and Year of Graduation CHELYABINSK STATE MEDICAL INSTITUTE RUSSIA 1994
Internship and Year NEWARD BETH ISRAEL MEDICAL CENTER - NEWARD, NJ 2011
Residency and Year NEWARD BETH ISRAEL MEDICAL CENTER - NEWARD, NJ 2012
License Expiration Date **6/30/2017**
Remarks

License Number 5332
License Date 5/15/1975
Name **GAGLIANO, ANGELO V MD**
Address , , ,
Specialty AN
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 11531
License Date 3/6/2002
Name **GAGLIONE, JOSEPH I MD**
Address 1241 WOODLAND AVE, MT PLEASANT, SC, 20464
Specialty R
Board Certified R
School and Year of Graduation MEDICAL COLLEGE OF OHIO- TOLEDO, OH USA 1993
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1994
Residency and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 10302
License Date 6/3/1998
Name **GAGNE, LISA J MD**
Address DHMC-PATHOLOGY, 173A MIDDLE STLANCASTER, NH, 03584
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF VERMONT COLL OF MED BURLINGTON,VT USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2014**
Remarks

License Number 4814
License Date 8/18/1971
Name **GAGNE, RONALD J MD**
Address MANCHESTER FAMILY HLTH CTR, 57 WEBSTER ST UNIT 110MANCHESTER, NH, 03104-2553
Specialty FP
Board Certified FP
School and Year of Graduation CREIGHTON UNIV SCHOOL OF MEDICINE USA 1970
Internship and Year KANSAS CITY GENERAL HOSPITAL - KANSAS CITY, MO 1971
Residency and Year KANSAS CITY GENERAL HOSPITAL - KANSAS CITY, MO 1971
License Expiration Date **6/30/2000**
Remarks

License Number 7236
License Date 12/5/1985
Name **GAGNON, DAVID R MD**
Address 3 WATER VILLAGE ROAD, OSSIPEE, NH, 03864
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV PROVIDENCE RI USA 1977
Internship and Year MADIGAN ARMY MED CTR TACOMA WA 1978
Residency and Year UNIV MA MED CTR WORCESTER MA 1983
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/13**
RENEWED 8/19/13

License Number 4013
License Date 3/14/1967
Name **GAGNON, PAUL M MD**
Address 1865 MAIN ST, E HARTFORD, CT, 06108
Specialty PD
Board Certified
School and Year of Graduation UNIV OF OTTAWA - ONTARIO, CANADA CANADA 1964
Internship and Year SPRINGFIELD HOSPITAL - SPRINGFIELD, MA 1965
Residency and Year SPRINGFIELD HOSPITAL - SPRINGFIELD, MA 1965
License Expiration Date **6/30/2011**
Remarks

License Number 3561
License Date 9/15/1962
Name **GAGNON, RAYMOND L MD**
Address 18 SPRINGFIELD ST, SPRINGFIELD, MA, 01107-1250
Specialty IM
Board Certified
School and Year of Graduation LAVAL UNIVERSITY- QUEBEC CANADA 1960
Internship and Year HOTEL-DIEU DE QUEBEC 1960
Residency and Year HOTEL-DIEU DE QUEBEC 1960
License Expiration Date **6/30/2004**
Remarks

License Number 10678
License Date 9/1/1999
Name **GAIDICI, FLORIN MD**
Address WESTCHESTER MED CTR, DEPT OF MED MUNGER PAVILIONVALHALLA, NY, 10595
Specialty IM
Board Certified
School and Year of Graduation INSTITUTE OF MED & PHARMACY BUCURESTI ROMANIA 1993
Internship and Year NEW YORK MEDICAL COLLEGE- VALHALLA, NY 1997
Residency and Year NEW YORK MEDICAL COLLEGE VALHALLA, NY 1998
License Expiration Date **6/30/2000**
Remarks

License Number 3815
License Date 7/29/1965
Name **GAIMARI, FRANK A MD**
Address 44 SCOTT AVE, NASHUA, NH, 03062-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF SASKATCHEWAN - CANADA CANADA 1961
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1962
Residency and Year PONTIAC GENERAL HOSPITAL - PONTIAC, MI 1965
License Expiration Date **6/30/2001**
Remarks **Deceased 12/17/2009**

License Number 11909
License Date 5/7/2003
Name **GAIRE, SUSAN R MD**
Address 15400 WATER OAK CT, PUNTA GORDA, FL, 33982
Specialty OBG
Board Certified OBG
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1989
Internship and Year BROOKE ARMY MEDICAL CENTER - SAN ANTONIO, TX 1990
Residency and Year BROOKE ARMY MEDICAL CENTER - SAN ANTONIO, TX 1993
License Expiration Date **6/30/2013**
Remarks

License Number 15152
License Date 3/2/2011
Name **GAISSERT, HENNING A MD**
Address MASS GEN HOSP, 55 FRUIT ST BOSTON, MA, 02114
Specialty TS
Board Certified TS
School and Year of Graduation TECHNICAL UNIVERSITY OF MUNICH GERMANY 1984
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1986
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 11753
License Date 10/2/2002
Name **GALANES, SARI K MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY RD WINDSOR, VT, 05089
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT USA 1998
Internship and Year UNIVERSITY OF VERMONT/FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2000
Residency and Year UNIVERSITY OF VERMONT/FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2002
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/08 - reinstated 1/21/15**

License Number 16477
License Date 2/5/2014
Name **GALASSO, ANDREA J DO**
Address 27 TAYLOR DR, SPRINGFIELD, VT, 05156
Specialty IM
Board Certified IM
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2005
Internship and Year JACOBI MEDICAL CENTER-ALBERT EINSTEIN COM - BRONX, NY 2006
Residency and Year JACOBI MEDICAL CENTER-ALBERT EINSTEIN COM - BRONX, NY 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10243
License Date 3/4/1998
Name **GALATIS, DEAN J MD**
Address ANESTHESIA ASSOCIATES PA, 1 PILLSBURY ST STE 202 CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1993
Internship and Year ST JOSEPH MERCY HEALTH SYSTEMS - MI 1994
Residency and Year MASS GENERAL HOSPITAL - MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 2489
License Date 9/12/1946
Name **GALE, ROBERT G MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **8/5/1987**
Remarks **DECEASED 8/5/87**

License Number 13099
License Date 6/7/2006
Name **GALICKA-PISKORSKA, GRAZYNA MD**
Address 42 PARK ST, COLEBROOK, NH, 03576
Specialty IM
Board Certified
School and Year of Graduation WROCLAW MED UNIVERSITY, WROCLAW POLAND POLAND 1968
Internship and Year TUFTS-NEW ENGLAND MED CTR, BOSTON MA 1983
Residency and Year TUFTS-NEW ENGLAND MED CTR, BOSTON MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13492
License Date 5/9/2007
Name **GALKINA, ELENA B MD**
Address SOUTHERN NH MEDICAL CTR, 29 NORTH WEST BLVD NASHUA, NH, 03063
Specialty P
Board Certified P
School and Year of Graduation IRKUTSK STATE MEDICAL UNIV RUSSIA 1984
Internship and Year CREEDMOOR PSYCHIATRIC CENTER - QUEENS VILLAGE, NY 11427 2004
Residency and Year CREEDMOOR PSYCHIATRIC CENTER - QUEENS VILLAGE, NY 11427 2006
License Expiration Date **6/30/2015**
Remarks

License Number 14499
License Date 7/1/2009
Name **GALL, ROBERT C MD**
Address 15477 VENTURA BLVD LL, SHERMAN OAKS, CA, 91403
Specialty PD
Board Certified PD
School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICA 1982
Internship and Year WHITE MEMORIAL MEDICAL CENTER - LOS ANGELES, CA 1985
Residency and Year WHITE MEMORIAL MEDICAL CENTER - LOS ANGELES, CA 1987
License Expiration Date **6/30/2015**
Remarks

License Number 12256
License Date 4/7/2004
Name **GALLACHER, BERNARD P MD**
Address NHA, 808 RUSSELL PALMER RD STE 151KINGWOOD, TX, 77339
Specialty AN
Board Certified AN
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA US 1979
Internship and Year UNIVERSITY OF TORONTO, TORONTO ONTARIO CANADA 1980
Residency and Year DALHOUSIE UNIVERSITY, HALIFAX NOVA SCOTIA CANADA 1985
License Expiration Date **6/30/2014**
Remarks

License Number 7989
License Date 10/12/1988
Name **GALLAGHER, JOHN D MD**
Address 289 GOOSE POND RD, LYME, NH, 03768
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIV SCH OF MED -BOSTON,MA USA 1978
Internship and Year WATERBURY HOSP HLTH CTR-WATERBURY-CT 1979
Residency and Year HOSP-UNIV OF PA-PHIL,PA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 11020
License Date 8/2/2000
Name **GALLAGHER, MAUREEN A MD**
Address HAMPTON INTERNAL MEDICINE, 55 HIGH ST STE 201HAMPTON, NH, 03842
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PITTSBURGH SCH - PITTSBURGH, PA USA 1997
Internship and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1998
Residency and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15426
License Date 10/21/2011
Name **GALLAGHER, SCOTT F MD**
Address WOLFEBORO GEN SURGERY/HUGGINS HOS, 240 SOUTH MAIN ST STE LWOLFEBORO, NH, 03894
Specialty GS
Board Certified GS
School and Year of Graduation OHIO STATE UNIVERSITY USA 1997
Internship and Year UNIVERSITY OF SOUTH FLORIDA MEDICAL CENTER - TAMPA, FL 1998
Residency and Year UNIVERSITY OF SOUTH FLORIDA MEDICAL CENTER - TAMPA, FL 2002
License Expiration Date **6/30/2013**
Remarks

License Number 17263
License Date 9/2/2015
Name **GALLAGHER, THOMAS C DO**
Address 601 RIVER RD, YARDLEY, PA, 19067-1906
Specialty DR
Board Certified DR
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE - NY USA 1982
Internship and Year METROPOLITAN HOSPITAL- PHILADELPHIA, PA 1985
Residency and Year UMDNJ SOM KENNEDY MEMORIAL HOSPITAL- STRATFORD, NJ 1986
License Expiration Date **6/30/2017**
Remarks

License Number 10823
License Date 2/2/2000
Name **GALLEN, JONATHAN S MD**
Address ANESTHESIA AND PAIN SPECIALIST, 8 BREWER WAYHINGHAM, MA, 02043
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL COLL OF GEORGIA SCH - AUGUSTA,GA USA 1981
Internship and Year BOSTON UNIV MEDICAL CENTER - ROXBURY, MA 1982
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date **6/30/2001**
Remarks

License Number 14679
License Date 12/2/2009
Name **GALLO, RALPH C MD**
Address 505 SUSSEX RD, WYNNEWOOD, PA, 19096
Specialty PD
Board Certified PD
School and Year of Graduation TEMPLE UNIVERSITY USA 1974
Internship and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1975
Residency and Year CHILDRENS HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1976
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 12528
License Date 11/3/2004
Name **GALLOWAY, JOHN A MD**
Address 37 SOUTH RD, (E CORNWALL)LITCHFIELD, CT, 06759
Specialty GS
Board Certified GS
School and Year of Graduation VANDERBILT UNIVERSITY, NASHVILLE TN US 1962
Internship and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1966
Residency and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1967
License Expiration Date **6/30/2008**
Remarks **DECEASED 8/22/08**

License Number 2285
License Date 8/6/1941
Name **GALT, JESSE M MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **4/28/1994**
Remarks **DECEASED 3/10/97**

License Number 8889
License Date 2/3/1993
Name **GALUCKI, SHIRLEY V MD**
Address 5 WASHINGTON PLACE, BEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation SUNY AT BUFFALO SCH OF MED & BIOMEDICALSC USA 1985
Internship and Year LANKENAU HOSPITAL - WYNNEWOOD PA 1989
Residency and Year LANKENAU HOSPITAL - WYNNEWOOD PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 14377
License Date 4/1/2009
Name **GALVIN, HANNAH K MD**
Address ATHENA HEALTH, INC, 311 ARSENAL STWATERTOWN, MA, 02472
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2005
Internship and Year CHILDRENS MEMORIAL HOSPITAL - CHICAGO, IL 2006
Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11793
License Date 12/4/2002
Name **GAMBACH, JEFFREY R MD**
Address 5 COTTAGE CT, WHITE RIVE JCT, VT, 05001
Specialty R
Board Certified
School and Year of Graduation UNIV OF IOWA, IOWA CITY, IA USA 1998
Internship and Year UNIV OF VERMONT - FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003
License Expiration Date **6/30/2003**
Remarks

License Number 12903
License Date 10/5/2005
Name **GANATRA, JYOTSOM B MD**
Address MEDICAL EYE CENTER, 250 RIVER RDMANCHESTER, NH, 03104-2420
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA US 2000
Internship and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2001
Residency and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 2004
License Expiration Date **6/30/2009**
Remarks

License Number 15532
License Date 2/1/2012
Name **GANDHI, ASHISH D MD**
Address 198 MASS AVE ANNEX, N ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation PRAMUKHSWAMI MEDICAL COLLEGE INDIA 1994
Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 1998
Residency and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 9151
License Date 5/4/1994
Name **GANDHI, BRETT R MD**
Address NH GASTROENTEROLOGY, 88 MCGREGOR ST STE 302MANCHESTER, NH, 03102-
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NC AT CHAPEL HILL SCH OF MEDICINE USA 1989
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1992
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1992
License Expiration Date **6/30/2000**
Remarks

License Number 16346
License Date 10/2/2013
Name **GANDHI, SANJAY MD**
Address 351 S GREENLEAF ST STE E, PARK CITY, IL, 60085
Specialty OBG
Board Certified OBG
School and Year of Graduation NORTHWESTERN UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year NORTHWESTERN UNIVERSITY PRENTICE WOMENS HOSPITAL - CHICAGO, IL 1998
Residency and Year NORTHWESTERN UNIVERSITY PRENTICE WOMENS HOSPITAL - CHICAGO, IL 2001
License Expiration Date **6/30/2015**
Remarks

License Number 11696
License Date 8/7/2002
Name **GANELLI, RONALD R DO**
Address 400 N CENTER ST, EBENSBURG, PA, 15931
Specialty GS
Board Certified GS
School and Year of Graduation DES MOINES UNIV - DES MOINES, IA USA 1964
Internship and Year METROPOLITAN HOSPITAL - PHILADELPHIA, PA 1966
Residency and Year UMDNJ-SOM-KENNEDY MEMORIAL HOSPITAL - CHERRY HILL, NJ 1969
License Expiration Date **6/30/2003**
Remarks

License Number 11733
License Date 9/4/2002
Name **GANEM, DEBORAH J MD**
Address MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST SUITE N103NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIVERSITY COLL-NEW YORK, NY USA 1998
Internship and Year RHODE ISLAND HOSPITAL- PROVIDENCE, RI 1999
Residency and Year RHODE ISLAND HOSPITAL- PROVIDENCE, RI 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16218
License Date 7/3/2013
Name **GANESHAPPA, KANCHANA MD**
Address PO BOX 2104, NEW CASTLE, NH, 03854
Specialty AN
Board Certified AN
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2003
Internship and Year JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 2004
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 9373
License Date 3/1/1995
Name **GANG, KATHLEEN M MD**
Address 5161 HERMANTOWN RD, HERMANTOWN, MN, 55810
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF IL SCHOOL OF MEDICINE USA 1992
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR ME 1995
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR ME 1995
License Expiration Date **6/30/1998**
Remarks

License Number 9481
License Date 7/5/1995
Name **GANGAN JR, CELSO A MD**
Address 30 TALISMAN TERRACE, OSWEGO, NY, 13126
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES COLLEGE OF MEDICINE PHILIPPINES 1987
Internship and Year MEDICAL CENTER OF CENTRAL MASSACHUSETTS - WORCESTER MA 1995
Residency and Year MEDICAL CENTER OF CENTRAL MASSACHUSETTS - WORCESTER MA 1995
License Expiration Date **6/30/2001**
Remarks

License Number 16788
License Date 10/1/2014
Name **GANGAR, PAMELA MD**
Address 17 WOLF RD, LEBANON, NH, 03766
Specialty GS
Board Certified
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2008
Internship and Year UNIVERSITY OF ILLINOIS COM @ CHICAGO - CHICAGO, IL 2009
Residency and Year UNIVERSITY OF ILLINOIS COM @ CHICAGO - CHICAGO, IL 2011
License Expiration Date **6/30/2016**
Remarks

License Number 17163
License Date 7/1/2015
Name **GANGWANI, BHARTI K MD**
Address BOSTON CHILDRENS HOSP, 300 LONGWOOD AVE FEGAN 4BOSTON, MA, 02115
Specialty OPH
Board Certified
School and Year of Graduation B J MEDICAL COLLEGE INDIA 1999
Internship and Year BOSTON CHILDRENS HOSPITAL - BOSTON, MA 2009
Residency and Year BOSTON CHILDRENS HOSPITAL - BOSTON, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14452
License Date 6/3/2009
Name **GANJI, SRIVIVAS S MD**
Address INTRA-OP MONITORING SERVICES, 76 STARBRUSH CIRCOVINGTON, LA, 70433
Specialty N
Board Certified N
School and Year of Graduation ANDHRA UNIVERSITY INDIA 1966
Internship and Year UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 1973
Residency and Year UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 1974
License Expiration Date **6/30/2013**
Remarks

License Number 16219
License Date 7/3/2013
Name **GANNON, LIAM G MD**
Address COPLEY HOSPITAL, 528 WASHINGTON HIGHWAYMORRISVILLE, VT, 05661
Specialty FP
Board Certified FP
School and Year of Graduation SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year EAU CLAIRE FAMILY MEDICINE CLINIC - EAU CLAIRE, WI 1998
Residency and Year EAU CLAIRE FAMILY MEDICINE CLINIC - EAU CLAIRE, WI 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11532
License Date 3/6/2002
Name **GAONKAR, SAMEER N MD**
Address ST ANTHONY HOSP, 401 W HOMER STMICHICAN CITY, IN, 46360
Specialty FP
Board Certified FP
School and Year of Graduation KARNATIK UNIV - HUBLI KARNATAKA, INDIA INDIA 1987
Internship and Year BRONX-LEBANON HOSPITAL - BRONX, NY 1995
Residency and Year SACREDHART HOSPITAL - ALLENTOWN, PA 1998
License Expiration Date **6/30/2003**
Remarks

License Number 11447
License Date 11/7/2001
Name **GAPEN, CHRISTOPHER J MD**
Address VISTA STAFFING SOLUTIONS, 675 EAST 2100 SO 390SALT LAKE CITY, UT, 84106
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF IOWA - IOWA CITY, IA USA 1997
Internship and Year UNIV OF WISCONSIN HOSPITAL - MADISON, WI 1998
Residency and Year UNIV OF WISCONSIN HOSPITAL - MADISON, WI 2000
License Expiration Date **6/30/2005**
Remarks

License Number 16638
License Date 6/4/2014
Name **GARBER, ALAN C MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty CCM
Board Certified CCM
School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 1982
Internship and Year SUNY HEALTH SCIENCES CENTER - BROOKLYN, NY 1983
Residency and Year SUNY HEALTH SCIENCES CENTER - BROOKLYN, NY 1986
License Expiration Date **6/30/2016**
Remarks

License Number 11368
License Date 9/5/2001
Name **GARBITELLI, VINCENT P MD**
Address , PO BOX 267WILLISTON PARK, NY, 11596-0267
Specialty IM
Board Certified IM
School and Year of Graduation LOYALA UNIV OF CHICAGO - MAYWOOD, IL USA 1977
Internship and Year WINTHROP-UNIV HOSPITAL - MINEOLA, NY 1978
Residency and Year WINTHROP-UNIV HOSPITAL - MINEOLA, NY 1980
License Expiration Date **6/30/2013**
Remarks

License Number 16363
License Date 11/6/2013
Name **GARCIA LOPEZ DE VICTORIA, ELIZABETH MD**
Address 11011 MC CORMICK ROAD, SUITE 200HUNT VALLEY, FL, 21031
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE USA 1999
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2000
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 12339
License Date 6/2/2004
Name **GARCIA, CARLOS E MD**
Address DIVISION OF CARDIAC SURGERY, CASE MED CTR 11100 EUCLID AVECLEVELAND, OH, 44106-5011
Specialty TS
Board Certified TS
School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1978
Internship and Year OREGON UNIVERSITY, PORTLAND OR 1979
Residency and Year OREGON UNIVERSITY, PORTLAND OR 1984
License Expiration Date **6/30/2010**
Remarks

License Number 11955
License Date 6/4/2003
Name **GARCIA, EDUARDO MD**
Address FOUNDATION NEUROLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03061
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF MONTERREY - MONTERREY MEXICO 1997
Internship and Year BOSTON VETERANS AFFAIRS MEDICAL CENTER - JAMAICA PLAIN MA 1999
Residency and Year BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON MA 2002
License Expiration Date **6/30/2007**
Remarks

License Number 4201
License Date 4/16/1968
Name **GARCIA, EDWARD S MD**
Address 419 COOS ST, BERLIN, NH, 03570
Specialty U
Board Certified
School and Year of Graduation NATIONAL UNIV OF MEXICO, MEXICO CITY MEXICO 1961
Internship and Year ST BARNABAS MEDICAL CENTER - NEWARK, NJ 1963
Residency and Year ST BARNABAS MEDICAL CENTER - NEWARK, NJ 1964
License Expiration Date **6/30/2004**
Remarks

License Number 15296
License Date 7/6/2011
Name **GARCIA, LYDIA E MD**
Address FOUNDATION MEDICAL PARTNERS, 280 MAIN ST STE 131NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2006
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2007
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2010
License Expiration Date **6/30/2017**
Remarks

License Number 14378
License Date 4/1/2009
Name **GARCIA, MARGRET J MD**
Address LEE FAMILY PRACTICE, 65 CALEF HWY STE 200LEE, NH, 03861-6703
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF THE PHILIPPINES PHILIPPINES 2003
Internship and Year PENN STATE UNIV/GOOD SAMARITAN HOSPITAL - LEBANON, PA 2006
Residency and Year PENN STATE UNIV/GOOD SAMARITAN HOSPITAL - LEBANON, PA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11697
License Date 8/7/2002
Name **GARCIA, NICHOLAS D MD**
Address CORE PHYSICIANS LLC, 3 ALUMNI DR, STE 201EXETER, NH, 03833
Specialty GS
Board Certified GS
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE-NEW YORK,NY US 1995
Internship and Year NEW YORK HOSPITAL-NEW YORK,NY 1996
Residency and Year NEW YORK HOSPITAL-NEW YORK,NY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 12655
License Date 4/6/2005
Name **GARCIA-RIVERA, RICARDO MD**
Address 11760 SW BIRD ROAD, STE 301MIAMI, FL, 33175
Specialty N
Board Certified N
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN, ST MAARTEN 1981
Internship and Year UNIVERSITY OF MIAMI, MIAMI FL 1982
Residency and Year TULANE UNIVERSITY, NEW ORLEANS LA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 13537
License Date 6/6/2007
Name **GARCIA-SERRA, ALLIE M MD**
Address 607 RENAISSANCE LN, DELRAY BEACH, FL, 33483
Specialty R
Board Certified R
School and Year of Graduation UNIV OF IKLAHOMA USA 1999
Internship and Year EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 2000
Residency and Year J HILLIS MILLER HEALTH CENTER - GAINESVILLE , FL 2002
License Expiration Date **6/30/2009**
Remarks

License Number 10330
License Date 7/1/1998
Name **GARDNER, E BENJAMIN MD**
Address CHOATE ROSEMARY HALL, 333 CHRISTIAN STWALLINGFORD, CT, 06492
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 14796
License Date 4/7/2010
Name **GARDNER, HENRY J MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 69 ISLAND ST STE CKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF UTAH USA 1968
Internship and Year UNIVERSITY OF UTAH HEALTH SCIENCE CENTER - SALT LAKE CITY, UT 1969
Residency and Year MCKAY-DEE FAMILY PRACTICE CENTER - OGDEN, UT 1973
License Expiration Date **6/30/2012**
Remarks

License Number 4657
License Date 2/16/1971
Name **GARDNER, HOWARD M MD**
Address N E NEUROLOGICAL ASSOC PC, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF VIRGINIA USA 1961
Internship and Year N E MEDICAL CENTER HOSPITAL - BOSTON, MA 1962
Residency and Year PRESBYTERRIAN HOSPITAL - NY, NY 1967
License Expiration Date **6/30/2017**
Remarks

License Number 12455
License Date 9/1/2004
Name **GARDNER, MARY A MD**
Address NORTHERN NH ORTHOPEDICS, PO BOX 2540NORTH CONWAY, NH, 03860
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1989
Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1994
Residency and Year VANDERBILT UNIVERSITY, NASHVILLE TN 1995
License Expiration Date **6/30/2008**
Remarks

License Number 11794
License Date 12/4/2002
Name **GARDNER, TIMOTHY B MD**
Address DHMC GASTROENTEROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 14379
License Date 4/1/2009
Name **GAREY, MICHAEL K MD**
Address 1355 N 400 E, CENTERVILLE, UT, 84014
Specialty EM
Board Certified EM
School and Year of Graduation UNIFORMED SERVICES UNIV OF HEALTH SCIENCES USA 1987
Internship and Year KEESLER MEDICAL CENTER - KEESLER AFB, MD 1988
Residency and Year
License Expiration Date **6/30/2013**
Remarks

License Number 10993
License Date 7/5/2000
Name **GARFINKLE, ANDREW M MD**
Address LACONIA EYE & LASER CENTER, PO BOX 7625GILFORD, NH, 03249
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF WASHINGTON SCH OF MED - SEATTLE, WA USA 1984
Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1985
Residency and Year MC GILL UNIV - MONTREAL, CANADA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 11130
License Date 12/6/2000
Name **GARG, ABHINAV MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 15872
License Date 10/3/2012
Name **GARG, KABUL S MD**
Address CARDIOLOGY & INTERNAL MED, 666 GEORGE STNEW HAVEN, CT, 06511
Specialty CD
Board Certified CD
School and Year of Graduation GOVERNMENT MEDICAL COLLEGE PATIALA INDIA 1973
Internship and Year ST LUKES HOSPITAL - CHESTERFIELD, MO 1978
Residency and Year ST LUKES HOSPITAL - CHESTERFIELD, MO 1980
License Expiration Date **6/30/2016**
Remarks

License Number 16307
License Date 9/4/2013
Name **GARG, MEENAKSHI MD**
Address ST JOSPEH INTERNAL MED, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation SANTOSH MEDICAL COLLEGE INDIA 2003
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2008
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 3588
License Date 2/1/1963
Name **GARGER, WALTER N MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1991**
Remarks

License Number 17264
License Date 9/2/2015
Name **GARGIULO III, NICHOLAS J MD**
Address PO BOX 528, COOPERSTOWN, NY, 13326-0528
Specialty GS
Board Certified GS
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE- NEW YORK, NY USA 1995
Internship and Year ALBERT EINSTEIN COM - BRONX, NY 1996
Residency and Year ALBERT EINSTEIN COM - BRONX, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 10616
License Date 7/7/1999
Name **GARGIULO, ANTONIO R MD**
Address BRIGHAM WOMENS HOSPITAL, 75 FRANCIS ST ASB-1BOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation FAC OF MED SUR UNIV OF NAPLES ITALY 1989
Internship and Year UNIV OF TEXAS MED SCH AT HOUSTON - HOUSTON, TX 1993
Residency and Year UNIV OF TEXAS MED SCH AT HOUSTON - HOUSTON, TX 1994
License Expiration Date **6/30/2017**
Remarks

License Number 7412
License Date 8/14/1986
Name **GARHART, SALLY J MD**
Address SOUHEGAN OCCUPATIONAL MEDICINE, PO BOX 6274AMHERST, NH, 03031
Specialty
Board Certified IM
School and Year of Graduation UNIV OF MO COLUMBIA SCH MED COLUMBIA MO USA 1983
Internship and Year UNIV MA HOSP MED CTR WORCESTER MA 1984
Residency and Year UNIV MA HOSP MED CTR WORCESTER MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13245
License Date 9/6/2006
Name **GARIBALDI, ABEL A MD**
Address SURGICAL ASSOCIATES, 580 ST JOHNSBURY RD STE DLITTLETON, NH, 03561
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF DE CHILE CHILE 1974
Internship and Year UNIV OF MINNESOTA -MINNEAPOLIS MN 1971
Residency and Year TEXAS A & M SCOTT & WHITE-TEMPLE TX 1975
License Expiration Date **6/30/2010**
Remarks

License Number 14453
License Date 6/3/2009
Name **GARIN-LAFLAM, MONICA P MD**
Address DHMC-DEPT OF PEDIATRIC GASTRO, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MIAMI USA 2001
Internship and Year UNIVERSITY OF MIAMI SCHOOL OF MEDICINE- MIAMI, FL 2002
Residency and Year UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - MIAMI, ML 2004
License Expiration Date **6/30/2015**
Remarks

License Number 13246
License Date 9/6/2006
Name **GARLIN, DEBRA L DO**
Address FAMILY PRACTICE OF MERRIMACK, 696 DW HWYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation LAKE ERIE COLLEGE USA 2002
Internship and Year ST LUKES HOSPITAL-AlLENTOWN PA 2003
Residency and Year ST LUKES HOSPITAL-AlLENTOWN PA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13796
License Date 1/11/2008
Name **GARRA, BRIAN S MD**
Address WASHINGTON DC VA MED CTR/RADIO, 50 IRVING ST NWWASHINGTON, DC, 20422
Specialty R
Board Certified R
School and Year of Graduation UNIV OF WASHINGTON USA 1976
Internship and Year UNIV OF UTAH SCHOOL OF MEDICINE - SALT LAKE CITY, UT 1977
Residency and Year UNIV OF UTAH SCHOOL OF MEDICINE - SALT LAKE CITY, UT 1980
License Expiration Date **6/30/2012**
Remarks

License Number 13426
License Date 3/7/2007
Name **GARRELL, RONALD H MD**
Address MARLBORO RADIOLOGY ASSOC, 157 UNION ST MARLBORO, MA, 01752
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV USA 1986
Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON, MA 1987
Residency and Year NEW ENGLAND MEDICAL CTR - TUFTS UNIV - BOSTON, MA 1991
License Expiration Date **6/30/2009**
Remarks

License Number 11242
License Date 5/2/2001
Name **GARRETSON, ADAM D MD**
Address HOOKSETT MEDICAL CENTER, 1256 HOOKSETT ROAD HOOKSETT, NH, 03106
Specialty FP
Board Certified FP
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 1997
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1998
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 2000
License Expiration Date **6/30/2007**
Remarks

License Number 6042
License Date 5/3/1979
Name **GARRETT, LEE S MD**
Address VA OUTPATIENT CLINIC, 5420 HWY 70 W MOREHEAD CITY, NC, 28557
Specialty FP
Board Certified FP
School and Year of Graduation MC GILL UNIVERSITY MONTREAL USA 1976
Internship and Year ST JOSEPHS HOSPITAL - LONDON, ONTARIO 1977
Residency and Year CITY OF LONDON COUNTY OF MIDDLESEX - ONTARIO, CANADA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 11213
License Date 4/4/2001
Name **GARRISON, CHARLES P MD**
Address 2205 CORPORATE PLAZA PKWY, STE 100 SMYRNA, GA, 30080
Specialty PTH
Board Certified PTH
School and Year of Graduation INDIANA UNIV - INDIANAPOLIS, IN USA 1977
Internship and Year EMORY UNIV SCH - ATLANTA, GA 1978
Residency and Year EMORY UNIV SCH - ATLANTA, GA 1981
License Expiration Date **6/30/2002**
Remarks

License Number 6064
License Date 6/11/1979
Name **GARRISON, RICHARD C MD**
Address 6 MILLSTREAM DR, EXETER, NH, 03833
Specialty PTH
Board Certified PTH
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1975
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1976
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1979
License Expiration Date **6/30/2017**
Remarks

License Number 6530
License Date 5/6/1982
Name **GARSTKA, ALAN E MD**
Address ELLIOT CARDIOVASCULAR CONSULT, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MASS SCH MED - WORCESTER, MA USA 1977
Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1978
Residency and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1980
License Expiration Date **6/30/2016**
Remarks

License Number 16220
License Date 7/3/2013
Name **GARVER, JENNIE V MD**
Address 178 CAROW ST, SUITE 250SPRINGFIELD, MA, 01104
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 5179
License Date 6/10/1974
Name **GARVIN, WILLIAM F MD**
Address NEBRASKA ORTHOPAEDIC & SPORTS, 575 S 70TH STE 200LINCOLN, NE, 68510
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1972
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1973
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1974
License Expiration Date **6/30/2008**
Remarks **Deceased 5/18/13**

License Number 11910
License Date 5/7/2003
Name **GASSERT JR, THOMAS H MD**
Address 585 MASSACHUSETTS AVE, ACTON, MA, 01720
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW JERSEY - NEWARK, NJ USA 1992
Internship and Year JOHNS HOPKINS BAYVIEW MEDICAL CENTER - BALTIMORE, MD 1993
Residency and Year JOHNS HOPKINS BAYVIEW MEDICAL CENTER - BALTIMORE, MD 1994
License Expiration Date **6/30/2017**
Remarks

License Number 15873
License Date 10/3/2012
Name **GASTINEAU, DENNIS A MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty IM
Board Certified IM
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1978
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1979
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1981
License Expiration Date **6/30/2014**
Remarks

License Number 14250
License Date 12/3/2008
Name **GATES, JO ANN MD**
Address CORE PHYSICIANS LLC - EPPING REGIONAL HEALTH CTR, 212 CALEF HIGHWAY EPPING, NH, 03042
Specialty PD
Board Certified PD
School and Year of Graduation THOMAS JEFFERSON UNIV USA 2002
Internship and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 2003
Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 5740
License Date 6/13/1977
Name **GATICALES, MARIA C MD**
Address 1 MOULTON AVE, GREENLAND, NH, 03840-
Specialty P
Board Certified
School and Year of Graduation FAR EASTERN UNIVERSITY-MANILA PHILIPPINES PHILIPPINES 1964
Internship and Year LUTHERAN MEDICAL CENTER-CLEVELAND OH 1971
Residency and Year WORCESTER CITY HOSPITAL-WORCESTER MA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 17109
License Date 6/3/2015
Name **GATTEY, PHILIP H MD**
Address 103 BOULDER PT DR, PLYMOUTH, NH, 03264
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF SASKATCHEWAN COLLEGE OF MEDICINE CANADA 1980
Internship and Year UNIVERSITY OF SASKATCHEWAN - SASKATOON, CANADA 1982
Residency and Year UNIVERSITY OF SASKATCHEWAN - SASKATOON, CANADA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 7647
License Date 7/8/1987
Name **GAUDET, CHARLES J MD**
Address PISCATAQUA PLASTIC SURGERY PA, 330 BORTHWICK AVE STE 206PORTSMOUTH, NH, 03801-4174
Specialty PS
Board Certified PS
School and Year of Graduation BROWN UNIV PROGRAM IN MEDICINE USA 1980
Internship and Year UNIVERSITY HOSPITAL - BOSTON MA 1981
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 2986
License Date 9/9/1953
Name **GAURON JR, EDMOND F MD**
Address 36 S MAIN ST PO BOX 1574, SEABROOK, NH, 03874-
Specialty GP
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 1952
Internship and Year CENTRAL MAINE GENERAL HOSPITAL - LEWISTON, ME 1953
Residency and Year CENTRAL MAINE GENERAL HOSPITAL - LEWISTON, ME 1953
License Expiration Date **6/30/2007**
Remarks

License Number 10447
License Date 11/4/1998
Name **GAUTHIER, NAOMI S MD**
Address CHAD AT WDH, 789 CENTRAL AVEDOVER, NH, 03820
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASS MED CTR - WORCESTER, MA USA 1991
Internship and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1992
Residency and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10784
License Date 12/1/1999
Name **GAUTIER, MARC MD**
Address DARTMOUTH HITCHCOCK MEDICAL, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1986
Internship and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1989
Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1990
License Expiration Date **6/30/2017**
Remarks

License Number 12876
License Date 9/7/2005
Name **GAVRIS, MIHAI F MD**
Address CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DIN CRAIOVA, CRAIOVA ROMANIA ROMANIA 1995
Internship and Year EASTON HOSPITAL, EASTON PA 2000
Residency and Year EASTON HOSPITAL, EASTON PA 2002
License Expiration Date **6/30/2013**
Remarks

License Number 6167
License Date 3/6/1980
Name **GAW JR, WILLIAM H MD**
Address 201 DRINKWATER RD, KENSINGTON, NH, 03833-5623
Specialty OBG
Board Certified OBG
School and Year of Graduation MED FAC DER UNIV GRAZ, GRAZ AUSTRIA 1976
Internship and Year CITY HOSP. OF LEOBEN, AUSTRIA 1976
Residency and Year BRIDGEPORT HOSP. BRIDGEPORT, CT 1980
License Expiration Date **6/30/2016**
Remarks

License Number 9947
License Date 3/5/1997
Name **GAWOSKI, JOHN M MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty CLP
Board Certified PTH
School and Year of Graduation MCGILL UNIV FAC OF MED MONTREAL CANADA CANADA 1978
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1980
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 16906
License Date 1/21/2015
Name **GAYED, PETER MD**
Address 77 MEADOW RD, NORTHBOROUGH, MA, 01532
Specialty IM
Board Certified
School and Year of Graduation ASSIUT UNIVERSITY EGYPT 2006
Internship and Year CAPITAL HEALTH REGIONAL MEDICAL CENTER - TRENTON, NJ 2013
Residency and Year CAPITAL HEALTH REGIONAL MEDICAL CENTER - TRENTON, NJ 2015
License Expiration Date **6/30/2017**
Remarks

License Number 5402
License Date 8/12/1975
Name **GAYLOR, MICHAEL S MD**
Address 56 UPLAND RD, WILLIAMSPORT, PA, 17701
Specialty P
Board Certified P
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED - PA USA 1972
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1973
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1975
License Expiration Date **6/30/2007**
Remarks **5/15/97 DISIPLINARY ACTION REINSTATED 3/3/99**

License Number 15752
License Date 7/11/2012
Name **GAYNOR-KRUPNICK, DARLENE M DO**
Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty U
Board Certified U
School and Year of Graduation NOVA SOUTHEASTERN UNIV COLLEGE OF MEDICINE USA 1997
Internship and Year UMDNJ SCHOOL OF OSTEOPATHIC MEDICINE - STRATFORD, NJ 1998
Residency and Year UMDNJ SCHOOL OF OSTEOPATHIC MEDICINE - STRATFORD, NJ 1999
License Expiration Date **6/30/2014**
Remarks

License Number 7946
License Date 8/10/1988
Name **GEAGAN, KATHLEEN A MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089-
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1985
Internship and Year EASTERN VIRGINIA GRADUATE SCHOOL OF MEDICINE - NORFOLK VA 1988
Residency and Year EASTERN VIRGINIA GRADUATE SCHOOL OF MEDICINE - NORFOLK VA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 9852
License Date 10/2/1996
Name **GEAR, JOSHUA L MD**
Address , 20 LADD STPORTSMOUTH, NH, 03801
Specialty CHP
Board Certified P
School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE - CHICAGO, IL USA 1990
Internship and Year UNIV OF ILLINOIS COLLEGE OF MEDICINE - CHICAGO, IL 1991
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1995
License Expiration Date **6/30/2016**
Remarks

License Number 13151
License Date 7/5/2006
Name **GEBHARDT, MARK C MD**
Address BETH ISRAEL DEACONESS MED CTR, 330 BROOKLINE AVE STONE MAN 10BOSTON, MA, 02215
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF CINCINNATI USA 1975
Internship and Year UNIV HEALTH CTR OF PITTSBURGH-PITTSBURGH, PA 1977
Residency and Year UNIV HEALTH CTR OF PITTSBURGH-PITTSBURGH, PA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 11592
License Date 5/1/2002
Name **GEDACHIAN, ROBERT K MD**
Address CENTRAL MASS ALLERGY ASTHMA, 100 MLK JR BLVDWORCESTER, MA, 01608
Specialty A
Board Certified AI
School and Year of Graduation UNIV OF VIRGINIA - CHARLOTTESVILLE, VA USA 1966
Internship and Year SUNY HEALTH SCI CTR - SYRACUSE, NY 1967
Residency and Year SCHNEIDER CHILDRENS HOSPITAL/LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY
License Expiration Date **6/7/2015**
Remarks **Requested inactive 6/7/2015.**

License Number 11309
License Date 7/11/2001
Name **GEE-GOTT, LANA MD**
Address SUMMIT MEDICAL GROUP, 220 COTTAGE STLITTLETON, NH, 03561
Specialty FP
Board Certified
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 1998
Internship and Year STANISLAUS RES PROGRAM/DRS MED CTR MODESTO CA 1999
Residency and Year STANISLAUS RES PROGRAM/DRS MED CTR MODESTO CA 2000
License Expiration Date **6/30/2002**
Remarks

License Number 16270
License Date 8/7/2013
Name **GEFFE, KEVIN T DO**
Address 118 SANDHILL DR STE 203, MIDDLETOWN, DE, 19709
Specialty CCS
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year CHRISTIANA CARE HEALTH SERVICES - NEWARK, DE 2008
Residency and Year CHRISTIANA CARE HEALTH SERVICES - NEWARK, DE 2012
License Expiration Date **6/30/2017**
Remarks

License Number 12378
License Date 7/7/2004
Name **GEFFKEN, DOMINIC F MD**
Address CONCORD HOSP FAMILY HLTH CTR, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1999
Internship and Year UNIVERSITY OF MA, WORCESTER MA 2000
Residency and Year UNIVERSITY OF MA, WORCESTER MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 8632
License Date 9/4/1991
Name **GEGGEL, ROBERT L MD**
Address CHILDREN HOSPITAL, 300 LONGWOOD AVEBOSTON, MA, 02115
Specialty PDC
Board Certified PDC
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1978
Internship and Year CHILDREN'S HOSPITAL - BOSTON, MA 1979
Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1981
License Expiration Date **6/30/2011**
Remarks

License Number 8241
License Date 11/1/1989
Name **GEHR, GERALD MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRIVENASHUA, NH, 03063-1818
Specialty HO
Board Certified HO
School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1974
Internship and Year CARNEY HOSPITAL - BOSTON,MA 1975
Residency and Year UNIV HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14869
License Date 6/2/2010
Name **GEHRIG, KATHRYN A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 2007
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**
Remarks

License Number 12377
License Date 7/7/2004
Name **GEILING, JAMES A MD**
Address VA MEDICAL CTR, 215 NORTH MAIN STWHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation UNIFORMED SERVICES UNIVERSITY, BETHESDA MD US 1982
Internship and Year LETTERMAN ARMY MED CTR, TACOMA WA 1983
Residency and Year LETTERMAN ARMY MED CTR, TACOMA WA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 7777
License Date 2/3/1988
Name **GEIST, RICHARD F MD**
Address 13-19 STANHOPE ST APT 1A, BOSTON, MA, 02116-5127
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF PA SCH MED PHILADELPHIA PA USA 1975
Internship and Year BOSTON CITY HOSP BOSTON MA 1976
Residency and Year BOSTON CITY HOSP BOSTON MA 1978
License Expiration Date **6/30/1998**
Remarks

License Number 9152
License Date 5/4/1994
Name **GELB, DANIEL J MD**
Address MONADNOCK COMMUNITY HOSP, 452 OLD STREET RD STE 302PETERBOROUGH, NH, 03458-
Specialty OBG
Board Certified OBG
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1987
Internship and Year GEISINGER MEDICAL CENTER - DANVILLE PA 1991
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE PA 1991
License Expiration Date **6/30/2001**
Remarks

License Number 10836
License Date 2/2/2000
Name **GELETKA, SUSAN M MD**
Address 9275 W CALLA RD, CANFIELD, OH, 44406-9459
Specialty R
Board Certified R
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1980
Internship and Year WESTERN RESERVE HEALTHCARE - YOUNGSTOWN, OH 1981
Residency and Year WESTERN RESERVE HEALTHCARE - YOUNGSTOWN, OH 1984
License Expiration Date **6/30/2016**
Remarks

License Number 11734
License Date 9/4/2002
Name **GELFAND, BRIAN J MD**
Address BRIGHAM AND WOMEN'S HOSP, 75 FRANCIS ST BOSTON, MA, 02115
Specialty GS
Board Certified GS
School and Year of Graduation FINCH UNIVERSITY, NORTH CHICAGO IL USA 1991
Internship and Year MONTEFIORE MEDICAL CTR, BRONX, NY 1992
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1996
License Expiration Date **6/30/2008**
Remarks

License Number 10081
License Date 8/6/1997
Name **GELFAND, STEVEN B MD**
Address NEUROPSYCHIATRIC ASSOC INC, 850 HOSPITAL RD STE 2200 INDIANA, PA, 15701
Specialty N
Board Certified P
School and Year of Graduation UNIV CETEC SCH OF MED SANTO DOMINGO DOMINIC REPUBLIC 1983
Internship and Year UNIV HOSPITAL-SUNY HLTH S C BROOKLYN - NY 1984
Residency and Year UNIV HOSPITAL-SUNY HLTH S C BROOKLYN - NY 1989
License Expiration Date **6/30/2005**
Remarks

License Number 10423
License Date 10/7/1998
Name **GELLER, AARON S MD**
Address NASHUA PAIN MANGMNT CORP, EXIT 6 OFF BLDG 154 BROAD ST NASHUA, NH, 03049
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF PA SCH OF MED - PHILA, PA USA 1991
Internship and Year MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 1992
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 11698
License Date 8/7/2002
Name **GELLER, ALEXANDER L MD**
Address ROCHESTER INTERNAL MEDICINE, 6 HEALTHCARE DR STE 1 ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation HABAROVSK STATE MED INSTITUTE IN RUSSIA RUSSIA 1980
Internship and Year CARNEY HOSPITAL - BOSTON, MA 2000
Residency and Year CARNEY HOSPITAL - BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 15533
License Date 2/1/2012
Name **GELLER, ANDREW I MD**
Address EMORY REHABILITATION MEDICINE, 1441 CLIFTON RD NE #118 ATLANTA, GA, 30322
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY MASSACHUSETTS MED SCHOOL USA 2008
Internship and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2009
Residency and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16037
License Date 3/6/2013
Name **GELLIS, JANICE E MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRIVE EBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1989
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1990
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 14288
License Date 1/7/2009
Name **GELMAN, JULIE C MD**
Address , PO BOX 128 FRISCO, CO, 80443
Specialty OBG
Board Certified OBG
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1992
Internship and Year GEORGE WASHINGTON UNIV-WASHINGTON, DC 1993
Residency and Year GEORGE WASHINGTON UNIV-WASHINGTON, DC 1996
License Expiration Date **6/30/2011**
Remarks

License Number 12257
License Date 4/7/2004
Name **GELSOMINI-GRUBER, RITA M MD**
Address SEACOAST MENTAL HLTH CTR, 1145 SAGAMORE AVEPORTSMOUTH, NH, 03801
Specialty CHP
Board Certified P
School and Year of Graduation UNIVERSITY OF ZURICH, ZURICH SWITZERLAND SWITZERLAND 1990
Internship and Year UNIVERSITY OF HAWAII, HONOLULU HI 1996
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 10387
License Date 9/2/1998
Name **GEMERY, JOHN M MD**
Address DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1992
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1993
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1997
License Expiration Date **6/30/2016**
Remarks

License Number 15248
License Date 6/1/2011
Name **GEMIGNANI, ANTHONY S MD**
Address WRJ VA MED CTR, 215 N MAIN STWRJ, VT, 05009
Specialty CD
Board Certified CD
School and Year of Graduation GEORGETOWN UNIVERSITY USA 2004
Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2005
Residency and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2007
License Expiration Date **6/30/2017**
Remarks

License Number 9362
License Date 2/1/1995
Name **GEMIS, PAUL J MD**
Address ANDOVER SURGICAL, 140 HAVERHILL STANDOVER, MA, 01810-
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY DE L'ETAT A LIEGE - FAC DE MED BELGIUM 1981
Internship and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1990
Residency and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1990
License Expiration Date **6/30/2013**
Remarks

License Number 12061
License Date 9/3/2003
Name **GEMMETT, STEPHEN M MD**
Address THE CARDIOVASCULAR GRP, 19 OLD ROLLINSFORD RD, BLDG BDOVER, NH, 03820
Specialty VS
Board Certified VS
School and Year of Graduation ALBANY MED COLLEGE,ALBANY NY US 1991
Internship and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1992
Residency and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 14163
License Date 9/3/2008
Name **GENC, MEHMET R MD**
Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty MFM
Board Certified OBG
School and Year of Graduation ISTANBUL UNIV TURKEY 1994
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL-CORNELL CAMPUS - NY, NY 1997
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL-CORNELL CAMPUS - NY, NY 2000
License Expiration Date **6/30/2012**
Remarks

License Number 15699
License Date 6/6/2012
Name **GENDELMAN, VLAD MD**
Address 17777 VENTURA BLVD STE 100, ENCINO, CA, 91316
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 2004
Internship and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2006
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2010
License Expiration Date **6/30/2014**
Remarks

License Number 6815
License Date 11/10/1983
Name **GENDRON JR, ARTHUR L MD**
Address HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH MED -BOSTON,MA USA 1978
Internship and Year JACKSON MEM HOSP-MIAMI,FL 1979
Residency and Year U CT SCH MED INTEG PROG-FARMINGTON,CT 1981
License Expiration Date **6/30/2017**
Remarks

License Number 8797
 License Date 9/2/1992
 Name **GENDRON, ANN M MD**
 Address COOK CHILDREN'S PRIMARY CARE, 1300 W LANCASTER ST 101 FORT WORTH, TX, 76102
 Specialty PD
 Board Certified PD
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NH 1992
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NH 1992
 License Expiration Date **6/30/2000**
 Remarks

License Number 8932
 License Date 5/5/1993
 Name **GENDRON, BARRY C DO**
 Address SEACOAST AREA PHYSIATRY, 875 GREENLAND RD C-4 PORTSMOUTH, NH, 03801
 Specialty PM
 Board Certified PM
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1989
 Internship and Year UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY - ATLANTIC CITY NJ 1990
 Residency and Year UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW ENGLAND - ATLANTIC CITY NJ 1993
 License Expiration Date **6/30/2017**
 Remarks

License Number 16108
 License Date 5/1/2013
 Name **GENDRON, VALERIE E MD**
 Address CHESHIRE MEDICAL CENTER, 580-590 COURT ST KEENE, NH, 03431
 Specialty N
 Board Certified N
 School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 2008
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2009
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2012
 License Expiration Date **6/30/2017**
 Remarks

License Number 9110
 License Date 2/2/1994
 Name **GENEVAUX, STEPHEN H MD**
 Address WELLS RIVER CLINIC, 65 MAIN ST WELLS RIVER, VT, 05081-
 Specialty FP
 Board Certified FP
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1987
 Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON VT 1990
 Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON VT 1990
 License Expiration Date **6/30/2016**
 Remarks

License Number 8933
License Date 5/5/1993
Name **GENNARO, MARY-CATHERINE W DO**
Address 33 CROSS COUNTRY LN, PLYMOUTH, NH, 03264
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1987
Internship and Year METROPOLITAN HOSPITAL-CENTRAL DIVISION - PHILADELPHIA PA 1988
Residency and Year METROPOLITAN HOSPITAL-CENTRAL DIVISION - PHILADELPHIA PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 8934
License Date 5/5/1993
Name **GENNARO, VICTOR DO**
Address ORTHOPEDIC SURGERY, 103 BOULDER POINT DRPLYMOUTH, NH, 03264
Specialty ORS
Board Certified ORS
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1984
Internship and Year METROPOLITAN HOSPITAL CENTRAL - PHILADELPHIA PA 1989
Residency and Year METROPOLITAN HOSPITAL CENTRAL - PHILADELPHIA PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 13344
License Date 12/6/2006
Name **GENOVESE, VINCENT P MD**
Address 2007 BAY ST, TAUNTON, MA, 02780
Specialty ORS
Board Certified ORS
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE USA 1973
Internship and Year ST LOUIS UNIV SCHOOL OF MEDICINE-ST LOUIS, MO 1974
Residency and Year ST LOUIS UNIV SCHOOL OF MEDICINE 1975
License Expiration Date **6/30/2008**
Remarks

License Number 6130
License Date 10/26/1979
Name **GENS JR, JOHN P MD**
Address 8 REGINA RD, PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation GEORGE WASHINGTON UNIV WASH,DC USA 1971
Internship and Year GEORGE WASHINGTON HOSP. WASH,DC 1972
Residency and Year GEORGE WASHINGTON HOSP. WASH,DC 1977
License Expiration Date **6/30/2017**
Remarks

License Number 13821
License Date 2/6/2008
Name **GENTA, ROBERT M MD**
Address MIRACA LIFE SCIENCES, 6655 MACARTHUR BLVD IRVING, TX, 75039
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF DEGLI STUDI DI TORINO ITALY 1971
Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1976
Residency and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1978
License Expiration Date **6/30/2016**
Remarks

License Number 13586
License Date 7/11/2007
Name **GENTCHOS, CHRISTOPHER E MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT ST CONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV USA 1997
Internship and Year HUTZEL HOSPITAL - DETROIT, MI 1998
Residency and Year HUTZEL HOSPITAL - DETROIT, MI 2002
License Expiration Date **6/30/2017**
Remarks

License Number 13797
License Date 1/11/2008
Name **GENTCHOS, GEORGE E MD**
Address FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation GEORGETOWN UNIV USA 1996
Internship and Year NAT'L NAVAL MEDICAL CENTER-BETHESDA, MD 1997
Residency and Year UNIV OF VT COLLEGE OF MEDICINE - BURLINGTON, VT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12877
License Date 9/7/2005
Name **GENUARIO, JAMES W MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation NORTHWESTERN UNIVERSITY, CHICAGO IL US 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2006
License Expiration Date **6/30/2007**
Remarks

License Number 14918
License Date 7/7/2010
Name **GEORGE, ELAINA F MD**
Address 175 15TH ST NE #217, ATLANTA, GA, 30309
Specialty OTO
Board Certified OTO
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1992
Internship and Year LENOX HILL HOSPITAL - NY, NY 1993
Residency and Year LENOX HILL HOSPITAL - NY, NY 1994
License Expiration Date **6/30/2012**
Remarks

License Number 10709
License Date 10/8/1999
Name **GEORGE, KAREN E MD**
Address DHMC-OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation OHIO STATE UNIVERSITY USA 1988
Internship and Year UNIVERSITY OF NEW MEXICO-ALBUQUERQUE,NM 1989
Residency and Year UNIVERSITY OF NEW MEXICO-ALBQUERQUE,NM 1992
License Expiration Date **6/30/2017**
Remarks

License Number 15658
License Date 5/2/2012
Name **GEORGE, MARION A MD**
Address ELLIOT PEDIATRICS & PRIMARY CARE, 15 FREETOWN RDRAYMOND, NH, 03077
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1992
Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1993
Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1996
License Expiration Date **6/30/2016**
Remarks

License Number 12298
License Date 5/5/2004
Name **GEORGE, SUZANNE MD**
Address COMMONWEALTH HEMATOLOGY-ONCOLO, ONE GENERAL ST LAMPREY 4LAWRENCE, MA, 01842
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1995
Internship and Year UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC 1996
Residency and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 1998
License Expiration Date **6/30/2006**
Remarks

License Number 10785
License Date 12/1/1999
Name **GEORGIA, JEFFREY D MD**
Address , 76 CHAMPION CIRCLEPITTSBURG, NH, 03592
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1981
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1982
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1996
License Expiration Date **6/30/2011**
Remarks

License Number 6280
License Date 9/4/1980
Name **GEPHART, DALE S MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY ROADWINDSOR, VT, 05089
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SO. CAL.SCH OF MED. CA USA 1966
Internship and Year LA CO USC MED. CTR CA 1967
Residency and Year DARTMOUTH MED.SCH AFFIL HOSP. HANOVRE, NH 1970
License Expiration Date **6/30/2006**
Remarks

License Number 8613
License Date 7/17/1991
Name **GEPPERT, MARK J MD**
Address SEACOAST ORTHOPEDICS & SPORTS, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty ORS
Board Certified ORS
School and Year of Graduation NY UNIV SCH OF MED - NY, NY USA 1985
Internship and Year UMDNJ- ROBERT WOOD JOHNSON MED SCH - PISCATAWAY, NJ 1986
Residency and Year R WOOD JOHNSON UNIV HOSPITAL - NEW BRUNSWICK, NJ 1990
License Expiration Date **6/30/2017**
Remarks

License Number 16221
License Date 7/3/2013
Name **GERA, AAKANKSHA MD**
Address 25 PELHAM RD, STE 103, SALEM, NH, 03079
Specialty PD
Board Certified
School and Year of Graduation JAWAHARLAL NEHRU MEDICAL COLLEGE INDIA 2006
Internship and Year SAINT PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2011
Residency and Year SAINT PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11735
License Date 9/4/2002
Name **GERACE, JAMES E MD**
Address C/O PRN, 7320 N DREAMY DRAW DRPHOENIX, AZ, 85020
Specialty IM
Board Certified IM
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO, MAYWOOD IL USA 1967
Internship and Year UNITED HEALTH SERVICES HOSPITALS-WILSON HOSPITAL, JOHNSON CITY NY 1968
Residency and Year BROOK ARMY MEDICAL CTR, SAN ANTONIO TX 1970
License Expiration Date **6/30/2008**

Remarks

License Number 10679
License Date 9/1/1999
Name **GERACI, ANTHONY C DO**
Address GERACI MEDICAL SERVICES LLC, 45 BIRCH LANEMYRTLE BEACH, SC, 843-361-15
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLL OF OSTEO MED -OLD WESTBURY, NY USA 1991
Internship and Year UNESOM/SAINT MICHAEL'S MEDICAL CENTER - NEWARK, NJ 1992
Residency and Year UNECOM/SAINT MICHAEL'S MEDICAL CENTER - NEWARK, NJ 1993
License Expiration Date **6/30/2017**

Remarks **lapsed 6/30/05 - reinstated 7/2/14**

License Number 12490
License Date 10/6/2004
Name **GERALDEZ, PAUL I MD**
Address NE INPATIENT SPEC, 120 WATER ST STE 404N ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation SOUTHWESTERN UNIVERSITY, PHILIPPINES PHILIPPINES 1992
Internship and Year MOUNT VERNON HOSPITAL, MOUNT VERNON NY 1996
Residency and Year MOUNT VERNON HOSPITAL, MOUNT VERNON NY 1998
License Expiration Date **6/30/2016**

Remarks **lapsed 6/30/08 - reinstated 10/3/12**

License Number 5768
License Date 7/1/1977
Name **GERBER, PAUL D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON USA 1972
Internship and Year MOFFITT UNIV OF CALIF HOSPITAL SAN FRANCISCO 1973
Residency and Year BETH ISREAL HOSPITAL 1976
License Expiration Date **1/2/2002**

Remarks **DECEASED 01/02/02**

License Number 7567
License Date 5/6/1987
Name **GERBER, SAMUEL D MD**
Address 14 RESEARCH PLACE, N CHELMSFORD, MA, 01863
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1980
Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1981
Residency and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 12786
License Date 7/6/2005
Name **GERCHMAN, ERIC M MD**
Address 373 ROCKY KNOLL RD, DENMARK, ME, 04022
Specialty FP
Board Certified FP
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL USA 1995
Internship and Year LANCASTER GENERAL HOSPITAL, LANCASTER PA 1998
Residency and Year LANCASTER GENERAL HOSPITAL, LANCASTER PA 1998
License Expiration Date **6/30/2007**
Remarks

License Number 13745
License Date 11/7/2007
Name **GERDING, JOSEPH P MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF ILLINOIS USA 2000
Internship and Year UNIV OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE - HONOLULU, HI 2001
Residency and Year KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN - HONOLULU, HI 2002
License Expiration Date **6/30/2017**
Remarks

License Number 11353
License Date 8/1/2001
Name **GERHARD, GLENN S MD**
Address WEIS CENTER FOR RESEARCH, 100 NORTH ACADEMY AVEDANVILLE, PA, 17822-2600
Specialty PTH
Board Certified PTH
School and Year of Graduation PENNSYLVANIA STATE UNIV - HERSHEY, PA USA 1986
Internship and Year LANKANAU RESEARCH INSTITUTE - WYNNEWOOD, PA 1987
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1990
License Expiration Date **6/30/2005**
Remarks

License Number 16709
License Date 8/6/2014
Name **GERINGER, ALAN M MD**
Address CLINICAL ASSOC, 515 FAIRMOUNT AVETOWSON, MD, 21286
Specialty U
Board Certified U
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1976
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1977
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1978
License Expiration Date **6/30/2016**
Remarks

License Number 11448
License Date 11/7/2001
Name **GERKE, KATHERINE F MD**
Address VALLEY RADIOLOGIST PA, 243 ELM STCLAREMONT, NH, 03743
Specialty DR
Board Certified DR
School and Year of Graduation MEDICAL COLL OF OHIO - TOLEDO, OH USA 1980
Internship and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1981
Residency and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1982
License Expiration Date **6/30/2013**
Remarks

License Number 15220
License Date 5/4/2011
Name **GERKE, PAUL W MD**
Address MEDICAL MISSION EXCHANGE INC, 24 COURTYARDHANOVER, NH, 03755
Specialty EM
Board Certified EM
School and Year of Graduation WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 1976
Residency and Year UNIVERSITY OF TOLEDO - TOLEDO, OH 1977
License Expiration Date **6/30/2017**
Remarks

License Number 6508
License Date 3/4/1982
Name **GERKEN, MADELINE E MD**
Address HOME HEALTH HOSPICE CARE, EXECUTIVE PARK DRMERRIMACK, NH, 03054
Specialty ON
Board Certified ON
School and Year of Graduation ALBANY MED COLL UNION UNIV-ALBANY,NY USA 1971
Internship and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1972
Residency and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1977
License Expiration Date **6/30/2016**
Remarks

License Number 8554
License Date 6/5/1991
Name **GERLING, BARBARA R MD**
Address DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF S FLORIDA COLL OF MED - TAMPA, FL USA 1980
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1981
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1983
License Expiration Date **6/30/2017**
Remarks

License Number 12062
License Date 9/3/2003
Name **GERMAN, KENNETH D MD**
Address 2504 MADDINGTON DR, LAS VEGAS, NV, 89134
Specialty ORS
Board Certified ORS
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1965
Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1966
Residency and Year UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CTR, OKLAHOMA CITY OK 1973
License Expiration Date **6/30/2005**
Remarks

License Number 11660
License Date 7/3/2002
Name **GERSHMAN, NATALIE L MD**
Address GENY RESEARCH CORP, 1320 CENTRE ST STE 205NEWTON, MA, 02459
Specialty P
Board Certified P
School and Year of Graduation MOSCOW MEDICAL & STOMATOLOGIC INSTITUTE - MOSCOW RUSSIA 1986
Internship and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1995
Residency and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date **6/30/2006**
Remarks

License Number 10208
License Date 1/7/1998
Name **GERSON, LEON L MD**
Address 1521 N JANTZEN AVE #309, PORTLAND, OR, 97217
Specialty P
Board Certified P
School and Year of Graduation MEHARRY MED COLL SCH OF MED - NASHVILLE, TN USA 1978
Internship and Year NAVAL HOSPITAL - CA 1979
Residency and Year NAVAL HOSPITAL - CA 1983
License Expiration Date **6/30/2014**
Remarks

License Number 13708
License Date 10/3/2007
Name **GERSON, STEPHEN N MD**
Address 12 CLEMATIS RD, LEXINGTON, MA, 02421
Specialty P
Board Certified P
School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MED USA 1969
Internship and Year NATIONAL PERSONNEL RECORDS CENTER, UNITED STATES PUBLIC HEALTH HOSPITALS - ST LOUIS,
Residency and Year MCLEAN HOSPITAL - BELMONT, MA 1974
License Expiration Date **9/21/2014**
Remarks **Deceased 9/21/14**

License Number 7497
License Date 1/26/1987
Name **GESLIEN, G ERIC MD**
Address 33 DEPOT RD, STRATHAM, NH, 03885
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF COLORADO - BOULDER, CO USA 1969
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1970
Residency and Year WALTER REED MEDICAL EDUCATION CENTER - WASHINGTON, DC 1974
License Expiration Date **6/30/2017**
Remarks

License Number 5360
License Date 7/7/1975
Name **GESSNER, JAMES S MD**
Address ANTHESIA ASSOCIATES, 690 CANTON ST STE 200WESTWARD, MA, 02090
Specialty AN
Board Certified AN
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1972
Internship and Year DUKE UNIVERSITY MEDICAL CENTER 1973
Residency and Year DUKE UNIVERSITY MEDICAL CENTER 1974
License Expiration Date **6/30/2017**
Remarks

License Number 5987
License Date 10/6/1978
Name **GESSNER, WILLIAM J MD**
Address COOS COUNTY FAMILY HEALTH, 2 BROADWAYGORHAM, NH, 03581
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1975
Internship and Year UNIVERSITY OF COLORADO MEDICAL CENTER- CO 1976
Residency and Year UNIVERSITY OF COLORADO MEDICAL CENTER -CO 1978
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/90 - reinstated 4/4/12**

License Number 6782
License Date 9/8/1983
Name **GETTINGER, ANDREW MD**
Address DEPT OF HEALTH AND HUMAN SERVICES, 355 E STREET SW SUITE 310 WASHINGTON, DC, 20024
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MED SCH-HANOVER ,NH USA 1979
Internship and Year HARTFORD HOSPITAL-HARTFORD,CT 1980
Residency and Year HARTFORD HOSPITAL-HARTFORD,CT 1983
License Expiration Date **6/30/2017**
Remarks

License Number 4581
License Date 7/16/1970
Name **GEURKINK, NATHAN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF OKLAHOMA USA 1959
Internship and Year UNIV HOSPITAL - OKLAHOMA CITY, OK 1960
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1966
License Expiration Date **6/30/2008**
Remarks **Deceased 5/29/10**

License Number 13959
License Date 5/7/2008
Name **GEURTS, MAURICE A MD**
Address GRACE COTTAGE HOSPITAL, ROUTE 35 TOWNSEND, VT, 05353
Specialty FP
Board Certified FP
School and Year of Graduation UNIV VAN AMSTERDAM NETHERLANDS 1993
Internship and Year UNIV OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2001
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2003
License Expiration Date **6/30/2012**
Remarks

License Number 13152
License Date 7/5/2006
Name **GHAFFARI, DAUOD MD**
Address SOLANTIC URGENT CARE, 5915 NORMANDY BLVD JACKSONVILLE, FL, 32205
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2000
Internship and Year ST JOSEPH'S MEDICAL CTR-YONKERS NY 2001
Residency and Year ST JOSEPH'S MEDICAL CTR-YONKERS NY 2003
License Expiration Date **6/30/2008**
Remarks

License Number 15700
License Date 6/6/2012
Name **GHANI, MUEEN DO**
Address PARKLAND MED CTR, ONE PARKLAND DRDERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation WESTERN UNIVERSITY OF HEALTH SCIENCES USA 2002
Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2003
Residency and Year KAISER PERMANENTE MEDICAL CENTER - OAKLAND, CA 2007
License Expiration Date **6/30/2014**
Remarks

License Number 15024
License Date 10/6/2010
Name **GHANTA, KALYAN MD**
Address DHMC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty CD
Board Certified IM
School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 2000
Internship and Year ST FRANCIS HOSPITAL OF EVANSTON - EVANSTON, IL 2004
Residency and Year ST FRANCIS HOSPITAL OF EVANSTON - EVANSTON, IL 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12299
License Date 5/5/2004
Name **GHARIB, AHMED M MD**
Address VRC, 5995 OPUS PKWY STE 200MINNETONKA, MN, 55343
Specialty R
Board Certified R
School and Year of Graduation ALEXANDRIA UNIVERSITY, EGYPT EGYPT 1993
Internship and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 1998
Residency and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 1999
License Expiration Date **6/30/2006**
Remarks

License Number 9770
License Date 7/3/1996
Name **GHASSEMIAN, ALBERT M MD**
Address 289 MAIN ST, SALEM, NH, 03079-
Specialty IM
Board Certified CD
School and Year of Graduation NATIONAL UNIV OF IRAN FAC OF MED TEHERAN JARJANI IRAN 1970
Internship and Year ST VINCENTS MEDICAL CENTER - CT 1972
Residency and Year CARNEY HOSPITAL - MA 1976
License Expiration Date **6/30/2001**
Remarks **7/24/00 - ORDER FOR TEMPORARY SUSPENSION OF LICENSE**
10/31/01 - SUSPENSION OF LICENSE
10/11/04 - Reciprocal Order of Permanent License Revocation

License Number 11911
License Date 5/7/2003
Name **GHAZI, MAJID MD**
Address DARTMOUTH-HITHCOCK MED CTR, ONE MEDICAL CTR DR PAIN CLINICLEBANON, NH, 03756-0001
Specialty AN
Board Certified
School and Year of Graduation UNIV OF SAARLAND AT SAARBRUCKEN - GERMANY GERMANY 1994
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1999
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2002
License Expiration Date **6/30/2005**
Remarks

License Number 12423
License Date 8/4/2004
Name **GHIASUDDIN, SALMAN S MD**
Address CLIPPER CARDIOVASCULAR ASSOC, 112A PARKER STNEWBURYPORT, MA, 01950
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF PUNJAB, PAKISTAN PAKISTAN 1989
Internship and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 1993
Residency and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 15659
License Date 5/2/2012
Name **GHOLVE, PURUSHOTTAM A MD**
Address FLOATING CHILDREN HOSP TUFTS MED CTR, 800 WASHINGTON ST 206BOSTON, MA, 02111
Specialty ORS
Board Certified
School and Year of Graduation GRANT MEDICAL COLLEGE INDIA 1998
Internship and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 2006
Residency and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 2008
License Expiration Date **6/30/2014**
Remarks

License Number 12743
License Date 6/1/2005
Name **GHONIEM, AYMAN A MD**
Address , PO BOX 10675TERRE HAUTE, IN, 47801
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF ALEXANDRIA, ALEXANDRIA EGYPT EGYPT 1997
Internship and Year OUR LADY OF MERCY MED CTR, BRONX NY 1996
Residency and Year NEW YORK MED COLLEGE, VALHALLA NY 2000
License Expiration Date **6/30/2007**
Remarks

License Number 10617
License Date 7/7/1999
Name **GHOSH, SHANTONU MD**
Address COMMUNITY MEDICAL ASSOCIATES, 2625 MCNYANTOWN RD UNIONTOWN, PA, 15404
Specialty IM
Board Certified IM
School and Year of Graduation MED COLL BURDWAN UNIV WEST BENGAL INDIA INDIA 1987
Internship and Year HIGHLAND HOSPITAL OF ROCHESTER - ROCHESTER, NY 1997
Residency and Year HIGHLAND HOSPITAL OF ROCHESTER - ROCHESTER, NY 1998
License Expiration Date **6/30/2001**
Remarks

License Number 14194
License Date 10/1/2008
Name **GHOSN, MAHA Y MD**
Address D & Y, 6767 OLD MADISON PIKE SUITE 690 HUNTSVILLE, AL, 35806
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV GRENADA 2003
Internship and Year SETON HALL UNIV SCHOOL OF GRADUATE MEDICAL EDUCATION - SOUTH ORANGE, NJ 2004
Residency and Year SETON HALL UNIV SCHOOL OF GRADUATE MEDICAL EDUCATION - SOUTH ORANGE, NJ 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15297
License Date 7/6/2011
Name **GHUSHE, NEIL D MD**
Address 350 THIRD ST, APT 1605 CAMBRIDGE, MA, 02142
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2005
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2011
License Expiration Date **6/30/2013**
Remarks

License Number 12529
License Date 11/3/2004
Name **GIAKOVIS-STERLING, ESTHIA K MD**
Address ELLIOTT GEN SURG SPECIALISTS, 185 QUEEN CITY AVE MANCHESTER, NH, 03101
Specialty GS
Board Certified GS
School and Year of Graduation ROSS UNIVERSITY, PORTSMOUTH DOMINICA DOMINICA 1998
Internship and Year HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 1999
Residency and Year HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 2004
License Expiration Date **6/30/2016**
Remarks

License Number 16308
License Date 9/4/2013
Name **GIBB, MATTHEW D MD**
Address CARLE PHYSICIANS GROUP, 602 W UNIVERSITY AVEURBANA, IL, 61801
Specialty IM
Board Certified IM
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1984
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9620
License Date 1/3/1996
Name **GIBB, SAMUAL P MD**
Address , , ,
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF PENNSYLVANINA USA 1960
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 10448
License Date 11/4/1998
Name **GIBBONS, JOHN M MD**
Address VA HOSP DEPT OF ORTHO, 215 N MAIN STWHITE RIVER JCT, VT, 05009
Specialty ORS
Board Certified
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1992
Internship and Year COLUMBIA-PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 1993
Residency and Year COLUMBIA UNIV - NEW YORK, NY 1994
License Expiration Date **6/30/2000**
Remarks

License Number 7196
License Date 9/10/1985
Name **GIBBS, DONALD C MD**
Address 191 PLANTATION SHORE DR, TAVERNIER, FL, 33070
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MIAMI SCH MED-MIAMI,FL USA 1959
Internship and Year MOUNT SINAI MED CTR-MIAMI,FL 1960
Residency and Year JACKSON MEM HOSP-MIAMI,FL 1963
License Expiration Date **6/30/2002**
Remarks

License Number 16754
License Date 9/3/2014
Name **GIBBS, JAMES E MD**
Address 740 DUNLAWTON AVE, PORT ORANGE, FL, 32119
Specialty FP
Board Certified FP
School and Year of Graduation JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1980
Residency and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1982
License Expiration Date **6/30/2016**
Remarks

License Number 3730
License Date 10/2/1964
Name **GIBBS, RAYMOND W MD**
Address 67 VERMONT ST, W ROXBURY, MA, 02132
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK MEDICAL COLLEGE - NEW YORK, NY USA 1951
Internship and Year WALTER REED GENERAL HOSPITAL - WASHINGTON, DC 1952
Residency and Year VETERANS ADMINISTRATION - NEW HAVEN, CT 1957
License Expiration Date **6/30/2002**
Remarks

License Number 12992
License Date 2/1/2006
Name **GIBBS, STEPHEN D MD**
Address VA MED CTR 173A, 1700 S LINCOLN AVELEBANON, VA, 17042
Specialty D
Board Certified D
School and Year of Graduation CREIGHTON UNIVERSITY, OMAHA, NE US 1970
Internship and Year WESTERN PENNSYLVANIA HOSP, PITTSBURGH PA 1971
Residency and Year UNIVERSITY OF CHICAGO, CHICAGO IL 1984
License Expiration Date **6/30/2014**
Remarks

License Number 15059
License Date 11/3/2010
Name **GIBLIN, ERICA M MD**
Address HOLY FAMILY HOSPITAL, 575 TURNPIKE ST STE 27NORTH ANDOVER, MA, 01845-5937
Specialty GS
Board Certified GS
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2002
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
License Expiration Date **6/30/2014**
Remarks

License Number 7539
License Date 4/1/1987
Name **GIBSON, CHERYL A MD**
Address 1775 WILLISTON RD, SO BURLINGTON, VT, 05403
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT USA 1985
Internship and Year MEDICAL CENTER HOSPITAL-VT 1986
Residency and Year MEDICAL CENTER HOSPITAL 1987
License Expiration Date **6/30/2011**
Remarks

License Number 6211
License Date 6/9/1980
Name **GIBSON, CLAUDIA C MD**
Address 33 EAST WILDER RD, W LEBANON, NH, 03784
Specialty CHN
Board Certified CHN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
License Expiration Date **6/30/2014**
Remarks

License Number 15104
License Date 1/5/2011
Name **GIBSON, DANIEL P MD**
Address DHMC- RADIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 10710
License Date 10/6/1999
Name **GIBSON, GLEN R MD**
Address DARTMOUTH MEDICAL CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation TUFTS UNIVERSITY-BOSTON,MA USA 1997
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1998
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999
License Expiration Date **6/30/2003**
Remarks

License Number 12424
License Date 8/4/2004
Name **GIBSON, PAMELA C MD**
Address FLETCHER ALLEN HLTH CARE-PATH, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1990
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1991
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1995
License Expiration Date **6/30/2016**
Remarks

License Number 10120
License Date 9/10/1997
Name **GIEG, GORDON G MD**
Address 25 HEATH STAGE TERRACE, SHELBURNE FALLS, MA, 01370
Specialty GP
Board Certified
School and Year of Graduation UNIV OF SASKATCHEWAN SASKATOON CANADA 1988
Internship and Year UNIV OF SASKATCHEWAN PLAINS HOSPITAL - CANADA 1989
Residency and Year UNIV OF SASKATCHEWAN PLAINS HOSPITAL- CANADA 1990
License Expiration Date **6/30/2007**
Remarks

License Number 10851
License Date 3/28/2000
Name **GIFFIN, CARL S MD**
Address PUBLIC HEALTH SERVICES, PO BOX 93 SAINT JOHN NB, , EL2-3X1
Specialty OM
Board Certified OM
School and Year of Graduation DALHOUSIE UNIV -HALIFAX, NOVA SCOTIA NOVA SCOTIA 1980
Internship and Year DALHOUSIE UNIV FAC OF MED - HALIFAX, NOVA SCOTIA CANADA 1981
Residency and Year DALHOUSIE UNIV FAC OF MED - HALIFAX, NOVA SCOTIA CANADA 1981
License Expiration Date **6/30/2004**
Remarks **3/10/00 ORDER OF CONDITIONAL APPROVAL**

License Number 12300
License Date 5/5/2004
Name **GIFFIN, JOSEPH P MD**
Address 22 AUTUMN RIVER LN, OGUNQUIT, ME, 03907
Specialty AN
Board Certified AN
School and Year of Graduation WEST VIRGINIA UNIVERSITY, MORGANTOWN WV US 1969
Internship and Year NEW YORK MEDICAL COLLEGE, NEW YORK NY 1970
Residency and Year ST VINCENTS HOSP, NEW YORK NY 1973
License Expiration Date **11/28/2004**
Remarks **DECEASED 11/28/04**

License Number 12993
License Date 2/1/2006
Name **GIFFORD, ALEX H MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PUD
Board Certified IM
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 13205
License Date 8/2/2006
Name **GIFFORD, KIMBERLY A MD**
Address DHMC - PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation PENNSYLVANIA STATE UNIV USA 2003
Internship and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON, NH 2004
Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON, NH 2005
License Expiration Date **6/30/2016**
Remarks

License Number 2448
License Date 3/14/1946
Name **GIFFORD, WILLIAM H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **3/15/1997**
Remarks **DECEASED 3/15/97**

License Number 10899
License Date 5/3/2000
Name **GIGLIO, BARRY L MD**
Address FAMILY CARE OF CONCORD, 248 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY - WASHINGTON DC USA 1997
Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD NH 2000
Residency and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 12379
License Date 7/7/2004
Name **GILBERT, MICHAEL J MD**
Address CONCORD GASTRONTOROLOGY, 60 COMMERCIAL ST STE 404CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 2002
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL 6/30/06**
REINSTATED 8/1/07

License Number 16364
License Date 11/6/2013
Name **GILBERT, SARAH E MD**
Address CONVENIENT MD, 125 INDIAN ROCK RDWINDHAM, NH, 03087
Specialty EM
Board Certified
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1986
Residency and Year
License Expiration Date **6/30/2017**
Remarks

License Number 6460
License Date 10/6/1981
Name **GILBERT, SIDNEY L MD**
Address 7831 MAXWELLTON RD, MOORSEVILLE, IN, 46158
Specialty PD
Board Certified PD
School and Year of Graduation MED COLL OF VIRINGIA COMMONWEALTH UNIV-RICHMOND,VA USA 1976
Internship and Year MED COLL OF VIRINGIA HOSP-RICHMOND,VA 1977
Residency and Year MED COLL OF VIRINGIA HOSP-RICHMOND, VA 1979
License Expiration Date **6/30/2000**
Remarks

License Number 5449
License Date 12/1/1975
Name **GILBERT, WILLIAM K MD**
Address 35 WALKER ST, KITTERY, ME, 03904-1455
Specialty FP
Board Certified
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MED USA 1970
Internship and Year METHODIST HOSP GRAD MED CENTER INDIANAPOLIS 1971
Residency and Year METHODIST HOSP GRAD MED CENTER INDIANAPOLIS 1973
License Expiration Date **6/30/2013**
Remarks

License Number 13153
License Date 7/5/2006
Name **GILCHRIST, BRIAN F MD**
Address 169 SO SHORE AVE, GORTON LONG PT, CT, 06340
Specialty GS
Board Certified PDS
School and Year of Graduation TUFTS UNIV USA 1984
Internship and Year ST ELIZABETHS MED CTR-BOSTON MA 1985
Residency and Year ST ELIZABETHS MEDICAL CENTER-BOSTON MA 1986
License Expiration Date **6/30/2014**
Remarks

License Number 11499
License Date 2/6/2002
Name **GILL JR, PAUL G MD**
Address 15 SPRINGSIDE RD, MIDDLEBURY, VT, 05753
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF ALABAMA- BIRMINGHAM, AL USA 1974
Internship and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1976
Residency and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1977
License Expiration Date **6/30/2012**
Remarks **LAPSED FOR NON-RENEWAL 6/30/02-----REINSTATED 6/1/06**

License Number 6683
License Date 4/7/1983
Name **GILL, DAVID H MD**
Address 84 CROSS ST, GARDNER, MA, 01440
Specialty P
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH MED-OH USA 1973
Internship and Year WORCESTER STATE HOSP - WORCESTER, MA 1976
Residency and Year WORCESTER STATE HOSP- WORCESTER,MA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 12301
License Date 5/5/2004
Name **GILL, DUNCAN Y MD**
Address DIRECTION BEHAVIORAL HEALTH, 5 PINE ST EXT 6 MILL ANX UNT BNASHUA, NH, 03060
Specialty CHP
Board Certified P
School and Year of Graduation SABA UNIVERSITY, SABA NETHERLANDS-ANTILLES NETHERLANDS 1999
Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2002
Residency and Year INSTITUTE OF LIVING, HARTFORD CT 2004
License Expiration Date **6/30/2016**
Remarks

License Number 10388
License Date 9/2/1998
Name **GILL, KEVIN J MD**
Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation JEFFERSON MED COLL - PHILADELPHIA, PA USA 1980
Internship and Year ST FRANCIS HOSPITAL & MEDICAL CENTER - HARTFORD, CT 1981
Residency and Year ST FRANCIS HOSPITAL & MEDICAL CENTER - HARTFORD, CT 1983
License Expiration Date **6/30/2016**
Remarks

License Number 10153
License Date 11/5/1997
Name **GILL, LISA M DO**
Address SOUTHERN NH REGIONAL MEDICAL, 8 PROSPECT STNASHUA, NH, 03062
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF NEW ENGLAND COLL OSTEO- ME USA 1987
Internship and Year UNIV OF MEDICINE, DENTISTRY OF NEW JERSEY MEDICAL SCHOOL - NJ 1992
Residency and Year UNIV OF MEDICINE, DENTISTRY OF NEW JERSEY MEDICAL SCHOOL - NJ 1992
License Expiration Date **6/30/2001**
Remarks

License Number 3780
License Date 3/2/1965
Name **GILLESPIE, GARRETT G MD**
Address 2127 OYSTER HARBORS, OSTERVILLE, MA, 02655-2495
Specialty NS
Board Certified NS
School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year BELLEVUE HOSPITAL - NEW YORK, NY 1960
Residency and Year NEW ENGLAND CENTER - BOSTON, MA 1964
License Expiration Date **6/30/2017**
Remarks

License Number 9888
License Date 12/4/1996
Name **GILLESPIE, JANA L MD**
Address PO BOX 402, WALPOLE, NH, 03608
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MINNESOTA MEDICAL SCHOOL MINNEAPOLIS, MN USA 1988
Internship and Year RIVERSIDE MEDICAL CENTER-MINNESOTA 1991
Residency and Year RIVERSIDE MEDICAL CENTER - MINNESOTA 1991
License Expiration Date **6/30/2006**
Remarks

License Number 4805
License Date 6/3/1983
Name **GILLESPIE, JOHN B MD**
Address GARRISON MED PROF ASSOC, 770 CENTRAL AVEDOVER, NH, 03820-3469
Specialty OBG
Board Certified OBG
School and Year of Graduation JEFFERSON MEDICAL COLEGE - PA USA 1965
Internship and Year THE READING HOSPITAL - READING, PA 1966
Residency and Year HAHNEMANN HOSPITAL - PHILADELPHIA, PA 1969
License Expiration Date **6/30/2003**
Remarks

License Number 10864
License Date 4/5/2000
Name **GILLESPIE, PETER A MD**
Address DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE-PHILADELPHIA,PA USA 1995
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 2000
License Expiration Date **6/30/2001**
Remarks

License Number 5996
License Date 11/2/1978
Name **GILLIE, EDWARD MD**
Address 484 CORAL AVE, MANCHESTER, NH, 03104-
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE OF UNION UNIV ALBANY, NY USA 1954
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1955
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1959
License Expiration Date **6/30/1999**
Remarks

License Number 16309
License Date 9/4/2013
Name **GILLIGAN, BRENDAN P MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16510
License Date 3/5/2014
Name **GILLIGAN, MICHAEL S MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1981
Internship and Year BRIDGEPORT HOSPITAL - NEW HAVEN, CT 1982
Residency and Year BRIDGEPORT HOSPITAL - NEW HAVEN, CT 1986
License Expiration Date **6/30/2016**
Remarks

License Number 15438
License Date 11/2/2011
Name **GILLILAND, J DAVID MD**
Address DIVERSIFIED RADIOLOGY OF COLORADO, 1746 COLE BLVD #150LAKEWOOD, CO, 80401
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CTR @ SAN ANTONIA USA 1981
Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1982
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1985
License Expiration Date **6/30/2015**
Remarks

License Number 16007
License Date 2/6/2013
Name **GILLILAND, KELLY S DO**
Address THYROID CYTOPATHOLOGY PARTNERS, PA, PO BOLX 2386ROUND ROCK, TX, 78664
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF NORTH TEXAS HEALTH SCEINCE CENTER USA 2007
Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2008
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2011
License Expiration Date **6/30/2017**
Remarks

License Number 11533
License Date 3/6/2002
Name **GILLIS, ZOE A MD**
Address WOMEN'S HLTH OF NASHUA VALLEY, 198 GROTON RD STE 3AYER, MA, 01432
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1998
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1999
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14837
License Date 5/5/2010
Name **GILLOON, BENJAMIN A MD**
Address UNIV OF WI - DEPT OF RADIOLOGY, 600 HIGHLAND AVEMADISON, WI, 53792
Specialty R
Board Certified
School and Year of Graduation UNIV OF IOWA COLLEGE OF MEDICINE USA 2006
Internship and Year DARTMOUTH HITCHCOCK MED CTR - LEBANON, NH 2009
Residency and Year DARTMOUTH HITCHCOCK MED CTR - LEBANON NH 2011
License Expiration Date **6/30/2012**
Remarks

License Number 14760
License Date 3/3/2010
Name **GILLOON, CONSTANCE L MD**
Address UNIV OF WI - DEPT OF ANESTHES, 600 HIGHLAND AVEMADISON, WI, 53792
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF IOWA USA 2006
Internship and Year IOWA METHODIST MEDICAL CENTER - DES MOINES, IA 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**
Remarks

License Number 4947
License Date 2/12/1973
Name **GILMOUR, DAVID P MD**
Address 126 DEPOT RD, HOLLIS, NH, 03049
Specialty CD
Board Certified CD
School and Year of Graduation HARVARD MEDICAL SCHOOL, MA USA 1966
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2011**
Remarks

License Number 10303
License Date 6/3/1998
Name **GILSON, THOMAS P MD**
Address OCME, 520 FIRST AVENUE NEW YORK, NY, 10016
Specialty PTH
Board Certified PTH
School and Year of Graduation MED COLL OF PENNSYLVANIA USA 1988
Internship and Year PENN STATE GEISINGER HLTH / HERSHEY MED CTR - HERSHEY, PA 1990
Residency and Year UNIV OF CINCINNATI - CINCINNATI, OH 1994
License Expiration Date **6/30/2004**
Remarks

License Number 7429
License Date 8/14/1986
Name **GILSTON, RICHARD R MD**
Address ST JOSEPH EMERGENCY ASSOC., 172 KINSLEY STNASHUA, NH, 03060-2013
Specialty EM
Board Certified EM
School and Year of Graduation ALBANY MED COLL OF UNION UNIV ALBANY NY USA 1980
Internship and Year ROCHESTER GEN HOSP ROCHESTER NY 1981
Residency and Year HIGHLAND GEN HOSPITAL OAKLAND CA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 12575
License Date 1/5/2005
Name **GINEVAN, KIM B MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation ALBERT EINSTEIN COLLEGE, BRONX NY US 1997
Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2000
Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 3459
License Date 7/28/1961
Name **GINGRAS, GERARD G MD**
Address 1875 ASHWOOD DR, AKRON, OH, 44313
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF OTTAWA- ONTARIO CANADA 1957
Internship and Year ST THOMAS- OHIO 1958
Residency and Year DUKE HOSPITAL- NC 1961
License Expiration Date **6/30/2003**
Remarks

License Number 15570
License Date 3/7/2012
Name **GINSBERG, EVAN M MD**
Address NORTHEAST MEDICAL GROUP, 6 DEVINE STNORTH HAVEN, CT, 06473
Specialty IM
Board Certified IM
School and Year of Graduation FAR EASTERN UNIV - NICANOR REYES MED FOUNDATION PHILIPPINES 1976
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1978
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1980
License Expiration Date **6/30/2016**
Remarks

License Number 8043
License Date 3/1/1989
Name **GINSBERG, MARTIN L MD**
Address AMOSKEAG ANESTHESIA, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1985
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1986
Residency and Year 0000
License Expiration Date **6/30/2017**
Remarks

License Number 10501
License Date 2/3/1999
Name **GINSBURG, ELIZABETH S MD**
Address 75 FRANCIS ST, ASB1-3-3254BOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation MT SINAI SCH OF MED - NEW YORK, NY USA 1985
Internship and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1986
Residency and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 16460
License Date 1/8/2014
Name **GINTER, HEIDI B MD**
Address MRMS, 323 DERRY RDHUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1997
Internship and Year UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1998
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 16823
License Date 11/6/2014
Name **GINWALLA, RASHNA F MD**
Address DHMC- SURG DEPT 4C, 1 MED CTR DRLEBANON, NH, 03756
Specialty CCS
Board Certified CCS
School and Year of Graduation KECK SCHOOL OF MED OF THE UNIV OF SOUTHERN CALIFOR USA 2004
Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2005
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 12063
License Date 9/3/2003
Name **GIORDANI, MAURO MD**
Address D H M C, 21 E HOLLIS ST NASHUA, NH, 03060
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA US 1984
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 1985
Residency and Year UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 1989
License Expiration Date **6/30/2007**
Remarks

License Number 15571
License Date 3/7/2012
Name **GIORDANO, ANTHONY F MD**
Address 275 MAMMOTH ROAD SUITE 1, MANCHESTER, NH, 03109
Specialty CHN
Board Certified CHN
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2000
Internship and Year JACOBI MEDICAL CENTER - BRONX, NY 2001
Residency and Year JACOBI MEDICAL CENTER - BRONX, NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 9095
License Date 1/5/1994
Name **GIORGETTI, MICHAEL A MD**
Address 203 TURNPIKE ST, N ANDOVER, MA, 01845
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WEST INDIES WEST INDIES 1977
Internship and Year MC MASTER UNIVERSITY OF HEALTH SCIENCES - HAMILTON CANADA 1980
Residency and Year MC MASTER UNIVERSITY OF HEALTH SCIENCES - HAMILTON CANADA 1980
License Expiration Date **6/30/2004**
Remarks

License Number 14195
License Date 10/1/2008
Name **GIOVAN, MICHAEL P MD**
Address PLYMOUTH ORTHO & SPORTS MED, 16 HOSPITAL RD PLYMOUTH, NH, 03264
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGE WASHINGTON UNIV USA 2000
Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2002
Residency and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13538
License Date 6/6/2007
Name **GIRASOLE, CHRISTOPHER R MD**
Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty U
Board Certified U
School and Year of Graduation VANDERBILT UNIV SCHOOL OF MEDICINE USA 2002
Internship and Year VANDERBILT UNIV MEDICAL CTR - NASHVILLE, TN 2003
Residency and Year VANDERBILT UNIV MEDICAL CTR - NASHVILLE, TN 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10331
License Date 7/1/1998
Name **GIRAULT, GISELE J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty
Board Certified AN
School and Year of Graduation UNIV OF KANSAS SCHOOL OF MED - KANSAS CITY USA 1990
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1991
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date **6/30/2002**
Remarks

License Number 10158
License Date 11/5/1997
Name **GIRGIS, JOSEPH A MD**
Address 1200 OLD YORK RD, ABINGTON, PA, 19001
Specialty IM
Board Certified
School and Year of Graduation UNIV OF CAIRO FAC OF MED CAIRO EGYPT EGYPT 1991
Internship and Year ABINGTON MEMORIAL HOSPITAL - PA 1998
Residency and Year ABINGTON MEMORIAL HOSPITAL - PA 1998
License Expiration Date **6/30/1998**
Remarks

License Number 13316
License Date 11/1/2006
Name **GITZUS, JENNIFER F MD**
Address CH-INFECTIOUS DISEASE, 246 PLEASANT ST MEM BLDG STE 104CONCORD, NH, 03301
Specialty ID
Board Certified IM
School and Year of Graduation UNIV OF CONNECTICUT USA 2002
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
License Expiration Date **6/30/2016**
Remarks

License Number 14196
License Date 10/1/2008
Name **GJERDE, AMY M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation UNIV OF MINNESOTA USA 2001
Internship and Year REGIONS HOSPITAL-ST PAUL, MN 2002
Residency and Year REGIONS HOSPITAL-ST PAUL, MN 2003
License Expiration Date **6/30/2010**
Remarks

License Number 5916
License Date 6/12/1978
Name **GLADSTONE, ALAN R MD**
Address CORE CARDIOLOGY, 3 ALUMNI DR STE 101EXETER, NH, 03833-
Specialty CD
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NEW YORK USA 1974
Internship and Year ST LUKES HOSPITAL CENTER - NEW YORK, NY 1975
Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 5917
License Date 6/12/1978
Name **GLADSTONE, GWENDOLYN R MD**
Address THE CARE PROGRAM, 9 BUZELL AVEEXETER, NH, 03833-2520
Specialty PD
Board Certified PD
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NY USA 1975
Internship and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1976
Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 13100
License Date 6/7/2006
Name **GLADSTONE, LEONARD DO**
Address 1200 DALE AVE #147, MOUNTAIN VIEW, CA, 94040
Specialty FP
Board Certified FP
School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1963
Internship and Year TUCSON GENERAL OSTEOPATHIC HOSP, TUCSON AZ 1964
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1976
License Expiration Date **6/30/2012**
Remarks

License Number 5758
License Date 6/15/1977
Name **GLASS, DONALD D MD**
Address DHMC - ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation WEST VIRGINIA UNIVERSITY-MORGANTOWN WV USA 1966
Internship and Year HLTH HOSPS U OF PITTSBURGH-PITTSBURGH PA 1967
Residency and Year WEST VIRGINIA UNIVERSITY MED CTR-MORGANTOWN NY 1970
License Expiration Date **6/30/2017**
Remarks

License Number 15186
License Date 4/6/2011
Name **GLASS, JONATHAN S MD**
Address NAVAL MED CTR-DERMATOLOGY DEPT, 620 JOHN PAUL JONES CIRPORTSMOUTH, VA, 23708
Specialty D
Board Certified D
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2003
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2004
Residency and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 2010
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13 - reinstated 1/21/15**

License Number 11534
License Date 3/6/2002
Name **GLASS, RICHARD E MD**
Address 125 E 74TH ST, NEW YORK, NY, 10021
Specialty P
Board Certified P
School and Year of Graduation JOHN HOPKINS UNIV - BALTIMORE, MD USA 1956
Internship and Year BELLEVUE HOSPITAL -NEW YORK, NY 1957
Residency and Year JACOBI MEDICAL CENTER - BRONX, NY 1962
License Expiration Date **6/30/2010**
Remarks

License Number 6670
License Date 4/7/1983
Name **GLASSMAN, ROLAND M MD**
Address BEDFORD COMMON, 407 RIVERWAY PLBEDFORD, NH, 03110-6749
Specialty OPH
Board Certified OPH
School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL MED USA 1974
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1975
Residency and Year WAYNE STATE UNIV AFFILIATED HOSPITAL - DETROIT, MI 1983
License Expiration Date **6/30/2017**
Remarks

License Number 9153
 License Date 5/4/1994
 Name **GLASSMAN, STUART J MD**
 Address GRANITE PHYSIATRY PLLC, 60 COMMERCIAL ST STE 303CONCORD, NH, 03301
 Specialty PM
 Board Certified PM
 School and Year of Graduation SUNY AT STONY BROOK HLTH SCI CTR STONY BROOK, NY USA 1989
 Internship and Year NEW YORK UNIV MEDICAL CTR BELLEVUE HOSP - NY 1990
 Residency and Year RUSK INSTITUTION OF REHAB MEDICINE - NEW YORK, NY 1993
 License Expiration Date **6/30/2016**
 Remarks

License Number 10900
 License Date 5/3/2000
 Name **GLATSTEIN, ISAAC Z MD**
 Address REPRODUCTIVE SCIENCE CTR, ONE FORBES RD LEXINGTON, MA, 02421
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation NEW YORK UNIVERSITY - NEW YORK NY USA 1988
 Internship and Year MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK NY 1992
 Residency and Year BRIGHAM AND WOMEN'S HOSP - BOSTON MA 1994
 License Expiration Date **6/30/2016**
 Remarks

License Number 9771
 License Date 7/3/1996
 Name **GLATT, ANDREW H MD**
 Address CROWNPOINT HIS, CROWNPOINT, NM, 87313
 Specialty IM
 Board Certified IM
 School and Year of Graduation VA COMMONWEALTH UNIV MED COLL OF RICHMOND USA 1993
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1996
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1996
 License Expiration Date **6/30/2008**
 Remarks **7/10/03 - VOLUNTARILY NOT PRACTICING UNTIL CME'S ARE COMPLETE AND THE BOARD HAS RECEIVED A LETTER FROM HIS TREATING PHYSICIAN SAYING THAT HIS MEDICAL ISSUES HAVE BEEN RESOLVED. 10/2/03 - BOARD RECEIVED CME'S AND LETTER FROM TREATING PHYSICIAN. DR. GLATT'S MEDICAL LICENSE IS UNRESTRICTED. 3/13/07- Settlement Agreement.**

License Number 14197
 License Date 10/1/2008
 Name **GLATZ, JENIFER A MD**
 Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAY MANCHESTER, NH, 03104
 Specialty PD
 Board Certified PD
 School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2001
 Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2002
 Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2004
 License Expiration Date **6/30/2016**
 Remarks

License Number 7117
License Date 6/6/1985
Name **GLAZER, DEBORAH A MD**
Address 127 MASCOMA ST, LEBANON, NH, 03766-1130
Specialty FP
Board Certified FP
School and Year of Graduation SUNY AT UPSTATE-SYRACUSE, NY USA 1982
Internship and Year ST CLARES HOSPITAL-SCHENECTADY, NY 1983
Residency and Year ST CLARES HOSPITAL-SCHENECTADY, NY 1985
License Expiration Date **6/30/2017**
Remarks **Settlement Agreement 5/10/02**
Restriction Lifted 08/13/02

License Number 16038
License Date 3/6/2013
Name **GLAZER, JAMES L MD**
Address MEMORIAL ORTHOPEDICS - MEMORIAL HOSPITAL, 3073 WHITE MOUNTAIN HIGHWAYNORTH CON
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1999
Internship and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2000
Residency and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2002
License Expiration Date **6/30/2017**
Remarks

License Number 15919
License Date 11/7/2012
Name **GLAZIER, BURT J DO**
Address 26 MANCHESTER SQUARE #2, PORTSMOUTH, NH, 03801
Specialty OM
Board Certified
School and Year of Graduation WESTERN UNIVERSITY OF HEALTH SCIENCES USA 1984
Internship and Year ST JOSEPH NORTHEAST HEIGHTS GENERAL - ALBUQUERQUE, NM 1985
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 6783
License Date 9/8/1983
Name **GLEASON, DAVID C MD**
Address , PO BOX 138W GROTON, MA, 01472-
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MICHIGAN SCH MED-ANN ARBOR,MI USA 1960
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1961
Residency and Year BRINGHAM-WOMANS HOSPITAL-BOSTON,MA 1964
License Expiration Date **6/30/1998**
Remarks

License Number 14761
License Date 3/3/2010
Name **GLEASON, NEIL R MD**
Address DHMC-DEPT OF ANESTHESIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2003
Internship and Year SUNY @ STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2004
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6698
License Date 7/1/1983
Name **GLECKLER (REMINGTON), STEVEN S MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS USA 1979
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks **5/4/88 - Consent Order. On allegations of unprofessional conduct, the Board commenced an investigation which resulted in an offer of settlement which was approved by the Board. The licensee was reprimanded and his license was restricted for 3 years to require that a female receptionist be physically present in the reception area whenever female patients are treated, that records be maintained of all treatment and that another physician supervise the practice of the Respondent.
(Also see action in 1991)
Deceased 6/15/2002**

License Number 15981
License Date 1/9/2013
Name **GLEESON, MICHAEL W MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 14018
License Date 6/4/2008
Name **GLEMBOCKI, DAVID J MD**
Address 11130 N TATUM BOULEVARD, STE 100PHOENIX, AZ, 85028
Specialty PTH
Board Certified PTH
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1997
Internship and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1998
Residency and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2002
License Expiration Date **6/30/2010**
Remarks

License Number 15660
License Date 5/2/2012
Name **GLENN, DOREY A MD**
Address DHMC-PEDIATRICS, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation BEN-GURION UNIVERSITY OF THE NEGEV ISRAEL 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 6412
License Date 6/18/1981
Name **GLENNEY, CHRISTOPHER U MD**
Address ST LUKE MEDICAL CENTER, 30 BRANNEN RDMILAN, NH, 03588
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1975
Internship and Year BAYSIDE MED CTR-SPRINGFIELD,MA 1976
Residency and Year BAYSIDE MED CTR-SPRINGFIELD,MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 8079
License Date 5/10/1989
Name **GLENNON, JAMES R MD**
Address CORE PHYSICAN SVCES, 7 HOLLAND WAYEXETER, NH, 03842
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHL OF MED BOSTON MA USA 1986
Internship and Year NEWTON WELLESLEY HOSP NEWTON MA 1987
Residency and Year NEWTON WELLESLEY HOSP NEWTON MA 1989
License Expiration Date **3/22/2011**
Remarks **DECEASED 3/22/11**

License Number 9111
License Date 2/2/1994
Name **GLICK, EUGENE A MD**
Address 9 LINDEN, YORK, ME, 03909
Specialty P
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1961
Internship and Year CHARITY HOSPITAL - NEW ORLEANS LA 1962
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1965
License Expiration Date **6/30/2010**
Remarks

License Number 15343
License Date 8/3/2011
Name **GLICKMAN, JONATHAN N MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty PTH
Board Certified PTH
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1995
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1996
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 13769
License Date 12/5/2007
Name **GLICKMAN, PETER L MD**
Address 450 E 20TH ST APT 08-H, NEW YORK, NY, 10009
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1999
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2000
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks **LAPESD FOR NONRENEWAL 6/30/15. RENEWED 7/15/15.**

License Number 8589
License Date 7/17/1991
Name **GLIDDEN, JANE L MD**
Address FOUNDATION IN PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1988
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1989
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 16310
License Date 9/4/2013
Name **GLOTZBECKER, MICHAEL P MD**
Address CHILDRENS HOSP / ORTHO DEPT, HUNNEWELL 2/300 LONGWOOD AVE BOSTON, MA, 02115
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED USA 2004
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 6385
License Date 5/12/1981
Name **GLOVER, HILLEL F MD**
Address P S C H BROOKLYN CLINIC, 1669 BEDFORD AVE BROOKLYN, NY, 11225
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIVERSITY OF MIAMI USA 1967
Internship and Year VET AFFAIRS MEDICAL CENTER - BROOKLYN, NY 1968
Residency and Year HILLSIDE HOSPITAL - NEW YORK 1971
License Expiration Date **6/30/2015**
Remarks **lapsed 1/30/85 - reinstated 1/9/13**

License Number 13901
License Date 4/2/2008
Name **GLOVER, KIM B MD**
Address 12341 QUILT PATCH LANE, BOWIE, ND, 20720
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MARYLAND USA 1993
Internship and Year HOWARD UNIV HOSPITAL - WASHINGTON, DC 1994
Residency and Year GEORGE WASHINGTON UNV - WASHINGTON, DC 1998
License Expiration Date **6/30/2012**
Remarks

License Number 14198
License Date 10/1/2008
Name **GLOVER, SARAH T DO**
Address DHMC - PRIMARY CARE GROUP, 2 PILLSBURY ST, SUITE 401 CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation PHILADELPHIA COLLEGE USA 2005
Internship and Year PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2006
Residency and Year PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2008
License Expiration Date **6/30/2016**
Remarks

License Number 6250
License Date 7/7/1980
Name **GLOWA, PATRICIA T MD**
Address HEATER RD FAMILY MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1977
Internship and Year HIGHLAND HOSPITAL - ROCHESTER NY 1978
Residency and Year HIGHLAND HOSPITAL - ROCHESTER NY 1980
License Expiration Date **6/30/2016**
Remarks

License Number 6730
License Date 7/7/1983
Name **GLYNN, MICHAEL J MD**
Address , , ,
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF MADRID SPAIN 1977
Internship and Year
Residency and Year
License Expiration Date **6/30/1991**
Remarks

License Number 12258
License Date 4/7/2004
Name **GLYNN, THOMAS P MD**
Address REID HOSPITAL RADIOLOGY DEPT, 1401 CHESTER BLVD RICHMOND, IN, 74374
Specialty R
Board Certified R
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1971
Internship and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1972
Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1975
License Expiration Date **6/30/2010**
Remarks

License Number 11296
License Date 6/6/2001
Name **GO, ROBERT JOSEPH S MD**
Address 5210 BAGBY AVE, APT 337 WACO, TX, 76711
Specialty NEP
Board Certified NEP
School and Year of Graduation CEBU INSTITUTE OF MED - CEBU CITY, CEBU PHILIPPINES 1992
Internship and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 1997
Residency and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 1999
License Expiration Date **6/30/2007**
Remarks

License Number 4755
License Date 8/15/1972
Name **GO, TENG B MD**
Address HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798
Specialty IM
Board Certified IM
School and Year of Graduation COLLEGE OF MEDICINE UNIV OF PHILIPPINES PHILIPPINES 1967
Internship and Year MEDICAL STAFF OF NEWPORT HOSPITAL - NEWPORT, RI 1968
Residency and Year CARNEY HOSPITAL - BOSTON, MA 1970
License Expiration Date **6/30/2000**
Remarks

License Number 16167
License Date 6/5/2013
Name **GODALE, HEATHER R MD**
Address EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation NORTHEAST OHIO MEDICAL UNIVERSITY USA 2003
Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON,OH 2004
Residency and Year AKRON GENERAL MEDICAL CENTER - AKRON,OH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 14500
License Date 7/1/2009
Name **GODDEAU JR, RICHARD P DO**
Address UNIV OF MA MED CTR-DEPT OF NEUROLOGY, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2005
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2008
License Expiration Date **6/30/2013**
Remarks

License Number 7351
License Date 6/12/1986
Name **GODEFROI, ROBERT C MD**
Address 24 YARDLEY RD, ANDOVER, MA, 01810
Specialty GP
Board Certified OM
School and Year of Graduation UNIVERSITY OF MIAMI USA 1983
Internship and Year NEW ENGLAND MED CTR 1984
Residency and Year NEW ENGLAND MED CTR 1985
License Expiration Date **6/30/2010**
Remarks

License Number 13427
License Date 3/7/2007
Name **GODFREY, GERALD C MD**
Address ONE JOHN MORGAN BLDG, 3620 HAMILTON WALKPHILADELPHIA, PA, 19104
Specialty GS
Board Certified GS
School and Year of Graduation BROWN UNIV USA 1994
Internship and Year NEW YORK & PRESBYTERIAN MEDICAL CTR(COLUMBIA CAMPUS) - NEW YORK, NY 1995
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 6483
License Date 1/7/1982
Name **GODIN, NICOLE MD**
Address 233 E 86TH ST, APT 20-ANEW YORK, NY, 10028
Specialty IM
Board Certified
School and Year of Graduation UNIV OF PARIS SCH MED -PARIS FRANCE 1959
Internship and Year ST ELIZABETH HOSP-COVINGTON,KY 1958
Residency and Year UNIV HOSP -MADISON,WI 1964
License Expiration Date **6/30/2003**
Remarks

License Number 14838
License Date 5/5/2010
Name **GODINEZ, JUAN MD**
Address 946 GREAT PLAIN AVE #255, NEEDHAM, MA, 02492
Specialty RO
Board Certified RO
School and Year of Graduation CIUDAD UNIVERSITY MEXICO 1980
Internship and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER-NEW ROCHELLE, NY 1992
Residency and Year UNIVERSITY OF CHICAGO CENTER FOR RADIATION THERAPY-CHICAGO, IL 1996
License Expiration Date **6/30/2012**
Remarks

License Number 16907
License Date 1/21/2015
Name **GODSHALK RUGGLES, ASHLEE N MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 10235
License Date 2/4/1998
Name **GOE, ERIC A MD**
Address HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1973
Internship and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1974
Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1976
License Expiration Date **6/30/2001**
Remarks

License Number 16222
License Date 7/3/2013
Name **GOEL, VANDANA MD**
Address 92 3RD ST, MEDFORD, MA, 02155
Specialty FP
Board Certified
School and Year of Graduation ADICHUNCHANAGIRI INSTITUTE - UNIV OF MYS INDIA 2002
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2015**
Remarks

License Number 11413
License Date 10/3/2001
Name **GOESSEL, TRACEY K MD**
Address CARE PROGRAMS, 2811 LORD BALTIMORE DRIVEBALTIMORE, MD, 21244
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1982
Internship and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1983
Residency and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1986
License Expiration Date **6/30/2002**
Remarks

License Number 17214
License Date 8/5/2015
Name **GOKHALE, SUMITA MD**
Address PO BOX 2124, EAST GREENWICH, RI, 02818
Specialty PTH
Board Certified PTH
School and Year of Graduation MOTI LAL NEHRU MEDICAL COLLEGE, UNIV OF ALLAHABAD INDIA 1994
Internship and Year UNIVERSITY OF TX MEDICAL BRANCH - GALVESTON, TX 1999
Residency and Year UNIVERSITY OF TX MEDICAL BRANCH - GALVESTON, TX 2002
License Expiration Date **6/30/2017**
Remarks

License Number 12028
License Date 8/6/2003
Name **GOKHMAN, NINA MD**
Address 26 STONEYBROOK DR, NEWBURYPORT, MA, 01950
Specialty P
Board Certified P
School and Year of Graduation ST PETERSBURG STATE MED ACADEMY, ST PETERSBURG RUSSIA 1975
Internship and Year MEDICAL COLLEGE OF PA, PHILADELPHIA PA 1999
Residency and Year NEW ENGLAND MED CTR, BOSTON MA 2002
License Expiration Date **6/30/2015**
Remarks

License Number 9772
License Date 7/3/1996
Name **GOLAN, LUBOR MD**
Address VONDROUSOVA 1196, 163-00 PRAGUE 6-REPY IICZECH REPUBLIC, , EUROPE
Specialty IM
Board Certified IM
School and Year of Graduation UNIV KARLOVA FAC OF GENERAL MEDICAL PRAHA CZECHOSLOVAKIA 1987
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997
License Expiration Date **6/30/2001**
Remarks

License Number 8914
License Date 4/7/1993
Name **GOLASKI, CONRAD DO**
Address DARTMOUTH PLACE PEQUOT BLDG, STE 202 49 STATE RDNORTH DARTMOUTH, MA, 02747
Specialty APM
Board Certified APM
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1974
Internship and Year NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE - OLD WESTBURY NY 1975
Residency and Year MERIDIA HURON HOSPITAL - CLEVELAND OH 1976
License Expiration Date **6/30/2003**
Remarks

License Number 11593
License Date 5/1/2002
Name **GOLD, JEFFREY D MD**
Address LIBERTY VISION LASIK CTR, 2440 WHITNEY AVEHAMDEN, CT, 06518
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF TENNESSEE - MEMPHIS, TN USA 1968
Internship and Year BAPTIST MEMORIAL HOSPITAL - MEMPHIS, TN 1969
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1975
License Expiration Date **6/30/2008**
Remarks **REQUESTED INACTIVE 6/30/03---REINSTATED 8/4/04**

License Number T2292
License Date 7/1/1990
Name **GOLD, MARK E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PS
Board Certified
School and Year of Graduation UNIVERSITY OF IRVINE USA 1984
Internship and Year DHMC 1991
Residency and Year DHMC 1992
License Expiration Date **6/30/1992**
Remarks

License Number 9154
License Date 5/4/1994
Name **GOLD, MICHAEL M MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER - NY USA 1953
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 6923
License Date 7/5/1984
Name **GOLD, MICHAEL N MD**
Address NASHUA PATHOLOGY, 1 PROSPECT ST 2ND FLNASHUA, NH, 03060-3921
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV DE L'ETAT A LIEGE FAC DE MED-LIEGE BELGIUM 1979
Internship and Year BOSOTN CITY HOSP-BOSTON,MA 1980
Residency and Year BOSTON CITY HOSP BOSTON,MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 7982
License Date 10/5/1988
Name **GOLD, SAMUEL C MD**
Address 835 HANOVER ST STE 304, MANCHESTER, NH, 03104-
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF MARYLAND SCHOOL OF MEDICINE USA 1981
Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1982
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1986 1982
License Expiration Date **6/30/2016**
Remarks

License Number 9972
License Date 4/2/1997
Name **GOLD, STANLEY R MD**
Address FALMOUTH HOSP/SANDWICH URGENT, 2 JAN SEBASTIAN DR SANDWICH, MA, 02563
Specialty EM
Board Certified EM
School and Year of Graduation NY UNIV SCHOOL OF MEDICINE - NY, NY USA 1963
Internship and Year KINGS COUNTY HOSPITAL CENTER - NY 1964
Residency and Year LENOX HILL HOSPITAL - NY 1966
License Expiration Date **6/30/2005**
Remarks

License Number 11369
License Date 9/5/2001
Name **GOLDBERG, CRAIG R MD**
Address ST PETERS SPINE & NEUROSURGERY, 1182 TROY-SCHENECTADY RD STE 100 LATHAM, NY, 12110
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH - CHICAGO, IL USA 1995
Internship and Year NEW YORK MEDICAL COLLEGE AT WESTCHESTER MED CTR - VALHALLA, NY 1996
Residency and Year NEW YORK MEDICAL COLLEGE AT WESTCHESTER MED CTR - VALHALLA, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 11310
License Date 7/11/2001
Name **GOLDBERG, DAVID J MD**
Address 100 MCGREGOR ST, MANCHESTER, NH, 03102-3770
Specialty CD
Board Certified CD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year YALE NEW HAVEN MEDICAL CENTER WATERBURY/ NEW HAVEN CT 1996
Residency and Year YALE NEW HAVEN MEDICAL CENTER/NEW HAVEN CT 2000
License Expiration Date **6/30/2017**
Remarks

License Number 14130
License Date 8/6/2008
Name **GOLDBERG, JOSHUA B MD**
Address DHMC - GENERAL SURGERY, 1 MED CTR DR LEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation ALBERT EINSTEIN COLLEGE USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 11272
License Date 6/6/2001
Name **GOLDBERG, MATTHEW J DO**
Address LEE FAMILY PRACTICE, 65 CALEF HWY STE 200LEE, NH, 03861
Specialty FPS
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL OF OSTEOPATHIC MED-PA USA 1998
Internship and Year FLORIDA HOSPITAL EAST ORLANDO - ORLANDO, FL 1999
Residency and Year FLORIDA HOSPITAL EAST ORLANDO- ORLANDO, FL 2000
License Expiration Date **6/30/2017**
Remarks

License Number 6241
License Date 7/3/1980
Name **GOLDBERG, NORMAN C MD**
Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NORTH ANDOVER, MA, 01845
Specialty D
Board Certified D
School and Year of Graduation BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1975
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1976
Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1979
License Expiration Date **6/30/2016**
Remarks

License Number 6111
License Date 9/6/1979
Name **GOLDBERG, RONALD I MD**
Address MERRIMACK MED CTR, 62 BROWN ST STE 404HAVERHILL, MA, 01830-
Specialty FP
Board Certified
School and Year of Graduation BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1962
Internship and Year BEVERLY HOSPITAL - BEVERLY, MA 1963
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2017**
Remarks

License Number 14622
License Date 10/7/2009
Name **GOLDBERG, STEPHEN A MD**
Address LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty IM
Board Certified IM
School and Year of Graduation SACKLER SCHOOL OF MEDICINE USA 2004
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2005
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 13317
License Date 11/1/2006
Name **GOLDBERG, YEVSEY M MD**
Address NAVAL HOSPITAL CAMP PENDLETON, SANTA MARGARITA RD 6TH FLRCAMP PENDLETON, CA, 9205
Specialty IM
Board Certified IM
School and Year of Graduation ROSALIND FRANKLIN UNIV OF MEDICINE & SCIENCE USA 1998
Internship and Year WATERBURY HOSPITAL HEALTH CENTER - WATERBURY, CT 2001
Residency and Year MEDICAL COLLEGE OF GEORGIA-AUGUSTA, GA 2004
License Expiration Date **6/30/2012**
Remarks

License Number 9482
License Date 7/5/1995
Name **GOLDBLATT, WARREN S MD**
Address EYESIGHT OPHTHALMIC SERVICES, 155 BORTHWICK AVE STE 200 EASTPORTSMOUTH, NH, 03801
Specialty OPH
Board Certified OPH
School and Year of Graduation NY UNIV SCHOOL OF MEDICINE USA 1990
Internship and Year VETERANS AFFAIRS MEDICAL CENTER - NEW YORK NY 1991
Residency and Year LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS LA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 5001
License Date 6/11/1973
Name **GOLDEN, DAVID MD**
Address VALLEGATA 2A, 0454 OSLO, , NORWAY
Specialty IM
Board Certified IM
School and Year of Graduation WASHINGTON UNIVERSITY-ST LOUIS MO USA 1968
Internship and Year CORNELL UNIERSITY-NEW YORK NY 1970
Residency and Year UNIVERSITY OF CALIFORNIA-SAN FRANCISCO CA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 11992
License Date 7/2/2003
Name **GOLDEN, EILEEN C MD**
Address 47 MORNING SONG, HUDSON, OH, 44236
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLLEGE OF OHIO- TOLEDO, OH USA 1997
Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1998
Residency and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 2001
License Expiration Date **6/30/2007**
Remarks **7/11/06 - Settlement Agreement**

License Number 12102
License Date 10/1/2003
Name **GOLDEN, KENNETH H MD**
Address MERRIMACK VALLEY COUNSELING ASSOCIATION, 39 SIMON ST ZANASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation SOUTHWESTERN UNIVERSITY, CEBU CITY CEBU PHILIPPINE PHILIPPINES 1981
Internship and Year ST FRANCIS MEDICAL CTR, PITTSBURGH PA 1985
Residency and Year ST FRANCIS MEDICAL CTR, PITTSBURGH PA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 13284
License Date 10/4/2006
Name **GOLDENBERG, ELIE A MD**
Address DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation PONCE SCHOOL OF MED, PUERTO RICO PUERTO RICO 1999
Internship and Year NY HOSPITAL MED CTR, FLUSHING NY 2000
Residency and Year NY HOSPITAL MED CTR, FLUSHING NY 2004
License Expiration Date **6/30/2014**
Remarks

License Number 13539
License Date 6/6/2007
Name **GOLDENBERG, MATTHEW N MD**
Address UNIFORMED SVS U-DEPT OF PSYCH, 4301 JONES BRIDGEBETHESDA, MD, 20814
Specialty P
Board Certified P
School and Year of Graduation YALE UNIV USA 2003
Internship and Year UNIV OF NORTH CAROLINA SCHOOL OF MED - CHAPEL HILL, NC 2004
Residency and Year UNIV OF NORTH CAROLINA SCHOOL OF MED - CHAPEL HILL, NC 2006
License Expiration Date **6/30/2013**
Remarks

License Number 12699
License Date 5/4/2005
Name **GOLDENSON, ROBIN P MD**
Address BRIGHAM & WOMEN'S HOSP-RADIOLO, 5TH FL 850 BOYLSTON STCHESTNUT HILL, MA, 02446
Specialty R
Board Certified R
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1992
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1993
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1995
License Expiration Date **6/30/2007**
Remarks

License Number 7377
License Date 6/12/1986
Name **GOLDFARB, STEVEN R MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF ROME ROME 1983
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 14342
License Date 3/4/2009
Name **GOLDFISCHER, EVAN R MD**
Address PREMIER MEDICAL GROUP, 1 COLUMBIA ST STE 390POUGHKEEPSIE, NY, 12601
Specialty U
Board Certified U
School and Year of Graduation CORNELL UNIV USA 1992
Internship and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 1993
Residency and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 1997
License Expiration Date **6/30/2017**
Remarks

License Number 12491
License Date 10/6/2004
Name **GOLDING, ALLAN C MD**
Address ENDOCRINE SURGERY - MEMORIAL PHYSICIANS GROUP, 1150 N 25TH STREETHOLLYWOOD, FL, 3
Specialty END
Board Certified END
School and Year of Graduation DALHOUSIE UNIVERSITY, HALIFAX NOVA SCOTIA CANADA US 1996
Internship and Year EMORY UNIVERSITY, ATLANTA GA 1997
Residency and Year EMORY UNIVERSITY, ATLANTA GA 1999
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14
RENEWED 8/8/14**

License Number 14164
License Date 9/3/2008
Name **GOLDMAN KLINGLER, ANGELA P MD**
Address FAMILY TREE HEALTH CARE, 2 EAST MAIN ST UNIT 2WARNER, NH, 03278
Specialty FP
Board Certified FP
School and Year of Graduation SOUTHERN ILLINOIS UNIV USA 2004
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2006
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 14584
 License Date 9/2/2009
 Name **GOLDMAN, JAMES M MD**
 Address CONCORD EYE CARE, 248 PLEASANT ST STE 1600CONCORD, NH, 03301
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIVERSITY OF ROCHESTER - ROCHESTER, NY USA 2002
 Internship and Year UNITY HEALTH SYSTEM - ROCHESTER, NY 2003
 Residency and Year NORTHWESTERN UNIVERSITY MEDICAL SCHOOL - CHICAGO, IL 2006
 License Expiration Date **6/30/2011**
 Remarks

License Number 11562
 License Date 4/3/2002
 Name **GOLDMAN, SAMUEL J DO**
 Address ELLIOT SENIOR HEALTH PHYSICIAN, 138 WEBSTER STMANCHESTER, NH, 03101
 Specialty IM
 Board Certified IMG
 School and Year of Graduation NOVA SO EASTERN UNIV - FT LAUDERDALE, FL USA 1997
 Internship and Year BROOKDALE UNIV HOSP - BROOKLYN, NY 1998
 Residency and Year STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 1999
 License Expiration Date **6/30/2016**
 Remarks

License Number 8661
 License Date 12/4/1991
 Name **GOLDMINZ, DAVID MD**
 Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101 NO ANDOVER, MA, 01845
 Specialty D
 Board Certified D
 School and Year of Graduation BOSTON UNIVERSITY UNITED STATES 1983
 Internship and Year MONTEFIORE HOSPITAL MEDICAL CENTER BRONX - NEW YORK 1984
 Residency and Year YALE-NEW HAVEN MEDICAL CENTER NEW HAVEN - CONNECTICUT 1989
 License Expiration Date **6/30/2017**
 Remarks

License Number 6509
 License Date 3/4/1982
 Name **GOLDNER, WAYNE L MD**
 Address 150 TARRYTOWN RD, MANCHESTER, NH, 03103-
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation UNIV OF PENN SCH MED-PHIL,PA USA 1978
 Internship and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1979
 Residency and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1982
 License Expiration Date **6/30/2016**
 Remarks

License Number 15344
License Date 8/3/2011
Name **GOLDOBIN, OLGA P MD**
Address UNIV OF PITTSBURGH, DEPT OF ANESTHESIOLOGY, 3471 FIFTH AVE, STE 910PITTSBURGH, PA, 1521
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF VERMONT USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 11091
License Date 10/4/2000
Name **GOLDSHEIN, MARK G MD**
Address ASSOCIATED RADIOLOGISTS PA, 8 EAST PEARL STNASHUA, NH, 03060
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NY USA 1978
Internship and Year NEW ENGLAND DEACONESS HOSPITAL/HARVARD MEDICAL SCH - BOSTON, MA 1979
Residency and Year NEW ENGLAND DEACONESS HOSPITAL/HARVARD MEDICAL SCH- BOSTON, MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 15187
License Date 4/6/2011
Name **GOLDSTEIN, ARI B MD**
Address VISTA STAFFING, 275 E 200 SSALT LAKE CITY, UT, 84111
Specialty IM
Board Certified
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2007
Internship and Year UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS _ CHICAGO, IL 2008
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2010
License Expiration Date **6/30/2013**
Remarks

License Number 16109
License Date 5/1/2013
Name **GOLLAPUDI, SAI N MD**
Address PELHAM HEALTHCARE ASSOCIATES, 49 ATWOOD ROAD PO BOX 434PELHAM, NH, 03076
Specialty FP
Board Certified
School and Year of Graduation GUNTUR MEDICAL COLLEGE INDIA 2005
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2011
Residency and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2013
License Expiration Date **6/30/2017**
Remarks

License Number 5757
License Date 6/13/1977
Name **GOLODNER, LAWRENCE MD**
Address , PO BOX 563YORK, ME, 03909-0563
Specialty OBG
Board Certified OBG
School and Year of Graduation TULANE UNIVERSITY-NEW ORLEANS LA USA 1954
Internship and Year STATE UNIVERSITY KINGS COLLEGE HOSP-BROOKLYN NY 1955
Residency and Year MOUNT SINAI HOSPITAL-NEW YORK NY 1958
License Expiration Date **6/30/1999**
Remarks **DECEASED 2/9/09**

License Number 10045
License Date 7/2/1997
Name **GOLOSARSKY, BORIS MD**
Address SJ INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation ODESSA MEDICAL INSTITUTE- OSESSA, UKRAINE UKRAINE 1982
Internship and Year JEWISH HOSPITAL OF CINN-OH 1997
Residency and Year JEWISH HOSPITAL OF CINCINNATI - OH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10024
License Date 6/4/1997
Name **GOLYAN, FARAI DOON D DO**
Address DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty CD
Board Certified
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MED-NY USA 1990
Internship and Year BETH ISRAEL MEDICAL CENTER-NY 1994
Residency and Year ROBERT PACKER HOSPITAL-PA 1997
License Expiration Date **6/30/1999**
Remarks

License Number 16008
License Date 2/6/2013
Name **GOMBERG, BRUCE F MD**
Address GRANITE STATE ORTHOPEDICS, 17 PROSPECT STNASHUA, NH, 03060-3923
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1996
Internship and Year WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE - MORGANTOWN, WV 1997
Residency and Year WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE - MORGANTOWN, WV 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10389
License Date 9/2/1998
Name **GOMES, HEIDI S MD**
Address TEXAS CHILDRENS HOSPITAL, 6701 FANNIN ST CC-1210HOUSTON, TX, 77030-2399
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ALABAMA - BIRMINGHAM, AL USA 1995
Internship and Year TULANE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1996
Residency and Year TULANE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1997
License Expiration Date **6/30/2006**
Remarks

License Number 15661
License Date 5/2/2012
Name **GOMEZ, JACKELINE MD**
Address WENTWORTH DOUGLASS PHYS CORP, 10 MEMBERS WAY STE 301DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE USA 1992
Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 1993
Residency and Year GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16068
License Date 4/3/2013
Name **GONZALES, CALLE A MD**
Address NEONATOLOGY - PEDIATRIC HOSPITALISTS, 8 PROSPECT STNASHUA, NH, 03060-3925
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1989
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 1990
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 1991
License Expiration Date **6/30/2017**
Remarks

License Number 13154
License Date 7/5/2006
Name **GONZALES, RICARDO A MD**
Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty ORS
Board Certified ORS
School and Year of Graduation VANDERBILT UNIV USA 2000
Internship and Year JOHNS HOPKINS UNIV-BALTIMORE MD 2001
Residency and Year JOHNS HOPKINS UNIV-BALTIMORE MD 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11311
License Date 7/11/2001
Name **GONZALEZ, ANGELICA ROSARIO J MD**
Address SJ INTERNAL MEDICINE, 17RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES COLLEGE OF MED PHILIPPINES 1992
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE FARMINGTON CT 1995
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE FARMINGTON CT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 9079
License Date 11/3/1993
Name **GONZALEZ, JORGE L MD**
Address DHMC - PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1986
Residency and Year BETH ISRAEL HOSPITAL - BOSTON MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 16271
License Date 8/7/2013
Name **GONZALEZ, KARYLL D MD**
Address MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty IM
Board Certified
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 15534
License Date 2/1/2012
Name **GOOD, KATRINA S DO**
Address SO MAINE MED CTR, 1 MED CTR DRBIDDEFORD, ME, 04005
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008
License Expiration Date **6/30/2016**
Remarks

License Number 3319
License Date 9/15/1959
Name **GOODALL JR, EDWIN B MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **8/22/1999**
Remarks **Deceased 2/08/99**

License Number 11243
License Date 5/2/2001
Name **GOODKIN, GREGORY M MD**
Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 101EXETER, NH, 03833
Specialty IM
Board Certified CD
School and Year of Graduation NEW YORK UNIVERSITY USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10252
License Date 4/1/1998
Name **GOODLIN, SARAH J MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH HITCHCOCK MEDICAL SCHOOL USA 1980
Internship and Year DEPT OF VETERANS AFFAIRS-LOS ANGELES-CA 1981
Residency and Year DEPT OF VETERANS AFFAIRS -LOSANGELES,CA 1983
License Expiration Date **6/30/1999**
Remarks

License Number 15408
License Date 10/5/2011
Name **GOODMAN, BRIAN T MD**
Address MERCY PAIN MANAGEMENT, 3501 WE KNIGHT DRFT SMITH, AR, 72903
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2003
Internship and Year VANDERBILT UNIVERSITY SCHOOL OF MEDICINE - NASHVILLE, TN 2004
Residency and Year VANDERBILT UNIVERSITY SCHOOL OF MEDICINE - NASHVILLE, TN 2007
License Expiration Date **6/30/2013**
Remarks

License Number 6878
License Date 5/10/1984
Name **GOODMAN, DAVID C MD**
Address DHMC - PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIV OF NY UPSTATE COLL MED CTR-NY USA 1981
Internship and Year JOHNS HOPKINS HOSP-BALTIMORE,MD 1982
Residency and Year JOHNS HOPKINS HOSP-BALTIMORE,MD 1984
License Expiration Date **6/30/2016**
Remarks

License Number 8840
License Date 11/4/1992
Name **GOODMAN, JORY F MD**
Address 9730 WILSHIRE BLVD STE 216A, BEVERLY HILLS, CA, 90212
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 1976
Internship and Year CEDARS-SINAI MEDICAL CENTER LOS ANGELES - CALIFORNIA 1977
Residency and Year CEDARS-SINAI MEDICAL CENTER LOS ANGELES - CALIFORNIA 1979
License Expiration Date **6/30/2010**
Remarks

License Number 10945
License Date 6/7/2000
Name **GOODMAN, MICHAEL J MD**
Address 5024 OAK PARK CIR, ATLANTA, GA, 30324
Specialty RO
Board Certified
School and Year of Graduation INDIANA UNIV SCH - INDIANAPOLIS, IN USA 1986
Internship and Year BALL MEMORIAL HOSPITAL - MUNCIE, IN 1987
Residency and Year INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 1990
License Expiration Date **6/30/2006**
Remarks

License Number 9374
License Date 3/1/1995
Name **GOODMAN, WILLIAM H MD**
Address CMO CATHOLIC MEDICAL CTR, 100 MCGREGOR ST, STE GMANCHESTER, NH, 03102
Specialty PUD
Board Certified PUD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year THE JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1992
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 11193
License Date 3/7/2001
Name **GOODNEY, PHILIP P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty VS
Board Certified VS
School and Year of Graduation UNIV OF CONNECTICUT SCH MED - FARMINGTON, CT USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 4918
License Date 10/31/1972
Name **GOODSTEIN, RICHARD K MD**
Address BAYER CORPORATION, 400 MORGAN LANEWEST HAVEN, CT, 06516
Specialty P
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE, DC USA 1965
Internship and Year EDWARD W SPARROW HOSPITAL - LASING, MI 1966
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972 1972
License Expiration Date **6/30/2006**
Remarks

License Number 13587
License Date 7/11/2007
Name **GOODWIN IV, ANDREW J MD**
Address UNIV. OF VERMONT - MEDICAL CENTER, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF VERMONT USA 2003
Internship and Year FLETCHER ALLEN HEALTHCARE UNIV OF VT - BURLINGTON, VT 2004
Residency and Year FLETCHER ALLEN HEALTHCARE UNIV OF VT - BURLINGTON, VT 2007
License Expiration Date **6/30/2017**
Remarks

License Number 9220
License Date 7/6/1994
Name **GOODWIN, DOUGLAS W MD**
Address DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty R
Board Certified R
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1988
Residency and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1993
License Expiration Date **6/30/2016**
Remarks

License Number 14680
License Date 12/2/2009
Name **GOODWIN, ISAK A MD**
Address DEPT OF PLASTIC SERG - UNIV OF UT HEALTH SCIENCES, 30 NORTH 1900 EAST 3B400SALT LAKE CIT
Specialty GS
Board Certified
School and Year of Graduation DREXEL UNIVERSITY USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13202
License Date 8/2/2006
Name **GOODWIN, KIMBERLY A MD**
Address MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNORTH CONWAY, NH, 03860
Specialty EM
Board Certified EM
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1990
Internship and Year ST VINCENTS HOSPITAL & MED CTR- NY, NY 1992
Residency and Year ST VINCENTS HOSPITAL & MED CTR-NY, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 14289
License Date 1/7/2009
Name **GOODWIN, SYLVIA T MD**
Address 167 WEBER HILL RD, CARMEL, NY, 10512
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MIAMI USA 1991
Internship and Year UNIV OF SOUTH FLORIDA - TAMPA, FL 1992
Residency and Year UNIV OF SOUTH FLORIDA - TAMPA, FL 1995
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/11 - reinstated 6/6/12**

License Number 14501
License Date 7/1/2009
Name **GOOS, SAMUEL D MD**
Address ADULT & PEDIATRIC DERMATOLOGY, 526 MAIN STREET SUITE 302ACTON, MA, 01720
Specialty D
Board Certified D
School and Year of Graduation YALE UNIVERSITY USA 1985
Internship and Year UNIVERSITY HOSPITAL/BOSTON CITY HOSPITAL - BOSTON, MA 1986
Residency and Year TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 5784
License Date 7/7/1977
Name **GOOZE, JAY B MD**
Address 9 MEADOW RD, DURHAM, NH, 03824
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF PENNSYLVANA SCHOOL OF MEDICINE USA 1971
Internship and Year GREENWICH HOSPITAL GREENWICH 1972
Residency and Year PRESBY UNIV PA MEDICAL CENTER 1976
License Expiration Date **6/30/2017**
Remarks

License Number 11449
License Date 11/7/2001
Name **GOPAL, ALOK MD**
Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JCT, VT, 05009
Specialty CCA
Board Certified AN
School and Year of Graduation UNIV OF DELHI DILSHAD GARDEN - NEW DELHI, INDIA INDIA 1990
Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1997
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date **6/30/2005**
Remarks

License Number 11535
License Date 3/6/2002
Name **GOPAL, MEENAKSHI MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF DELHI - NEW DELHI, INDIA INDIA 1992
Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1998
Residency and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 2000
License Expiration Date **6/30/2006**
Remarks

License Number 14319
License Date 2/4/2009
Name **GOPAL, PUSHPA MD**
Address 31 LOWELL RD, WINDHAM, NH, 03087
Specialty IM
Board Certified
School and Year of Graduation BANGALORE UNIV INDIA 1987
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 1995
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 1996
License Expiration Date **6/30/2011**
Remarks

License Number 14019
License Date 6/4/2008
Name **GORADIA, DHAWAL A MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF TEXAS USA 2001
Internship and Year UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2002
Residency and Year UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 3368
License Date 6/8/1960
Name **GORAN, ARNOLD MD**
Address ARNOLD GORAN, MD PLLC, PO BOX 227STAATSBURG, NY, 12580-0227
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF VERMONT USA 1958
Internship and Year BRONX MUNICIPAL HOSPITAL CENTER 1959
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL- HANOVER NH 1959
License Expiration Date **6/30/2016**
Remarks

License Number 14020
License Date 6/4/2008
Name **GORANSON, LORI L MD**
Address 19250 SW 65TH AVE, STE 300TUALAHN, OR, 97062
Specialty OBG
Board Certified
School and Year of Graduation OREGON UNIV USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2007
License Expiration Date **6/30/2010**
Remarks

License Number 8158
License Date 7/12/1989
Name **GORAYEB, MARC J E MD**
Address 3 SAINT CYR DR, HAMPTON, NH, 03842
Specialty EM
Board Certified EM
School and Year of Graduation MCGILL UNIV FACT OF MED MONTREAL QUEBEC CANADA 1981
Internship and Year CHARITY HOSP OF LA NEW ORLEANS LA 1982
Residency and Year DENVER GEN HOSP DNEVER CO 1984
License Expiration Date **6/30/2017**
Remarks

License Number 7736
License Date 11/4/1987
Name **GORDAN, VICTOR MD**
Address VA MEDICAL CENTER, SMYTH RDMANCHESTER, NH, 03104-7004
Specialty IM
Board Certified IM
School and Year of Graduation FIRST LENINGRAD MED INST ROMANIA 1958
Internship and Year WESTCHESTER COUNTY HOSP-NY 1975
Residency and Year MCKEEPOT HOSP-PA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 8777
License Date 8/5/1992
Name **GORDON, JOSEPH R MD**
Address 107 NEWTOWN RD STE 2C, DANBURY, CT, 06810
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1981
Internship and Year KINGS COUNTY HOSPITAL CENTER BROOKLYN - NEW YORK 1982
Residency and Year KINGS COUNTY HOSPITAL CENTER BROOKLYN - NEW YORK 1983
License Expiration Date **6/30/2008**
Remarks

License Number 5058
License Date 8/6/1973
Name **GORDON, MELVIN J MD**
Address 459 DUDLEY RD, NEWTON CENTER, MA, 02459
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1949
Internship and Year THE MEMORIAL HOSP-WORCESTER MA 1950
Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON MA 1952
License Expiration Date **6/30/2007**
Remarks **Deceased 7/5/14**

License Number 7839
License Date 5/4/1988
Name **GORDON, PHILIP E MD**
Address 37 MONAHANSETT RD, MASHPEE, MA, 02649
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF COLORADO SCH MED - DENVER, CO USA 1970
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1971
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1975
License Expiration Date **6/30/2014**
Remarks

License Number 8657
License Date 12/4/1991
Name **GORDON, ROBERT MD**
Address RR2 BOX 15, COLEBROOK, NH, 03576-9502
Specialty TS
Board Certified TS
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1966
Internship and Year COOK COUNTY HOSPITAL CHICAGO IL 1967
Residency and Year UNIVERSITY CINCINNATI HOSPITAL CINCINNATI OH 1968
License Expiration Date **6/30/1999**
Remarks

License Number 5691
License Date 4/7/1977
Name **GORDON, ROBERT D MD**
Address MERRIMACK MED CTR, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty D
Board Certified D
School and Year of Graduation UNIV OF VERMONT USA 1973
Internship and Year PENN STATE UNIV HP - M S HERSHEY MEDICAL CENTER - HERSHEY, PA 1974
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1977
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/95.
REINSTATED 3/4/09.**

License Number 8459
License Date 11/7/1990
Name **GORDON, STUART R MD**
Address DHMC-GASTROENTEROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GE
Board Certified GE
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1989
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13588
License Date 7/11/2007
Name **GORECHLAD, JOHN W MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIV OF NEW JERSEY USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2009**
Remarks

License Number 13456
License Date 4/4/2007
Name **GORECKI, NATALIA MD**
Address HOSPITELIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation YAROSLAVL STATE MEDICAL ACADEMY RUSSIA 1984
Internship and Year CAPITAL HEALTH SYSTEM FULD CAMPUS-TRENTON, NJ 2005
Residency and Year CAPITAL HEALTH SYSTEM FULD CAMPUS-TRENTON, NJ 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10046
License Date 7/2/1997
Name **GORELIK, BRONIE MD**
Address 575 TURNPIKE ST #28, N ANDOVER, MA, 01845
Specialty PD
Board Certified PD
School and Year of Graduation LENINGRAD PEDIATRIC MED INSTITUTE-LENINGRAD RUSSIAN 1978
Internship and Year CHILDREN'S HOSPITAL - BOBRUISK USSR 1979
Residency and Year THE BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 1996
License Expiration Date **6/30/1999**
Remarks

License Number RT057
License Date 7/9/1997
Name **GORELIK, LYUBOV Y MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty N
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **4/15/1998**
Remarks

License Number 10424
License Date 10/7/1998
Name **GORHAM, JAMES D MD**
Address DART MED SCHOOL-PATHOLOGY HB7600, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation NEW YORK UNIV SCH OF MED - NY, NY USA 1992
Internship and Year WASHINGTON UNIV/BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1993
Residency and Year WASHINGTON UNIV/BARNEW-JEWISH HOSPITAL - ST LOUIS, MO 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9676
License Date 4/3/1996
Name **GORIN, DANIEL R MD**
Address SOUTHEASTERN SURGICAL ASSOC, 105 PARK STHYANNIS, MA, 02601
Specialty VS
Board Certified VS
School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1988
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1991
Residency and Year BOSTON UNIV MEDICAL CTR - BOSTON, MA 1996
License Expiration Date **6/30/2000**
Remarks

License Number 13285
License Date 10/4/2006
Name **GORLIN, ANDREW W MD**
Address VISTA STAFFING, 675 EAST 2100 SOUTH STE 390SALT LAKE CITY, UT, 84106
Specialty EM
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY, NY NY US 2001
Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2002
Residency and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2005
License Expiration Date **6/30/2008**
Remarks

License Number 4895
License Date 2/29/1972
Name **GORLIN, RICHARD MD**
Address MT SINAI MEDICAL CENTER, 5TH AVE & 100 STNEW YORK, NY, 10029
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MED SCHOOL-BOSTON MA USA 1948
Internship and Year PETER BENT BRIGHAM HOSP-BOSTON MA 1949
Residency and Year PETER BENT BRIGHAM HOSP-BOSTON MA 1954
License Expiration Date **6/30/1998**
Remarks

License Number 7680
License Date 8/5/1987
Name **GORMAN, GARY D MD**
Address , , ,
Specialty US
Board Certified
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1982
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 7197
License Date 9/10/1985
Name **GORMAN, JOHN C MD**
Address NASHUA RHEUMATOLOGY, 17 PROSPECT ST.NASHUA, NH, 03060-
Specialty IM
Board Certified RHU
School and Year of Graduation WASHINGTON UNIVERSITY - ST LOUIS, MO USA 1974
Internship and Year THE JEWISH HOSPITAL - ST LOUIS, MO 1975
Residency and Year THE JEWISH HOSPITAL - ST LOUIS, MO 1977
License Expiration Date **6/30/2017**
Remarks

License Number 11500
License Date 2/6/2002
Name **GORMAN, TIMOTHY E DO**
Address CONCORD HOSPITAL PATHOLOGY, 250 PLEASANT STCONCORD, NH, 03301
Specialty PTH
Board Certified PTH
School and Year of Graduation KIRKSVILLE COLL - KIRKSVILLE, MO USA 1995
Internship and Year OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 1996
Residency and Year OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 9038
License Date 9/1/1993
Name **GORMLEY, ELIZABETH A MD**
Address DHMC- DEPT OF UROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF SASKATCHEWAN COLLEGE OF MEDICINE CANADA 1986
Internship and Year MEMORIAL UNIVERSITY - ST JOHN'S NEWFOUNDLAND 1987
Residency and Year MEMORIAL UNIVERSITY - ST JOHN'S NEWFOUNDLAND 1988
License Expiration Date **6/30/2017**
Remarks

License Number 10467
License Date 12/2/1998
Name **GORRAFA, ALY A MD**
Address OB/GYN, 454 MCDOWELL STWELCH, WV, 24801
Specialty OBG
Board Certified OBG
School and Year of Graduation FACULTY OF MED UNIV OF ALEXANDRIA - EGYPT EGYPT 1957
Internship and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1969
Residency and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1970
License Expiration Date **6/30/2003**
Remarks

License Number 17265
License Date 9/2/2015
Name **GORSKE, ANDREW C MD**
Address 472 CHAPMAN RD, KEENE, NH, 03431
Specialty GE
Board Certified GE
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE - DURHAM, NC USA 1995
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1996
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1998
License Expiration Date **6/30/2017**
Remarks

License Number 9802
License Date 8/7/1996
Name **GORSULOWSKY, DAVID C MD**
Address 39210 STATE ST STE 218, FREMONT, CA, 94538-
Specialty D
Board Certified D
School and Year of Graduation LOUISIANA STATE UNIV SCHOOL OF MED IN SHREVEPORT USA 1980
Internship and Year HENRY FORD HOSPITAL - MI 1981
Residency and Year UNIV OF MICHIGAN HOSPITAL - MI 1985
License Expiration Date **6/30/2016**
Remarks

License Number 11244
License Date 5/2/2001
Name **GORVINE, JEFFREY MD**
Address HARVARD VANGUARD MEDICAL ASSOC, 20 WALL ST BURLINGTON, MA, 01803
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1986
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1987
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9448
License Date 6/7/1995
Name **GOSSELIN, BENOIT J MD**
Address DHMC OTOLARYNGOLOGY, ONE MEDICAL CENTER DR, CLINIC 4 FLEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF OTTAWA CANADA 1988
Internship and Year OTTAWA CIVIC HOSPITAL, OTTAWA ONTARIO CANADA 1989
Residency and Year UNIVERSITY OF OTTAWA, OTTAWA ONTARIO CANADA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9622
License Date 1/3/1996
Name **GOSSMAN, DAVID E MD**
Address LAHEY CARDIOLOGY C/O P. O'CONNELL, 8 PROSPECT STNASHUA, NH, 03061
Specialty CD
Board Certified IM
School and Year of Graduation MI STATE UNIV COLLEGE OF HUMAN MEDICINE E LANDING USA 1981
Internship and Year ST JOSEPH MERCY HOSPITAL - C MC AULEY ANN ARBOR, MI 1982
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1987
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL 6/30/99.
REINSTATED ON 10/1/08.**

License Number 6092
License Date 8/3/1979
Name **GOTH, PETER C MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF TULANE IN LOUISIANA USA 1972
Internship and Year
Residency and Year
License Expiration Date **6/30/1989**
Remarks

License Number 12456
License Date 9/1/2004
Name **GOTTFREDSSEN, LEA A DO**
Address BRIARWOOD PRIMARY CARE, 6 HEALTHCARE DR, STE 2 ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1993
Internship and Year UNIVERSITY OF MA, WORCESTER MA 1994
Residency and Year UNIVERSITY OF MA, WORCESTER MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 16710
License Date 8/6/2014
Name **GOTTLIEB, GEOFFREY J MD**
Address STRATA DX, 1 CRANBERRY HILL STE 303 LEXINGTON, MA, 02421
Specialty D
Board Certified D
School and Year of Graduation CORNELL UNIVERSITY USA 1976
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1977
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1979
License Expiration Date **6/30/2016**
Remarks

License Number 9803
License Date 8/7/1996
Name **GOTTLIEB, PHILIP D MD**
Address SPECIALIZED HLTH MNGT INC, 246 WALNUT STNEWTON, MA, 02460
Specialty P
Board Certified P
School and Year of Graduation NEW YORK MEDICAL COLLEGE VALHALLA, NY USA 1972
Internship and Year VET AFFAIRS MEDICAL CENTER - MA 1974
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 16166
License Date 6/5/2013
Name **GOUBERT, ANA M MD**
Address LAMPREY HEALTH CENTER, 128 STATE RT 27RAYMOND, NH, 03077
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2010
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 3284
License Date 3/11/1959
Name **GOUCHOE, BERNARD A MD**
Address LAHEY-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT HEALTH COLLEGE UNITED STATES 1954
Internship and Year WORCESTER CITY HOSPITAL 1955
Residency and Year MARY FLETCHER HOSPITAL 1958
License Expiration Date **6/30/1998**
Remarks

License Number 10711
License Date 10/6/1999
Name **GOUGELET, ROBERT M MD**
Address STATE OF NH DHHS - DIV PUBLIC HEALTH, HAZEN DRIVECONCORD, N, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW MEXICO-ALBUQUERQUE,NM USA 1983
Internship and Year OHIO STATE UNIVERSITY -COLUMBUS,OH 1984
Residency and Year OHIO STATE UNIVERSITY-COLUMBUS,OH 1987
License Expiration Date **6/30/2017**
Remarks

License Number 4360
License Date 3/5/1969
Name **GOULD, AUBREY V MD**
Address 15 A WINDSOR CT, KEENE, NH, 03431
Specialty GP
Board Certified
School and Year of Graduation SUNY-HLTH SCI CTR AT BROOKLYN, NY USA 1945
Internship and Year ST LUKES-ROOSEVELT - NY 1945
Residency and Year ST JOHN'S EPISC HOSPITAL - NY 1946
License Expiration Date **6/30/2003**
Remarks

License Number 10390
License Date 9/2/1998
Name **GOULD, DAVID A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF PITTSBURGH - PITTSBURGH, PA USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 11131
License Date 12/6/2000
Name **GOULD, PETER J DO**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1989
Internship and Year BASSETT HEALTHCARE-UTICA - UTICA, NY 1990
Residency and Year BASSETT HEALTHCARE-UTICA - UTICA, NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 11057
License Date 9/6/2000
Name **GOUMAS, DOUGLAS M MD**
Address THE ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF CONNECTICUT SCH - FARMINGTON, CT USA 1994
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1995
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11194
License Date 3/7/2001
Name **GOURIN, CHRISTINE G MD**
Address MEDICAL COLLEGE OF GA, 1120 15TH ST BP 4109AUGUSTA, GA, 30912
Specialty OTO
Board Certified OTO
School and Year of Graduation STATE UNIV OF NY HLTH CTR-BROOKLYN, NY USA 1990
Internship and Year UNIV OF VERMONT-FLETCHER ALLEN HLTH CTR- BURLINGTON, VT 1991
Residency and Year UNIV OF VERMONT-FLETCHER ALLEN HLTH CTR - BURLINGTON, VT 1992
License Expiration Date **6/30/2009**
Remarks

License Number 15409
License Date 10/5/2011
Name **GOURLEY, BRETT L MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF MEDIC USA 2008
Internship and Year FAIRVIEW/UNIVERSITY MEDICAL CENTER - MINNEAPOLIS, MN 2009
Residency and Year FAIRVIEW/UNIVERSITY MEDICAL CENTER - MINNEAPOLIS, MN 2011
License Expiration Date **6/30/2015**
Remarks

License Number 13622
License Date 8/1/2007
Name **GOVINDARAJU, KALYANI P MD**
Address NASHUA RHEUMATOLOGY, 17 PROSPECT ST.NASHUA, NH, 03060
Specialty RHU
Board Certified RHU
School and Year of Graduation ANDHRA UNIV INDIA 1998
Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 2003
Residency and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 17058
License Date 5/6/2015
Name **GOWANI, NAUSHEEN MD**
Address 5405 BENTROSE DR, MCKINNEY, TX, 75070
Specialty IM
Board Certified IM
School and Year of Graduation DOW MEDICAL COLLEGE, UNIV OF KARACHI PAKISTAN 2001
Internship and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLO, TX 2005
Residency and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLO, TX 2007
License Expiration Date **6/30/2017**
Remarks

License Number 3058
License Date 3/9/1955
Name **GOYETTE, CHARLES H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 10576
License Date 6/2/1999
Name **GRABER, MARTHA L MD**
Address DHMC/HYPERTENSION, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty NEP
Board Certified NEP
School and Year of Graduation UNIV OF LONDON - ENGLAND ENGLAND 1983
Internship and Year UNIV OF CALIFORNIA- SAN FRANCISCO, CA 1988
Residency and Year UNIV OF CALIFOARNIA -SAN FRANCISCO, CA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 7566
License Date 5/6/1987
Name **GRACE, MICHAEL P MD**
Address LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty ON
Board Certified ON
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON DC USA 1976
Internship and Year ST VINCENT'S HOSPITAL - NY 1977
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1982
License Expiration Date **6/30/2005**
Remarks

License Number 4906
License Date 8/18/1972
Name **GRACIANO, JOSEPH M MD**
Address DOVER INTERNAL MEDICINE & GERI, 10 MEMBERS WAYDOVER, NH, 03820-2529
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV - WASHINGTON, DC USA 1969
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1970
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1970
License Expiration Date **6/30/2016**
Remarks

License Number 4782
License Date 5/25/1971
Name **GRAF, FRANK A MD**
Address 152 COURT ST, STE 2PORTSMOUTH, NH, 03801-4416
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV, MA USA 1964
Internship and Year GENESEE HOSPITAL - ROCHESTER, NY 1965
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1971
License Expiration Date **6/30/2017**
Remarks

License Number 8159
License Date 7/12/1989
Name **GRAFF, WILLIAM C MD**
Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty CD
Board Certified CD
School and Year of Graduation UNIV RENE DESCARTES UER COCHIN-PORT -PARIS FRANCE 1982
Internship and Year ST BARNABAS MED CTR-LIVINGTON,NJ 1984
Residency and Year ALBANY MED CTR-ALBANY,NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 3410
License Date 12/23/1960
Name **GRAFFAGNINO, PAUL N MD**
Address PO BOX 443, 11 COLLEGE HILLWOODSTOCK, VT, 05091-
Specialty CHP
Board Certified CHP
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE- LA USA 1951
Internship and Year NEW HAVEN COMMUNITY HOSPITAL 1952
Residency and Year INSTITUTE OF LIVING- HARTFORD CT 1956
License Expiration Date **6/30/1998**
Remarks

License Number 10824
License Date 2/2/2000
Name **GRAFTON, KIMBERLY P MD**
Address DHMC-GENERAL SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF SO CALIFORNIA - LOS ANGELES, CA USA 1988
Internship and Year UNIV OF SO CALIFORNIA - LOS ANGELES, CA 1989
Residency and Year KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 1990
License Expiration Date **6/30/2008**
Remarks

License Number 10805
License Date 1/5/2000
Name **GRAFTON, SCOTT T MD**
Address DARTMOUTH COLLEGE, 6162MOORE HALLHANOVER, NH, 03755
Specialty P
Board Certified P
School and Year of Graduation UNIV OF SO CA SCH OF MED - LOS ANGELES,CA USA 1984
Internship and Year UNIV OF ARIZONA HLTH SCI CENTER - TUCSON, AZ 1985
Residency and Year UNIV OF WASHINGTON SCH OF MED - SEATTLE, WA 1988
License Expiration Date **6/30/2006**
Remarks

License Number 13902
License Date 4/2/2008
Name **GRAGEDA, MELISSA R MD**
Address ELMHURST HOSPITAL CENTER, 79-01 BROADWAYELMHURST, NY, 11373
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 2002
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2006
Residency and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
License Expiration Date **6/30/2010**
Remarks

License Number 6276
License Date 8/25/1980
Name **GRAHAM JR, JOHN M MD**
Address CEDARS-SINAI MEDICAL CENTER, 444 S SAN VICENTE BLVD #1001LOS ANGELES, CA, 90048-4165
Specialty MG
Board Certified MG
School and Year of Graduation MEDICAL COLLEGE OF SOUTH CAROLINA USA 1975
Internship and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON MA 1976
Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON MA 1978
License Expiration Date **6/30/2000**
Remarks

License Number 14919
License Date 7/7/2010
Name **GRAHAM, JAMES A MD**
Address DHMC - RADIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified R
School and Year of Graduation MARSHALL UNIVERSITY USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14548
License Date 8/5/2009
Name **GRAHAM, LIMOR D MD**
Address 43 WEST BLVD RD, NEWTON, MA, 02459
Specialty AN
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 2001
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date **6/30/2011**
Remarks

License Number 14706
License Date 1/6/2010
Name **GRAHAM, LYDIA M MD**
Address 3322 CASA ROSA, CORPUS CHRISTI, TX, 78411
Specialty FP
Board Certified FP
School and Year of Graduation BAYLOR COLLEGE USA 1979
Internship and Year MCLENNAN COUNTY MEDICAL EDUCATION & RESEARCH FOUNDATION - WACO, TX 1980
Residency and Year CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 1984
License Expiration Date **6/30/2012**
Remarks

License Number 16789
License Date 10/1/2014
Name **GRAHAM, RICHARD W MD**
Address 108 N MAIN ST, WRJ, VT, 05001
Specialty U
Board Certified U
School and Year of Graduation VIRGINIA COMMONWEALTH UNIV SCHOOL OF MED USA 1979
Internship and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 1980
Residency and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 13345
License Date 12/6/2006
Name **GRAHAM, SHERRY A MD**
Address , 46 WOBUM STREADING, MA, 01843
Specialty FP
Board Certified FP
School and Year of Graduation UNIV MASSACHUSETTS MED SCHOOL USA 2000
Internship and Year LAWRENCE FAMILY PRACTICE RESIDENCY-LAWRENCE, MA 2001
Residency and Year LAWRENCE FAMILY PRACTICE RESIDENCY- LAWRENCE, MA 2003
License Expiration Date **6/30/2010**
Remarks

License Number 9375
License Date 3/1/1995
Name **GRAICHEN, DANA F MD**
Address 272 COTTAGE ST, SANFORD, ME, 04073
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1984
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON TX 1991
License Expiration Date **6/30/2015**
Remarks

License Number 10468
License Date 12/2/1998
Name **GRAMATOVICI, MIRELA MD**
Address BARNERT HOSP, 680 BROADWAYPATERSON, NJ, 07514-1472
Specialty PTH
Board Certified PTH
School and Year of Graduation INSTITUTE OF MED , PHARMACY BUCHAREST ROMANIA 1966
Internship and Year QUEEN'S UNIV FACULTY OF HEALTH SCIENCE- KINGSTON ONTARIO, CANADA 1985
Residency and Year QUEEN'S UNIV FACULTY OF HEALTH SCIENCE - KINGSTON ONTARIO, CANADA 1987
License Expiration Date **6/30/2001**
Remarks

License Number 11170
License Date 2/7/2001
Name **GRANAHAN, EILEEN MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty D
Board Certified PD
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NH USA 1998
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1999
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15753
License Date 7/11/2012
Name **GRANDE, DONALD J MD**
Address MYSTIC VALLEY DERM ASSOC, 92 MONTVALE AVE STE 3000STONEHAM, MA, 02180
Specialty D
Board Certified D
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICNE USA 1973
Internship and Year MALSOLM GROW MEDICAL CENTER-ANDREWS AFB, MD 20331 1974
Residency and Year MALSOLM GROW MEDICAL CENTER-ANDREWS AFB, MD 20331 1976
License Expiration Date **6/30/2016**
Remarks

License Number 6661
License Date 3/3/1983
Name **GRANDGEORGE, STEVEN R MD**
Address BEDFORD MEDICAL PARK, 5 WASHINGTON PLACE BEDFORD, NH, 03110-6715
Specialty AI
Board Certified AI
School and Year of Graduation UNIV OF IOWA COLL MED - IOWA CITY, IA USA 1980
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1981
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11273
License Date 6/6/2001
Name **GRANOK, ALEXANDER B MD**
Address INFECT DISEASE ASSOC/TRAV MED, 399 DANIEL WEBSTER HWY MERRIMACK, NH, 03054
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW MEXICO SCH - ALBUQUERQUE, NM NEW MEXICO 1992
Internship and Year WASHINGTON UNIV SCH OF MED - ST LOUIS, MO 1993
Residency and Year WASHINGTON UNIV SCH OF MED - ST LOUIS, MO 1995
License Expiration Date **6/30/2017**
Remarks

License Number 5428
License Date 9/9/1975
Name **GRANT, HENRY T H MD**
Address 170 BELKNAP POINT RD, UNIT 34 GILFORD, NH, 03246
Specialty AN
Board Certified AN
School and Year of Graduation NEW YORK MED COLL - NEW YORK USA 1960
Internship and Year NAVAL HOSPITAL - PORTSMOUTH, NH 1961
Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK 1969
License Expiration Date **6/30/2005**
Remarks **DECEASED 12-17-11**

License Number 17002
License Date 4/1/2015
Name **GRANT, JIHAN A MD**
Address 450 CLARKSON AVE, NEUROLOGY DEPT BROOKLYN, NY, 11203
Specialty N
Board Certified
School and Year of Graduation HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 2011
Internship and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2012
Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 2996
License Date 11/3/1953
Name **GRANT, JOSEPH L MD**
Address , PO BOX 285NORWICH, VT, 05055-0285
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1946
Internship and Year UNIVERSITY OF PENNSYLVANIA HOSPITAL -PHILADELPHIA PA 1947
Residency and Year UNIVERSITY OF PA HOSPITAL - PHILADELPHIA, PA 1950
License Expiration Date **6/30/2002**
Remarks **Deceased 2/16/2007**

License Number 9376
License Date 3/1/1995
Name **GRANT, MARK A DO**
Address 620 BYRON RD, HOWELL, MI, 48843
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO MED USA 1990
Internship and Year PROVIDENCE HOSPITAL - SOUTHFIELD MI 1992
Residency and Year PROVIDENCE HOSPITAL - SOUTHFIELD MI 1992
License Expiration Date **6/30/2003**
Remarks

License Number 12861
License Date 9/7/2005
Name **GRANT, PENNY MD**
Address BUTLER CHILD ADVOCACY CENTER, 3314 STEUBEN AVEBRONX, NY, 10467
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1984
Internship and Year NEW YORK & PRESBYTERIAN, CORNELL CAMPUS, NEW YORK NY 1986
Residency and Year JACKSON MEMORIAL HOSP., MIAMI FL 1987
License Expiration Date **6/30/2007**
Remarks

License Number 8056
License Date 3/29/1989
Name **GRANT, PHILIP W MD**
Address ASSOCIATED RADIOLOGISTS, 8 E PEARL STNASHUA, NH, 03060-9029
Specialty DR
Board Certified DR
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1983
Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1984
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12544
License Date 12/1/2004
Name **GRANT, STEPHEN B MD**
Address 20 PLEASANT ST, WEST LEBANON, NH, 03784
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF COLORADO, BOULDER CO US 2002
Internship and Year FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2010**
Remarks

License Number 10982
License Date 6/29/2000
Name **GRASS, WILLIAM S MD**
Address BRATTLEBORO RETREAT, ANNA MARSH LNBURLINGTON, VT, 05301
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON VT USA 1994
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 1995
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 2000
License Expiration Date **6/30/2002**
Remarks **6/20/00 - ORDER OF CONDITIONAL APPROVAL**

License Number 4700
License Date 6/12/1972
Name **GRASSI, ROBERT M MD**
Address 25 BLACKBERRY LN, WOLFEBORO, NH, 03894
Specialty PD
Board Certified PD
School and Year of Graduation GEORGETOWN UNIVERSITY-WASHINGTON DC USA 1967
Internship and Year SAINT VINCENT HOSP-WORCESTER MA 1968
Residency and Year CHILDREN'S HOSP-WASHINGTON DC 1972
License Expiration Date **6/30/2004**
Remarks

License Number 10618
License Date 7/7/1999
Name **GRASSO, JOSEPH S DO**
Address 101 COTTAGE ST, LITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO - ME USA 1991
Internship and Year FLORIDA HOSPITAL EAST ORLANDO - ORLANDO, FL 1992
Residency and Year FLORIDA HOSPITAL EAST ORLANDO- ORLANDO, FL 1994
License Expiration Date **6/30/2017**
Remarks

License Number 12414
License Date 7/7/2004
Name **GRAUBERT, DANIEL A MD**
Address PAINCARE, 15 TOWN WEST RDPLYMOUTH, NH, 03264
Specialty AN
Board Certified AN
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1985
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1986
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1989
License Expiration Date **6/30/2016**
Remarks

License Number 8080
License Date 5/10/1989
Name **GRAVES JR, GARRETT V MD**
Address MHM CORRECTIONAL SRV, 105 PLEASANT STCONCORD, NH, 03302-1806
Specialty P
Board Certified P
School and Year of Graduation UNIVERISTY DE LILLE II - FRANCE FRANCE 1980
Internship and Year MAIMONIDES MED CTR-BROOKLYN 1983
Residency and Year LONG ISLAND JEWISH MED CTR 1985
License Expiration Date **6/30/2017**
Remarks

License Number 15982
License Date 1/9/2013
Name **GRAVES, SARA C MD**
Address REGIONAL HOSPITAL, ORTHO DEPT JACKSON STST PAUL, MN, 55116
Specialty ORS
Board Certified
School and Year of Graduation KECK SCHOOL OF MEDICINE OF THE UNIV OF S CALIFORNI USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2017**
Remarks

License Number 17003
License Date 4/1/2015
Name **GRAY JR, PHILLIP J MD**
Address 100 BLOSSOM ST, COX 3BOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 2009
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
Residency and Year HARVARD RADIATION ONCOLOGY PROGRAM - BOSTON, MA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 14707
License Date 1/6/2010
Name **GRAY, DAVID M MD**
Address WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty PTH
Board Certified PTH
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2003
Internship and Year FLETCHER ALLEN HEALTHCARE UNIVERSITY OF VT - BURLINGTON, VT 2006
Residency and Year FLETCHER ALLEN HEALTHCARE UNIVERSITY OF VT - BURLINGTON, VT 2007
License Expiration Date **6/30/2016**
Remarks

License Number 7057
License Date 4/4/1985
Name **GRAY, LAWRENCE N MD**
Address ATLANTIC PLASTIC SURGERY CENTER, 100 GRIFFIN RD STE BPORTSMOUTH, NH, 03801
Specialty PS
Board Certified PS
School and Year of Graduation INDIANA UNIV SCH MED -INDIANAPOLIS,IN USA 1979
Internship and Year UNIV HOSP INC-BOSTON,MA 1982
Residency and Year LOYOLA UNIV MED CTR 1985
License Expiration Date **6/30/2017**
Remarks **11/07/00 - SETTLEMENT AGREEMENT**

License Number 11274
License Date 6/6/2001
Name **GRAY, PETER A MD**
Address 1424 VONPHISTER ST, KEY WEST, FL, 33040
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MISSOURI SCH OF MED- COLUMBIA, MO USA 1969
Internship and Year SWEDISH MEDICAL CENTER- SEATTLE, WA 1970
Residency and Year UNIV OF MISSOURI-COLUMBIA - COLUMBIA, MO 1973
License Expiration Date **6/30/2015**
Remarks

License Number 11245
License Date 5/2/2001
Name **GRAY, YULIA MD**
Address AMERIPATH/CUTANESUS PATHOLOGY, 7730 FIRST PLACE STE AOAKWOOD VILLAGE, OH, 44146
Specialty PTH
Board Certified PTH
School and Year of Graduation U OF MEDICINE & DENTISTRY NJ ROBERT WOOD JOHNSON USA 1995
Internship and Year LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN MA 1996
Residency and Year LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN MA 2000
License Expiration Date **6/30/2005**
Remarks

License Number 6590
License Date 7/15/1982
Name **GRAZIANO, MARK F MD**
Address 22 SHAPLEIGH RD, KITTERY, ME, 03904-1455
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON, VT USA 1979
Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1980
Residency and Year UNIV OF CONNECTICUT - FARMINGTON, CT 1982
License Expiration Date **6/30/2012**
Remarks

License Number 15377
License Date 9/7/2011
Name **GREATOREX, DAVID R MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820-6420
Specialty R
Board Certified R
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1992
Internship and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1993
Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 11594
License Date 5/1/2002
Name **GREELEY, JAMES M MD**
Address 15553 MARTINMEADOW DR, LITHIA, FL, 33547
Specialty GS
Board Certified GS
School and Year of Graduation MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC USA 1974
Internship and Year UNIV OF SOUTH CAROLINA-PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1975
Residency and Year UNIV OF SOUTH CAROLINA-PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1978
License Expiration Date **6/30/2006**
Remarks **DECEASED**

License Number 15701
License Date 6/6/2012
Name **GREEN III, WAVERLY S MD**
Address NORTH COUNTRY PULMONARY, 580 ST JOHNSBURY RD STE ALITTLETON, NH, 03561
Specialty PCC
Board Certified PCC
School and Year of Graduation VA COMMONWEALTH UNIV SCHOOL OF MEDICINE USA 1987
Internship and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 1988
Residency and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 11912
License Date 5/7/2003
Name **GREEN, ALAN I MD**
Address DHMC/DEPT PSYCHIATRY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation JOHNS HOPKINS UNIV SCH - BALTIMORE, MD USA 1969
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1970
Residency and Year NATIONAL INSTITUTE OF MENTAL HEALTH - BETHESDA, MD 1971
License Expiration Date **6/30/2017**
Remarks

License Number 5783
License Date 7/7/1977
Name **GREEN, ALAN J MD**
Address 22 CHESTER ST, NASHUA, NH, 03064
Specialty OBG
Board Certified OBG
School and Year of Graduation JEFFERSON MEDICAL COLLOGE OF THOMAS JEFFERSON USA 1970
Internship and Year WILMINGTON MEDICAL CENTER WILMINGTON 1971
Residency and Year WILMINGTON MEDICAL CENTER WILMINGTON 1976
License Expiration Date **6/30/2017**
Remarks

License Number 7681
License Date 8/5/1987
Name **GREEN, DAVID F MD**
Address CONCORD UROLOGY PA, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty U
Board Certified U
School and Year of Graduation PENNSYLVANIA STATE UNIV COLL OF MED USA 1979
Internship and Year YALE NEW HAVENHOSP-NEW HAVEN 1980
Residency and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1981
License Expiration Date **6/30/2017**
Remarks

License Number 5816
License Date 9/1/1977
Name **GREEN, DAVID JAMES M MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF LONDON LONDON 1964
Internship and Year
Residency and Year
License Expiration Date **4/20/1984**
Remarks **4/20/1984 - Order of the NH Board of Medicine orders that David J.M. Green's license to practice medicine in the State of NH is revoked indefinitely, effective immediately.**

License Number 10647
License Date 8/4/1999
Name **GREEN, DOUGLAS E MD**
Address UNIV OF UTAH DEPT OF RADIOLOGY, 50 N MEDICAL DR #1A71SALT LAKE CITY, UT, 84132
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1991
Internship and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1992
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date **6/30/2007**
Remarks

License Number 9698
License Date 5/1/1996
Name **GREEN, EDMON L MD**
Address , PO BOX 14189MORRISTOWN, TN, 37814
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MISSISSIPPI, JACKSON MS USA 1966
Internship and Year MEMORIAL MEDICAL CENTER-SAVANNAH GA 1967
Residency and Year UNIVERSITY OF MISSISSIPPI-JACKSON MS 1970
License Expiration Date **6/30/1999**
Remarks **DECEASED 12/03/2008**

License Number 3907
License Date 4/22/1966
Name **GREEN, HOWARD H MD**
Address 73 ALLEN FARM LN, CONCORD, MA, 01742
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1960
Residency and Year DARTMOUTH AFFILIATED HOSPITAL - HANOVER, NH 1965
License Expiration Date **6/30/2010**
Remarks

License Number 9155
License Date 5/4/1994
Name **GREEN, JEFFREY S MD**
Address 931 HIGHLAND BLVD STE 3340, BOZEMAN, MT, 59715
Specialty CHP
Board Certified CHP
School and Year of Graduation CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTTER - LEBANON NH 1994
License Expiration Date **6/30/1998**
Remarks

License Number 9018
 License Date 8/4/1993
 Name **GREEN, JOAN M MD**
 Address 725 SOLAR WAY, BOZEMAN, MT, 59715
 Specialty CHP
 Board Certified P
 School and Year of Graduation CREIGHTON UNIVERSITY USA 1989
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON, NH 1992
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON, NH 1993
 License Expiration Date **6/30/1998**
 Remarks

License Number 13155
 License Date 7/5/2006
 Name **GREEN, MARK D MD**
 Address C/O WEST BRIDGE, 275 MYSTIC AVEMEDFORD, MA, 02155
 Specialty P
 Board Certified P
 School and Year of Graduation UNIV OF LONDON UNITED KINGDOM 1993
 Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 1996
 Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 1999
 License Expiration Date **6/30/2012**
 Remarks

License Number 2535
 License Date 11/25/1946
 Name **GREEN, MAURICE E MD**
 Address , , ,
 Specialty
 Board Certified
 School and Year of Graduation
 Internship and Year
 Residency and Year
 License Expiration Date **7/19/1988**
 Remarks **DECEASED 7/19/88**

License Number 5782
 License Date 7/7/1977
 Name **GREEN, REBECCA S MD**
 Address 22 CHESTER ST, NASHUA, NH, 03064
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation OHIO STATE UNIV COLLOGE OF MEDICINE COLUMBUS USA 1973
 Internship and Year WILMINGTON MEDICAL CENTER 1974
 Residency and Year WILMINGTON MEDICAL CENTER 1976
 License Expiration Date **6/30/2015**
 Remarks

License Number 6396
License Date 6/4/1981
Name **GREEN, RONALD L MD**
Address HANOVER PSYCHIATRY, 23 S MAIN ST STE 2BHANOVER, NH, 03755
Specialty P
Board Certified P
School and Year of Graduation UNIV OF VT COLL OF MED,BURLINGTON,VT USA 1968
Internship and Year DARTMOUTH MED SCH AFFIL HOSP,HANOVER,NH 1969
Residency and Year DARTMOUTH MED SCH AFFIL HOSP,HANOVER,NH 1972
License Expiration Date **6/30/2017**
Remarks

License Number 14199
License Date 10/1/2008
Name **GREEN, STEPHANIE K MD**
Address 45 GERALD RD, MARBLEHEAD, MA, 01945
Specialty PLM
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1988
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1989
Residency and Year BRIGHAM & WOMEN'S HOSPITAL-BOSTON, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 15792
License Date 8/1/2012
Name **GREEN, TERESA D MD**
Address NORTH COUNTRY PULMONOLOGY & SLEEP MEDICINE, 580 ST JOHNSBURY RD SUITE ALITTLETON,
Specialty IM
Board Certified IM
School and Year of Graduation VA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year VA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 1992
Residency and Year VA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5708
License Date 5/5/1977
Name **GREENBERG, EDWIN R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty IM
Board Certified IM
School and Year of Graduation WESTERN RESERVE SCHOOL OF MEDICINE-CLEVELAND OH USA 1969
Internship and Year MARY I BASSETT HOSPITAL-COOPERSTOWN NY 1970
Residency and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1975
License Expiration Date **6/30/2005**
Remarks

License Number 7903
License Date 7/6/1988
Name **GREENBERG, ELLIOT B MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation HAHNEMANN UNIVERSITY IN PENNSYLVANIA USA 1984
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 9121
License Date 3/2/1994
Name **GREENBERG, JONATHAN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK NY 1992
Residency and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH PA 1994
License Expiration Date **6/30/1999**
Remarks

License Number 7080
License Date 5/2/1985
Name **GREENBERG, MARK L MD**
Address DHMC/CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ICE
Board Certified ICE
School and Year of Graduation BROWN UNIVERSITY-PROVIDENCE, RI USA 1979
Internship and Year GRADY MEMORIAL HOSPITAL-ATLANTA, GA 1980
Residency and Year EMORY UNIVERSITY AFFIL HOSPITALS-ATLANTA, GA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 14920
License Date 7/7/2010
Name **GREENBERG, RONNY R DO**
Address VALLEY REGIONAL HOSPITAL, 243 ELM STCLAREMONT, NH, 03743
Specialty FP
Board Certified FP
School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY USA 1990
Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1991
Residency and Year UNIVERSITY OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER, MIAMI, FL 1993
License Expiration Date **6/30/2016**
Remarks

License Number 12425
License Date 8/4/2004
Name **GREENBERG, TODD D MD**
Address PROSCAN, 5400 KENNEDY AVE CINCINNATI, OH, 45213
Specialty R
Board Certified R
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH US 1997
Internship and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1998
Residency and Year INDIANA UNIVERSITY, INDIANAPOLIS IN 2002
License Expiration Date **6/30/2016**
Remarks

License Number 5296
License Date 2/14/1975
Name **GREENBERGER, JOEL S MD**
Address UNIV OF PITTSBURGH PHYSICIANS, 200 LOTHROP ST PITTSBURGH, PA, 15213
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1971
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1972
Residency and Year JOINT CENTER FOR RADIATION THERAPY HARVARD MEDICAL SCHOOL - BOSTON, MA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 10944
License Date 6/7/2000
Name **GREENBLATT, JESSE F MD**
Address BASSETT HEALTHCARE OFF MED EDU, 1 ATWELL RD COOPERSTOWN, NY, 13326
Specialty PH
Board Certified PH
School and Year of Graduation UNIV OF COLORADO - DENVER, CO USA 1991
Internship and Year BASSETT HEALTHCARE- COOPERSTOWN, NY 1992
Residency and Year SCHOOL OF HYGIENE AND PUBLIC HEALTH - BALTIMORE, MD 1994
License Expiration Date **6/30/2008**
Remarks

License Number 15410
License Date 10/5/2011
Name **GREENBLATT, JONATHAN P MD**
Address ELLIOT CARDIOVASCULAR CONSULT, 1 ELLIOT WAY STE 100 MANCHESTER, NH, 03103
Specialty CD
Board Certified CD
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNI USA 1995
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1999
Residency and Year MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 4525
License Date 1/8/1970
Name **GREENE, ANDREW F MD**
Address 725 E OSCEOLA ST, STUART, FL, 34994-2343
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1967
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND,VA 1968
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND,VA 1969
License Expiration Date **6/30/2004**
Remarks **Deceased 6/3/10**

License Number 12426
License Date 8/4/2004
Name **GREENE, ANSHULA G MD**
Address UT MEDICAL FOUNDATION, 6431 FANNIN ST STE J1L-310HOUSTON, TX, 77030
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX US 2001
Internship and Year UNIVERSITY OF TEXAS HEALTH SCIENCE CTR, HOUSTON TX 2003
Residency and Year UNIVERSITY OF TEXAS HEALTH SCIENCE CTR, HOUSTON TX 2004
License Expiration Date **6/30/2006**
Remarks

License Number 11536
License Date 3/6/2002
Name **GREENE, ARTHUR J MD**
Address 1000 S LENOLA RD, STE 105MAPLE SHADE, NJ, 08052-1630
Specialty R
Board Certified R
School and Year of Graduation SAINT LOUIS UNIV - ST LOUIS, MO USA 1981
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1982
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14549
License Date 8/5/2009
Name **GREENE, HENRY R MD**
Address EXETER HOSPITAL, 5 ALUMNI DRIVEEXETER, NH, 03833
Specialty HO
Board Certified HO
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1969
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA- LOS ANGELES, CA 1970
Residency and Year UNIVERSITY OF SOUTHERN CALIFORNIA-LOS ANGELES, CA 1973
License Expiration Date **6/30/2017**
Remarks

License Number 11450
License Date 11/7/2001
Name **GREENE, JUSTINE L MD**
Address 10221 WATERIDGE CR, SAN DIEGO, CA, 92126
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TEXAS - GALVESTON, TX USA 1987
Internship and Year UNIV OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1988
Residency and Year UNIV OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 12701
License Date 5/4/2005
Name **GREENE, MICHAEL R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty HEM
Board Certified
School and Year of Graduation UNIVERSITY OF CT, FARMINGTON CT US 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2007**
Remarks

License Number 8555
License Date 6/5/1991
Name **GREENFIELD, JEFFREY R DO**
Address GORDON MEDICAL ASSOCIATES, 3471 REGIONALS PKWYSANTA ROSA, CA, 95403
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF N.E.-COLLEGE OF OSTEOPATHY USA 1985
Internship and Year EGLIN AIR FORCE BASE 1986
Residency and Year EGLIN AIR FORCE BASE 1988
License Expiration Date **6/30/2017**
Remarks

License Number 10025
License Date 6/4/1997
Name **GREENLAW, ADRIENNE R MD**
Address LAKE REGION RADIOLOGY, 85 SPRING ST STE 101LACONIA, NH, 03246
Specialty DR
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLLEGE-NY USA 1991
Internship and Year UNIVERSITY IF CALIFORNIA-DAVIS MEDICAL CENTER,CA 1996
Residency and Year UNIVERSITY OF CALIFORNIA-DAVIS MEDICAL CENTER-CA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 10583
License Date 6/2/1999
Name **GREENOUGH, GLEN P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1994
Internship and Year SAINT VINCENT HOSPITAL - WORCESTER, MA 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 7871
License Date 6/8/1988
Name **GREENSPAN, HAROLD Z MD**
Address HARVARD VANGUARD ASSOC, 291 INDEPENDENCE DRWEST ROXBURY, MA, 02467
Specialty
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1985
Internship and Year GRADUATE HOSPITAL OF THE UNIV OF PENNSYLVANIA, PHILADEPHIA, PA 1986
Residency and Year GRADUATE HOSPITAL OF THE UNIV OF PENNSYLVANIA, PHILADEPHIA, PA 1988
License Expiration Date **6/30/2006**
Remarks

License Number 13011
License Date 3/1/2006
Name **GREENSPAN, JOSHUA L MD**
Address AMERICAN PAIN INSTITUTE, 14 MANCHESTER SQUARE, STE 290PORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIVERSITY OF NY, BROOKLYN NY US 1994
Internship and Year DANBURY HOSPITAL, DANBURY CT 1995
Residency and Year NY AND PRESBYTERIAN HOSP (CORNELL CAMPUS), NEW YORK NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9449
License Date 6/7/1995
Name **GREENSTEIN, DAVID S MD**
Address NORTHEAST DERMATOLOGY ASSOC, 3 DUNDEE PARK STE 202BANDOVER, MA, 01810
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1991
Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1992
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER, BOSTON MA 1995
License Expiration Date **6/30/2009**
Remarks

License Number 11246
License Date 5/2/2001
Name **GREENSTON, MATHEW J MD**
Address PALMERSTON NORTH HOSPITAL, 50 RUAHINE ST - ROSLYNPELMERSTON NORTH, , NZ 4410
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1998
Internship and Year KING/DREW MEDICAL CENTER - LOS ANGELES CA 1999
Residency and Year KING/DREW MEDICAL CENTER - LOS ANGELES CA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 7762
License Date 1/6/1988
Name **GREENWALD, PHYLLIS L MD**
Address AETNA BEHAVIORAL HEALTH, 1425 UNION MTG RDBLUE BELL, PA, 19422
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MARYLAND SCH MED - BALTIMORE, MD USA 1978
Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1979
Residency and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1982
License Expiration Date **6/30/2016**
Remarks

License Number 12259
License Date 4/7/2004
Name **GREEN-WRZESINSKI, TAMARA J MD**
Address BRISTOL HOSPITAL, PO BOX 977BRISTOL, CT, 06011
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF NEW YORK, SYRACUSE NY US 2001
Internship and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2002
Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2003
License Expiration Date **6/30/2006**
Remarks

License Number 13623
License Date 8/1/2007
Name **GREER, DAVID M MD**
Address MASS GENERAL HOSPITAL, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation UNIV OF FLORIDA USA 1995
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1996
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date **6/30/2011**
Remarks

License Number 14320
License Date 2/4/2009
Name **GREER, LAURA M MD**
Address ALICE PECK DAY HOSPITAL, 10 ALICE PECK DAY DRIVELEBANON, NH, 03766
Specialty PD
Board Certified PD
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13156
License Date 7/5/2006
Name **GREER, SARAH E MD**
Address 10 HOPE FERRY RD, HANOVER, NH, 03755
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2003
Internship and Year DHMC-LEBANON NH 2004
Residency and Year DHMC-LEBANON NH 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10363
License Date 8/5/1998
Name **GREGG JR, JAMES A MD**
Address CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASS MED SCHOOL - WORCESTER, MA USA 1984
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1985
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1986
License Expiration Date **6/30/2006**
Remarks

License Number 12029
License Date 8/6/2003
Name **GREGG, MAUREEN E MD**
Address 1232 EVERETT AVE, LOUISVILLE, KY, 40204
Specialty FP
Board Certified FP
School and Year of Graduation U OF LOUISVILLE, LOUISVILLE KY US 1981
Internship and Year ALTOONA HOSPITAL, ALTOONA PA 1982
Residency and Year ALTOONA HOSPITAL, ALTOONA PA 1984
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/05.. Reinstated 1/6/10**

License Number 10137
License Date 10/1/1997
Name **GREGORY, PEGGY J MD**
Address AGELESS LASER & SKIN CARE, 297 DANIEL WEBSTER HWY SUITE 4MERRIMACK, NH, 03054
Specialty OBG
Board Certified
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1993
Internship and Year ABINGTON MEMORIAL HOSPITAL - PA 1997
Residency and Year ABINGTON MEMORIAL HOSPITAL-PA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16579
License Date 5/7/2014
Name **GREINER JR, RICHARD G MD**
Address 101 LYNN DR, GUILFORD, CT, 06437
Specialty EM
Board Certified EM
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2004
Internship and Year UPMC MEDICAL EDUCATION - PITTSBURGH, PA 2005
Residency and Year UPMC MEDICAL EDUCATION - PITTSBURGH, PA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9804
License Date 8/7/1996
Name **GREINER, PETER M DO**
Address 3182 MARIA LINDEN DR, ROCKFORD, IL, 61114
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF OSTEO MED HLTH SCIENCE COLL OSTEO MED USA 1967
Internship and Year DAVENPORT OSTEO HOSPITAL - DAVENPORT, IA 1968
Residency and Year YORK MEMORIAL HOSPITAL - YORK, PA 1972
License Expiration Date **6/10/2013**
Remarks **Deceased 6/10/13**

License Number 9623
License Date 1/3/1996
Name **GRENIER, MICHELLE A MD**
Address 6 HAMPTON RD, EXETER, NH, 03833-
Specialty PDC
Board Certified PD
School and Year of Graduation EASTERN VA MED SCH OF THE MED COLL OF HAMPTON RD USA 1988
Internship and Year THE JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1991
Residency and Year CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 1994
License Expiration Date **6/30/1998**
Remarks

License Number 8500
License Date 3/6/1991
Name **GRESSITT, STEVAN E MD**
Address PO BOX 308, ENFIELD, NH, 03748-
Specialty P
Board Certified P
School and Year of Graduation MED UNIV OF SC COLL OF MED-CHARLESTON, SC USA 1975
Internship and Year MEDICAL UNIV SOUTH CAROLINA HOSPITAL - CHARLESTON, SC 1976
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2001**
Remarks

License Number 7904
License Date 7/6/1988
Name **GRICH, PAMELA L MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PA SCH MED - PHILA, PA USA 1984
Internship and Year THE GRADUATE HOSPITAL - PHILA, PA 1985
Residency and Year THE GRADUATE HOSPITAL - PHILA, PA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 9156
License Date 5/4/1994
Name **GRIEF, SAMUEL N MD**
Address U I C DEPT OF FAM MED, 1919 TAYLOR ST MC 663CHICAGO, IL, 60612
Specialty FP
Board Certified FP
School and Year of Graduation MC GILL UNIVERSITY CANADA 1989
Internship and Year SIR MORTIMER B DAVIS JEWISH GENERAL HOSPITAL - MONTREAL CANADA 1991
Residency and Year SIR MORTIMER B DAVIS JEWISH GENERAL HOSPITAL - MONTREAL CANADA 1994
License Expiration Date **6/30/2000**
Remarks

License Number 8526
License Date 5/8/1991
Name **GRIEVER JR, WILLIAM G MD**
Address 42 ROUND HILL RD, KINGSTON, MA, 02364
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1991
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1991
License Expiration Date **6/30/2000**
Remarks

License Number 4838
License Date 9/24/1971
Name **GRIFFIN III, GEORGE E MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **7/12/1994**
Remarks **VOLUNTARY SURRENDER 7/12/94**

License Number 16311
License Date 9/4/2013
Name **GRIFFIN, CLAIRE L MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2009
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2013
License Expiration Date **6/30/2015**
Remarks

License Number 16069
License Date 4/3/2013
Name **GRIFFIN, JOHN P MD**
Address ADVANTAGE WOUND CARE, 863 N DOUGLAS ST STE 100EL SEGUNDO, CA, 90245
Specialty GS
Board Certified GS
School and Year of Graduation JEFFERSON COLLEGE USA 2001
Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2002
Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2006
License Expiration Date **6/30/2017**
Remarks

License Number 17164
License Date 7/1/2015
Name **GRIFFIN, MATTHEW P MD**
Address 11250 S WESTERN AVE, CHICAGO, IL, 60643
Specialty IM
Board Certified IM
School and Year of Graduation ST CHRISTOPHER IBA MAR DIOP COLLEGE OF MEDICINE SENEGAL 2007
Internship and Year GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 2008
Residency and Year RHODE ISLAND HOSPITAL BROWN UNIVERISTY - PROVIDENCE, RI 2010
License Expiration Date **6/30/2017**
Remarks

License Number 14870
License Date 6/2/2010
Name **GRIFFIN, SUSANNE M MD**
Address ELLIOT HOSP-EMERGENCY DEPT, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10555
License Date 5/5/1999
Name **GRIFFITHS, ELZBIETA B MD**
Address MT AUBURN HOSP, 330 MT AUBURN STCAMBRIDGE, MA, 02138
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1988
Internship and Year UNIV OF MASS - WORCESTER, MA 1990
Residency and Year UNIV OF MASS - WORCESTER, MA 1994
License Expiration Date **6/30/2005**
Remarks

License Number 5661
License Date 1/6/1977
Name **GRIFFITHS, WALTER J MD**
Address 81 WESTMINSTER TERR, BELLOWS FALLS, VT, 05101-1475
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE MED CENTER USA 1973
Internship and Year ST JOSEPHS HOSPITAL CENTER 1974
Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER 1974
License Expiration Date **6/30/2017**
Remarks **8/5/11 - Settlement Agreement**
1/21/14 - Order Restoring Unrestricted License

License Number 11595
License Date 5/1/2002
Name **GRIGGS, ROLAND C MD**
Address 7739 E BROADWAY STE 360, TUCSON, AZ, 85710
Specialty FP
Board Certified FP
School and Year of Graduation OHIO STATE UNIV COLL - COLUMBUS, OH USA 1982
Internship and Year MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 1983
Residency and Year MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 1985
License Expiration Date **6/30/2016**
Remarks

License Number 3514
License Date 5/25/1962
Name **GRIGGS, WALTER C MD**
Address 7 PINE DR, HANOVER, NH, 03755-1617
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1952
Internship and Year UNIVERSITY OF VIRGINIA HOSPITAL- VA 1953
Residency and Year THE PRESBYTERIAN HOSPITAL- NY 1961
License Expiration Date **6/30/2014**
Remarks

License Number 12656
License Date 4/6/2005
Name **GRIJALVA, GALO A MD**
Address 1651 HERITAGE LAKE DR, CENTERVILLE, OH, 45458
Specialty GS
Board Certified GS
School and Year of Graduation WEST VIRGINIA UNIVERSITY, MORGANTOWN WV US 1992
Internship and Year UNIVERSITY OF OKLAHOMA, TULSA OK 1993
Residency and Year BROOKDALE UNIVERSITY, BROOJLYN NY 1994
License Expiration Date **6/30/2007**
Remarks

License Number 16365
License Date 11/6/2013
Name **GRILL, MARIE F MD**
Address MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty N
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2007
Residency and Year SAINT JOSEPHS HOSPITAL AND MEDICINE - PHOENIX, AZ 2010
License Expiration Date **6/30/2017**
Remarks

License Number 11624
License Date 6/5/2002
Name **GRILLO, JENNIFER A MD**
Address N E NEUROLOGICAL ASSOC PC, 354 MERRIMACK ST BLDG1 LAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year LAHEY CLINIC - BURLINGTON, MA 1998
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 5610
License Date 9/8/1976
Name **GRILLO, PETER J MD**
Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty NS
Board Certified NS
School and Year of Graduation HARVARD MED HOSPITAL USA 1969
Internship and Year UNIV OF KANSAS MED CENTER 1970
Residency and Year BOSTON CITY HOSPITAL 1971
License Expiration Date **6/30/2016**
Remarks

License Number 9624
License Date 1/3/1996
Name **GRIMES, CHARLES K MD**
Address MAINE MEDICAL CENTER, 22 BRAMHALL ST PORTLAND, ME, 04102-
Specialty R
Board Certified R
School and Year of Graduation UNIV OF KANSAS MEDICAL CENTER SCH OF MEDICINE USA 1977
Internship and Year MAINE MEDICAL CENTER- PORTLAND, ME 1978
Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 9188
License Date 6/1/1994
Name **GRIMM, ARTHUR R MD**
Address , PO BOX 369 CANAAN, NH, 03741
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1961
Internship and Year ST LUKES-ROOSEVELT HOSPITAL - NEW YORK NY 1962
Residency and Year ST LUKES-ROOSEVELT HOSPITAL - NEW YORK NY 1968
License Expiration Date **6/30/2006**
Remarks

License Number 16863
License Date 12/3/2014
Name **GRIMM, MICHAEL A MD**
Address 1355 BLAIRSTONE DR, VIENNA, VA, 22182
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF S FLORIDA COLLEGE OF MEDICINE USA 1993
Internship and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1994
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1997
License Expiration Date **6/30/2016**
Remarks

License Number 16447
License Date 1/8/2014
Name **GRIMME, JOHN D MD**
Address RAYS, 2315 W 28TH AVEEUGENE, OR, 97405
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1999
Internship and Year GOOD SAMARITAN HOSPITAL/TRIHEALTH - CINCINNATI, OH 2000
Residency and Year UNIVERSITY OF NORTH CAROLINCA HOSPITALS - CHAPEL HILL, NC 2004
License Expiration Date **6/30/2016**
Remarks

License Number 15153
License Date 3/2/2011
Name **GRISSON II, RICKY D MD**
Address 1660 SOUTH COLUMBIAN WAY #113, SEATTLE, WA, 98109
Specialty PTH
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2007
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
License Expiration Date **6/30/2013**
Remarks

License Number 16667
License Date 7/2/2014
Name **GRISWOLD, SOPHIE C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation JOHN HOPKINS UNIV SCHOOL OF MEDICINE USA 2009
Internship and Year ALAMEDA COUNTY MEDICAL CENTER - HIGHLAND HOSP - OAKLAND, CA 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 13346
License Date 12/6/2006
Name **GRITSAVAGE, REGINA L MD**
Address 76 SUNSET RD, BARRE, VT, 05641
Specialty AN
Board Certified
School and Year of Graduation UNIV OF OKLAHOMA HEALTH SCIENCE CTR USA 1997
Internship and Year UNIV OF VIRGINIA HOSPITALS-CHARLOTTESVILLE, VA 1998
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 2005
License Expiration Date **6/30/2010**
Remarks

License Number 7118
License Date 6/6/1985
Name **GROBMAN, JOHN M MD**
Address ORTHOPEDIC PROF ASSN, 14 MAPLE ST STE 100GILFORD, NH, 03246
Specialty ORS
Board Certified ORS
School and Year of Graduation SOUTHWESTERN MEDICAL SCHOOL-DALLAS, TX USA 1980
Internship and Year YALE NEW HAVEN HOSPITAL-NEW HAVEN, CT 1981
Residency and Year YALE NEW HAVEN HOSPITAL-NEW HAVEN, CT 1985
License Expiration Date **6/30/2017**
Remarks

License Number 11275
License Date 6/6/2001
Name **GROEN, GERRIT P MD**
Address WEEKS MEMORIAL HOSP, 175 MIDDLE STLANCASTER, NH, 03584
Specialty ORS
Board Certified ORS
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX USA 1963
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1964
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1976
License Expiration Date **6/30/2003**
Remarks

License Number 6344
License Date 3/5/1981
Name **GROENKE, MICHAEL J MD**
Address , PO BOX 637LACONIA, NH, 03247-
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED-PHIL,PA USA 1974
Internship and Year UNIV HOSP-CLEVELAND,OH 1975
Residency and Year UNIV HOSP-CLEVELAND,OH 1978
License Expiration Date **6/30/2017**
Remarks

License Number 14550
License Date 8/5/2009
Name **GROFF, ADAM C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14502
 License Date 7/1/2009
 Name **GROFF, TRICIA L MD**
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
 Specialty PD
 Board Certified PD
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 2006
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
 License Expiration Date **6/30/2017**
 Remarks

License Number 10712
 License Date 10/6/1999
 Name **GROGAN, PATRICIA J MD**
 Address CNR GRANBY & SHARPE ST, STE K2063 KINGSTOWN STVINCENTWEST INDIES, ,
 Specialty P
 Board Certified P
 School and Year of Graduation UNIVERSITY OF NEW YORK-NY USA 1985
 Internship and Year UNIVERSITY OF CONNECTCUT HEALTH CENTER-FARMINGTON,CT 1986
 Residency and Year UCSD MEDICAL CENTER-LAJOLLA,CA 1990
 License Expiration Date **6/30/2003**
 Remarks **1/9/02 - Decision and Order.**

License Number 8703
 License Date 4/1/1992
 Name **GRONDIN, MARYLYN V MD**
 Address GASTROENTEROLOGY PROF ASSOC, 330 BORTHWICK AVE STE 311PORTSMOUTH, NH, 03801
 Specialty GE
 Board Certified GE
 School and Year of Graduation LA SALLE UNIVERSITY SCHOOL OF MEDICINE MEXICO 1978
 Internship and Year BRIDGEPORT HOSPITAL BRIDGEPORT - CONNECTICUT 1981
 Residency and Year BRIDGEPORT HOSPITAL BRIDGEPORT - CONNECTICUT 1983
 License Expiration Date **6/30/2016**
 Remarks

License Number 7789
 License Date 3/9/1988
 Name **GROSS, BRIAN H MD**
 Address 201 BROOKSBY VILLAGE DR, #331PEABODY, MA, 01960
 Specialty AN
 Board Certified AN
 School and Year of Graduation WASHINGTON UNIV SCH MED -ST LOUIS,MO USA 1965
 Internship and Year UNION MEM HOSP-BALTIMORE MD 1966
 Residency and Year MASS GEN HOSP-BOSTON,MA 1968
 License Expiration Date **6/30/2010**
 Remarks

License Number 12457
License Date 9/1/2004
Name **GROSS, NEIL D MD**
Address 152 LYNNWAY STE 26, LYNN, MA, 01902
Specialty OPH
Board Certified OPH
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1981
Internship and Year HENRY FORD HOSPITAL, DETROIT ME 1983
Residency and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1986
License Expiration Date **6/30/2006**
Remarks

License Number 16543
License Date 4/2/2014
Name **GROSS, THOMAS W MD**
Address 293 DENNETT ST, PORTSMOUTH, NH, 03801
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NJ USA 1985
Internship and Year UCSF FRESNO CENTER FOR MEDICAL EDUCATION - FRESNO, CA 1986
Residency and Year JOHNS HOPKINS UNIV - BALTIMORE, MD 1988
License Expiration Date **6/30/2016**
Remarks

License Number 13589
License Date 7/11/2007
Name **GROSSMAN, ALEXANDRA M MD**
Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIV USA 2003
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 5444
License Date 11/6/1975
Name **GROSSMAN, I WILLIAM MD**
Address 308 WATERMAN RD, EAST DUMMERSTON, VT, 05346
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MARYLAND USA 1960
Internship and Year MT SINAI HOSPITAL - NY, NY 1961
Residency and Year MT SINAI HOSPITAL - NY, NY 1963
License Expiration Date **6/30/2005**
Remarks

License Number 7712
License Date 9/2/1987
Name **GROSSMAN, MICHAEL J MD**
Address 565 TURNPIKE ST STE 74, N ANDOVER, MA, 01845
Specialty OBG
Board Certified OBG
School and Year of Graduation GEORGETOWN UNIV SCH MED - WASHINGTON,DC USA 1977
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1978
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1981
License Expiration Date **6/30/2013**
Remarks

License Number 13666
License Date 9/5/2007
Name **GROVER, KATHERINE B DO**
Address 68 CAT MOUSAM RD, KENNEBUNK, ME, 04043
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 2000
Internship and Year LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 2001
Residency and Year ST JOHNS EPISCOPAL HOSPITAL-SOUTH SHORE - FAR ROCKAWAY, NY 2002
License Expiration Date **6/30/2009**
Remarks

License Number 16448
License Date 1/8/2014
Name **GROVER, NITA N MD**
Address PAIN CARE, 255 S ROUTE 108SOMERSWORTH, NH, 03878
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year NORTHWESTERN UNIVERSITY - CHICAGO, IL 2001
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, IL 2004
License Expiration Date **6/30/2016**
Remarks

License Number 11058
License Date 9/6/2000
Name **GRUBER, DAVID M MD**
Address ANDOVER DERMATOLOGY, 29 STILES RD STE 303SALEM, NH, 03079
Specialty D
Board Certified D
School and Year of Graduation MCGILL UNIV FAC OF MED- MONTREAL CANADA USA 1992
Internship and Year EVANSTON NORTHWESTERN HLTHCARE - EVANSTON, IL 1993
Residency and Year EVANSTON NORTHWESTERN HLTHCARE - EVANSTON, IL 1995
License Expiration Date **6/30/2016**
Remarks

License Number 11736
License Date 9/4/2002
Name **GRUBER, LISA K MD**
Address PEDIATROCS/EMERGENCY MEDICINE, 1 GENERAL ST/LAWRENC GEN HOSPILAWRENCE, MA, 01842
Specialty PD
Board Certified PD
School and Year of Graduation FINCH UNIVERSITY, NORTH CHICAGO IL USA 1997
Internship and Year LUTHERAN GENERAL CHILDRENS HOSPITAL, PARK RIDGE IL 1998
Residency and Year LUTHERAN GENERAL CHILDRENS HOSPITAL, PARK RIDGE IL 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10946
License Date 6/7/2000
Name **GRUBER, MICHAEL P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty IM
Board Certified
School and Year of Graduation UNIV OF NEBRASKA - OMAHA, NE USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 11312
License Date 7/11/2001
Name **GRUCHOT, SHANON H MD**
Address LONDONDERRY PEDIATRICS, 25 BUTTRICK RD BLDG ELONDONDERRY, NH, 03053
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TENNESSEE AT MEMPHIS USA 1998
Internship and Year LEBONHEUR CHILDRENS MEDICAL CENTER MEMPHIS TN 1999
Residency and Year LEBONHEUR CHILDRENS MEDICAL CENTER MEMPHIS TN 2000
License Expiration Date **6/30/2017**
Remarks

License Number 12380
License Date 7/7/2004
Name **GRUDINSKAS JR, BENJAMIN J MD**
Address AMOSKEAG ANESTHESIA, ONE ELLOIT WAYMANCHESTER, NH, 03103
Specialty AN
Board Certified AN
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO, MAYWOOD IL US 2000
Internship and Year RHODE ISLAND HOSP, PROVIDENCE RI 2001
Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 14993
License Date 9/1/2010
Name **GRUENBERG, DAVID A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY USA 2005
Internship and Year FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VT - BURLINGTON, VT 2006
Residency and Year FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VT - BURLINGTON, VT 2008
License Expiration Date **6/30/2014**
Remarks

License Number 15439
License Date 11/2/2011
Name **GUARDIA III, CHARLES F MD**
Address ASSOCIATED NEUROLOGISTS, PC, 69 SAND PIT RD, STE 300DANBURY, CT, 06810
Specialty N
Board Certified N
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 13860
License Date 3/5/2008
Name **GUARDIANO, ROBERT A DO**
Address CHESHIRE MED CTR/DH-KEENE, 51 RAILROAD ST 2ND FLKEENE, NH, 03431
Specialty D
Board Certified D
School and Year of Graduation UNIV OF NEW ENGLAND USA 1998
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1999
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13861
License Date 3/5/2008
Name **GUARDIANO, SHERRY A DO**
Address CHESHIRE MED CTR/DH-KEENE, 590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND USA 1998
Internship and Year EASTERN VIRGINIA GRADUATE SCHOOL OF MEDICINE - NORFOLK, VA 1999
Residency and Year EASTERN VIRGINIA GRADUATE SCHOOL OF MEDICINE - NORFOLK, VA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12260
License Date 4/7/2004
Name **GUARNACCIA, JOSEPH R DO**
Address ELLIOT HOSP-MERRIMACK EMER PHY, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year UNIVERSITY OF MA, WORCESTER MA 2001
Residency and Year ST LUKES HOSP, BETHLEHEM PA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 10425
License Date 10/7/1998
Name **GUARNACCIA, MICHAEL M MD**
Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED- OH USA 1991
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1992
Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1995
License Expiration Date **6/30/2004**
Remarks

License Number 15025
License Date 10/6/2010
Name **GUDDETI, PALLAVI MD**
Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty END
Board Certified END
School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 2002
Internship and Year ROGER WILLIAMS GENERAL HOSPITAL - PROVIDENCE, RI 2005
Residency and Year ROGER WILLIAMS GENERAL HOSPITAL - PROVIDENCE, RI 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9948
License Date 3/5/1997
Name **GUDMAN, JONATHAN T MD**
Address 1620 S W TAYLOR 300, PORTLAND, OR, 97205
Specialty AN
Board Certified AN
School and Year of Graduation OREGON HLTH SCI UNIV SCHO OF MED PORTLAND USA 1981
Internship and Year MAINE MEDICAL CENTER - ME 1982
Residency and Year BRIGHTAM & WOMEN'S HOSPITAL - MA 1986
License Expiration Date **6/30/2001**
Remarks

License Number 14321
License Date 2/4/2009
Name **GUERIN, STEPHEN J MD**
Address DHMC - DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2004
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15901
License Date 10/3/2012
Name **GUERRE, JENNY MD**
Address LA STATE UNIVERSITY NEUROPHYSIOLOGY DEPT, 1542 TULANE AVENUE NEW ORLEANS, LA, 70130
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITE D'ETAT D'HAITI HAITI 1999
Internship and Year UNITY HEALTH SYSTEM - ROCHESTER, NY 2007
Residency and Year UNITY HEALTH SYSTEM - ROCHESTER, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 10994
License Date 7/5/2000
Name **GUEST, RACHEL M MD**
Address SO NH MEDICAL CENTER, 8 PROSPECT ST NICHUNASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MED SCH - LEBANON, NH USA 1994
Internship and Year ST LOUIS CHILDREN'S HOSPITAL - ST LOUIS, MO 1997
Residency and Year ST LOUIS CHILDREN'S HOSPITAL - ST LOUIS, MO 1999
License Expiration Date **6/30/2004**
Remarks

License Number 13101
License Date 6/7/2006
Name **GUGINO, LAVERNE D MD**
Address SENTIENT MEDICAL SYSTEMS, 11011 MCCORMICK RD HUNT VALLEY, MD, 21031
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL COLLEGE OF GA, AUGUSTA GA US 1978
Internship and Year THE TORONTO HOSPITAL, TORONTO ONTARIO CANADA 1979
Residency and Year UNIVERSITY OF WESTERN ONTARIO, LONDON ONTARIO CANADA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 12458
License Date 9/1/2004
Name **GUGLIELMO, MARIA A MD**
Address UPPER VALLEY NEUROLOGY NEUROSU, 106 HANOVER STLEBANON, NH, 03766
Specialty NS
Board Certified NS
School and Year of Graduation BROWN UNIVERSITY, PROVIDENCE RI US 1992
Internship and Year RHODE ISLAND HOSP, PROVIDENCE RI 1993
Residency and Year BROWN UNIVERSITY, PROVIDENCE RI 1998
License Expiration Date **6/30/2006**
Remarks

License Number 12340
License Date 6/2/2004
Name **GUIBORD, RONALD S MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1993
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1997
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1998
License Expiration Date **6/30/2016**
Remarks

License Number 17059
License Date 5/6/2015
Name **GUILFOYLE, MARK F DO**
Address 274 TURNPIKE RD, JEFFERSON, NH, 03853
Specialty DR
Board Certified DR
School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF OSTEOPATHIC MED USA 1984
Internship and Year MICHIGAN OSTEOPATHIC MEDICAL CENTER - DETROIT, MI 1985
Residency and Year DETROIT OSTEOPATHIC HOSP/BI-COUNTY COMMUNITY HOSP - WARREN, MI 1988
License Expiration Date **6/30/2017**
Remarks

License Number 14454
License Date 6/3/2009
Name **GUILL III, MARSHALL A MD**
Address DHMC - DEPT OF DERMATOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA USA 1973
Internship and Year LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1974
Residency and Year LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14380
 License Date 4/1/2009
 Name **GUILL, MARGARET F MD**
 Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756-0001
 Specialty PD
 Board Certified PD
 School and Year of Graduation MEDICAL COLLEGE OF GEORGIA USA 1972
 Internship and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 1973
 Residency and Year KAISER FOUNDATION HOSPITAL - SAN FRANCISCO, CA 1978
 License Expiration Date **6/30/2017**
 Remarks

License Number 8869
 License Date 12/2/1992
 Name **GUILLOT, ANN P MD**
 Address UNIV OF VT, ALUMNI DR A 121BURLINGTON, VT, 05405-0068
 Specialty PD
 Board Certified PD
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1974
 Internship and Year MEDICAL CENTER HOSPITAL IN VERMONT BURLINGTON - VERMONT 1975
 Residency and Year MEDICAL CENTER HOSPITAL IN VERMONT BURLINGTON - VERMONT 1977
 License Expiration Date **6/30/1998**
 Remarks

License Number 8390
 License Date 7/11/1990
 Name **GULTINAN, MATTHEW J MD**
 Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
 Specialty IM
 Board Certified IM
 School and Year of Graduation UMDNJ-NEW JERSEY MED SCH-NEWARK,NJ USA 1986
 Internship and Year ST ELIZABETH HOSP-BOSTON,MA 1989
 Residency and Year ST ELIZABETH'S HOSP-BOSTON,MA 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 13428
 License Date 3/7/2007
 Name **GUIMARAES, PEDRO D MD**
 Address 1035 PEACH ST SUITE 201, PO BOX 14209SAN LUIS OBISPO, CA, 93401
 Specialty P
 Board Certified P
 School and Year of Graduation FACULDADE DE MEDICINA DE MARILIA BRAZIL 1974
 Internship and Year MEDICAL COLLEGE OF PENNSYLVANIA - PHILADELPHIA, PA 1990
 Residency and Year MEDICAL COLLEGE OF PENSYLVANIA - PHILADELPHIA, PA 1992
 License Expiration Date **6/30/2013**
 Remarks

License Number 11956
License Date 6/4/2003
Name **GUIRGUES, ASHRAF F MD**
Address 3714 GUARDIAN AVE, MOREHEAD CITY, NC, 28557
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF PITTSBURGH - PITTSBURGH PA USA 1997
Internship and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT MI 1998
Residency and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT MI 2002
License Expiration Date **6/30/2017**
Remarks

License Number 9344
License Date 1/11/1995
Name **GUIRY, COLLEEN P MD**
Address 10 JONES RD, MILFORD, NH, 03055-
Specialty FP
Board Certified FP
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1987
Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU HI 1988
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 8441
License Date 10/10/1990
Name **GULDEMOND, THEODORE A DO**
Address WINCHESTER HOSP-FAM MED CTR, 500 SALEM STWILMIINGTON, MA, 01887
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF OSTEO MED AND HEALTH-DES MOINES USA 1980
Internship and Year DETROIT OSTEO HOSP-MI 1981
Residency and Year DETROIT OSTEO HOSP-MI 1984
License Expiration Date **6/30/2016**
Remarks

License Number 14251
License Date 12/3/2008
Name **GULIZIA, JAMES M MD**
Address MIRACA LIFE SCIENCES, 6655 MACARTHUR BLVDIRVING, TX, 75063
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF NEBRASKA USA 1994
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1995
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12459
License Date 9/1/2004
Name **GULUR, PRASANNA V MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty IM
Board Certified GE
School and Year of Graduation MAULANA AZAD COLLEGE, NEW DELHI, DELHI INDIA INDIA 1998
Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1999
Residency and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 5970
License Date 8/22/1978
Name **GUNDERSON, PAUL L MD**
Address 190 GROTON RD, AYER, MA, 01432-
Specialty OPH
Board Certified OPH
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE - NY USA 1967
Internship and Year UNIV OF MINNESOTA HOSPITAL - MINNEAPOLIS, MN 1968
Residency and Year MASS EYE & EAR INFIRMARY - BOSTON, MA 1975
License Expiration Date **6/30/1999**
Remarks

License Number 9087
License Date 12/2/1993
Name **GUNDY, DAVID H MD**
Address NEW HAMPSHIRE ORTHOPAEDICS CTR, 900 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty ORS
Board Certified ORS
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1967
Internship and Year UNIVERSITY OF MN HOSPITAL CLINIC - MINNEAPOLIS MN 1968
Residency and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON MA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 8242
License Date 11/1/1989
Name **GUNN, ALAN R MD**
Address RR 2 BOX 208E, CTR RUTLAND, VT, 05736
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF TEXAS MED SCH AT SAN ANTONIA USA 1981
Internship and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1982
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1983
License Expiration Date **6/30/1998**
Remarks

License Number 13862
License Date 3/5/2008
Name **GUNNING, MICHELE M MD**
Address 458 OLD STREET RD STE 202, PETERBOROUGH, NH, 03458
Specialty P
Board Certified P
School and Year of Graduation UNIV OF AUTONOMA DE GUADALAJARA MEXICA 2001
Internship and Year RICHMOND UNIV MEDICAL CENTER - STATEN ISLAND, NY 2003
Residency and Year RICHMOND UNIV MEDICAL CENTER - STATEN ISLAND, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12103
License Date 10/1/2003
Name **GUNSHER, SHARON I MD**
Address CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST MEM BLDG 205CONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1992
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1993
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13903
License Date 4/2/2008
Name **GUNTURU, KRISHNA S MD**
Address YALE NEW HAVEN HOSP, NEW HAVEN, CT, 06501
Specialty IM
Board Certified IM
School and Year of Graduation ANDHRA UNIV INDIA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2010**
Remarks

License Number 12964
License Date 12/7/2005
Name **GUO, YING MD**
Address 145 E 32ND ST, 10TH FLOORNEW YORK, NY, 10016
Specialty DMP
Board Certified DMP
School and Year of Graduation CHINA MEDICAL UNIVERSITY, PEOPLES REP OF CHINA CHINA 1983
Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1986
Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10995
License Date 7/5/2000
Name **GUPTA, KARUNA L MD**
Address ALICE PECK DAY MEMORIAL HOSP, 125 MASCOMA STLEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF OTTAWA SCH OF MED - OTTAWA ONTARIO CANADA 1998
Internship and Year MCGILL UNIV - MONTREAL QUEBEC CANADA 1999
Residency and Year MCGILL UNIV - MONTREAL QUEBEC CANADA 2000
License Expiration Date **6/30/2003**
Remarks

License Number 15506
License Date 1/4/2012
Name **GUPTA, NEERA MD**
Address FOUNDATION MEDICAL PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation DELHI UNIVERSITY INDIA 1992
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2005
Residency and Year UPMC SHADYSIDE HOSPITAL - PITTSBURGH, PA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 12787
License Date 7/6/2005
Name **GUPTA, RAJAN MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1997
License Expiration Date **6/30/2015**
Remarks

License Number 14343
License Date 3/4/2009
Name **GUPTA, ROOPALI MD**
Address 315 WEST 33RD ST 18J, NEW YORK, NY, 10001
Specialty IM
Board Certified
School and Year of Graduation MEDICAL UNIV OF SILESIA POLAND 2002
Internship and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2003
Residency and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2005
License Expiration Date **6/30/2011**
Remarks

License Number 15440
License Date 11/2/2011
Name **GUPTA, SANJAY MD**
Address FOUNDATION MEDICAL PARTNERS, 268 MAIN STNASHUA, NH, 03060
Specialty GS
Board Certified GS
School and Year of Graduation ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 1989
Internship and Year BRONX-LEBANONHOSPITAL CENTER - BRONX, NY 2002
Residency and Year BRONX-LEBANONHOSPITAL CENTER - BRONX, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15662
License Date 5/2/2012
Name **GUPTA, SHWETA MD**
Address 590 COURT STREET, KEENE, NH, 03431
Specialty PCC
Board Certified PCC
School and Year of Graduation MAULANA AZAD MEDICAL COLLEGE, UNIV OF DELHI INDIA 2005
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2007
Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15026
License Date 10/6/2010
Name **GUPTA, SURYA N MD**
Address ELLIOT HLTH SYSG/PED NEUROLOGY, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty N
Board Certified
School and Year of Graduation INSTITUTE OF MEDICAL SCIENCES BANARA HINDU UNIV INDIA 1983
Internship and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1993
Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1994
License Expiration Date **6/30/2012**
Remarks

License Number 16168
License Date 6/5/2013
Name **GURBUZ, AHMET T MD**
Address 423 E. PINEHURST TRAIL, DAKOTA DUNES, SD, 57049
Specialty TS
Board Certified TS
School and Year of Graduation HACETTEPE UNIVERSITY TURKEY 1989
Internship and Year EXEMPLA SAINT JOSEPH HOSPITAL - DENVER, CO 1992
Residency and Year EXEMPLA SAINT JOSEPH HOSPITAL - DENVER, CO 1996
License Expiration Date **6/30/2015**
Remarks

License Number 11370
License Date 9/5/2001
Name **GURIEN, ANDREW M MD**
Address 11275 TRINITY PL, NAPLES, FL, 34114
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1993
Internship and Year UNIV OF VERMONT- BURLINGTON, VT 1994
Residency and Year UNIV OF ARIZONA - TUCSON, AZ 1995
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/9/15.**

License Number 11313
License Date 7/11/2001
Name **GURKA, JOSEPH P DO**
Address 289 MAIN ST, SALEM, NH, 03079
Specialty IM
Board Certified IM
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1997
Internship and Year ST VINCENT HOSPITAL WORCESTER MA 1998
Residency and Year ST VINCENT HOSPITAL WORCESTER MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 7947
License Date 8/10/1988
Name **GURVITS, TAMARA V MD**
Address VA RESEARCH SERVICE, 718 SMYTH RD 151MANCHESTER, NH, 03104-7004
Specialty P
Board Certified P
School and Year of Graduation FIRST LENINGRAD MED INSTITUTE- LENINGRAD USSR 1958
Internship and Year UNIV LOUISVILLE AFFILIATED HOSPITAL - LOUISVILLE, KY 1982
Residency and Year MICHIGAN STATE UNIV ASSOCIATED HOSPITAL - EAST LANSING, MI 1985
License Expiration Date **6/30/2006**
Remarks

License Number 15411
License Date 10/5/2011
Name **GUSEV, JULIA MD**
Address EASTERN VIRGINIA MEDICAL SCHOOL, 721 FAIFAX AVE SUITE 200NORFOLK, VA, 23517
Specialty D
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2009
Internship and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2010
Residency and Year UNIVERSITY OF PITTSBURGH - PITTSBURGH, PA 2011
License Expiration Date **6/30/2013**
Remarks

License Number 14921
License Date 7/7/2010
Name **GUSEVA, NINA MD**
Address SOUTHERN NH ENDOCRINOLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty END
Board Certified IM
School and Year of Graduation ST PETERSBURG STATE PEDIATRIC MEDICAL ACA RUSSIA 1994
Internship and Year CAPITAL HEALTH SYSTEM HELENE FULD CAMPUS - TRENTON, NJ 2005
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
License Expiration Date **6/30/2014**
Remarks

License Number 5045
License Date 7/17/1973
Name **GUSTAVSON JR, PAUL F MD**
Address ROCKINGHAM COUNTY NURSING HOME, 117 NORTH ROADBRENTWOOD, NH, 03833
Specialty GP
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY-NEW YORK CITY NY USA 1970
Internship and Year SAN FRANCISCO GENERAL HOSP-SAN FRANCISCO CA 1971
Residency and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1971
License Expiration Date **6/30/2017**
Remarks

License Number 13822
License Date 2/6/2008
Name **GUTHRIE, ELLEN H MD**
Address MED REVIEW INSTITUTE OF AMERIC, 2875 S DECKER LAKE DR STE 550SALT LAKE CITY, UT, 84119
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV USA 1984
Internship and Year UNIV OF UTAH MEDICAL CENTER-SALT LAKE CITY, UT 1985
Residency and Year UNIV OF UTAH MEDICAL CENTER-SALT LAKE CITY, UT 1987
License Expiration Date **6/30/2010**
Remarks

License Number 4884
License Date 1/20/1972
Name **GUTHRIE, ROBERT (ROBIN) A W MD**
Address 34 MILFORD ST, BROOKLINE, NH, 03033
Specialty OBG
Board Certified OBG
School and Year of Graduation VICTORIA UNIV OF MANCHESTER ENGLAND 1959
Internship and Year HOPE HOSPITAL - ENGLAND 1960
Residency and Year BANGOUR GENERAL HOSPITAL - BROXBURN, W LOTHIAN 1967
License Expiration Date **6/30/2001**
Remarks

License Number 15479
License Date 12/7/2011
Name **GUTHRIE, SHAUNA L MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation DREXEL UNIVERSITY USA 2009
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 15298
License Date 7/6/2011
Name **GUTIERREZ, JOSE R MD**
Address NASHOBA VALLEY MEDICAL CENTER, 200 GROTON RDAYER, MA, 01432
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSIDAD IBEROAMERICANA DOMINICAN REPUBLIC 2001
Internship and Year CABRINI MEDICAL CENTER - EULESS, TX 2005
Residency and Year CABRINI MEDICAL CENTER - EULESS, TX 2008
License Expiration Date **6/30/2013**
Remarks

License Number 7540
License Date 4/1/1987
Name **GUTIERREZ, RICARDO G MD**
Address 2 MEDICAL CENTER DR, STE 512SPRINGFIELD, MA, 01107-1273
Specialty OBG
Board Certified OBG
School and Year of Graduation VOLL MAOR DE NUESTRO SINORA DEL ROSARIO COLUMBIA-SA 1974
Internship and Year OHIO VALLEY MEDICAL CENER 1977
Residency and Year ST VINCENT MEDICAL CENTER 1980
License Expiration Date **6/30/2003**
Remarks

License Number 11414
License Date 10/3/2001
Name **GUTMANN, EDWARD J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1983
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1984
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 12030
License Date 8/6/2003
Name **GUTNER, ROGER N MD**
Address LACONIA CLINIC, 724 MAIN ST PO BOX 637LACONIA, NH, 03247
Specialty IM
Board Certified IM
School and Year of Graduation RUSH MEDICAL COLLEGE, CHICAGO IL US 1974
Internship and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IL 1975
Residency and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IS 1977
License Expiration Date **6/30/2017**
Remarks **6/15/12 - Settlement Agreement**

License Number 12198
License Date 1/7/2004
Name **GUTSTEIN, LAURIE L MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation NORTHWESTERN UNIVERSITY, CHICAGO IL US 1985
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE, EVANSTON IL 1986
Residency and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 1990
License Expiration Date **6/30/2016**
Remarks

License Number 13457
License Date 4/4/2007
Name **GUY, DARREN A DO**
Address CORE PHYSICIANS, 7 HOLLAND WAYEXETER, NH, 03833
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NEW ENGLAND USA 2003
Internship and Year CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 2004
Residency and Year CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 2006
License Expiration Date **6/30/2017**
Remarks **Lapsed 6/30/11 - Reinstated 3/7/12**

License Number 5684
License Date 3/8/1977
Name **GUZZI, LORETTA DO**
Address 294 RTE 101 GREELY POINT, UNIT E5 POB 1205AMHERST, NH, 03031-1205
Specialty OM
Board Certified
School and Year of Graduation CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE- USA 1967
Internship and Year PONTIAC OSTEOPATHIC HOSPITAL 1968
Residency and Year ZIEGER OSTEOPATHIC HOSPITAL - MICHIGAN 1970
License Expiration Date **6/30/2017**
Remarks

License Number 16009
License Date 2/6/2013
Name **GWINN, DAVID E MD**
Address WALTER REED NAT'L MIL MED CTR, 8901 WISCONSIN AVE BLDG 19 WRNMMCBETHESDA, MD, 208
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1998
Internship and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 1999
Residency and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2004
License Expiration Date **6/30/2015**
Remarks

License Number 10449
License Date 11/4/1998
Name **HAAN, CONSTANCE K MD**
Address ACGME, 515 NO STATE ST - STE 2000CHICAGO, IL, 60654
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF S DAKOTA SCH MED - VERMILLION, SD USA 1983
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1984
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 6176
License Date 3/12/1980
Name **HAAS, LEON C MD**
Address 100 MC GREGOR ST, MANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1978
Internship and Year BERKSHIRE MEDICAL CENTER PITTSFIELD MA 1979
Residency and Year BERKSHIRE MEDICAL CENTER PITTSFIELD MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 15874
License Date 10/3/2012
Name **HABEEB, MURTUZA H MD**
Address 14321 OAKWOOD CT, ORLAND PARK, IL, 60462
Specialty GS
Board Certified GS
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2002
Internship and Year WESTERN RESERVE CARE SYSTEM - YOUNGSTOWN, OH 2003
Residency and Year MOUNT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 2006
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/14-reinstated 5/6/15**

License Number 12492
License Date 10/6/2004
Name **HABIB-BEIN, NADIA F MD**
Address VAPHS PATHOLOGY & LAB MEDICINE, 6 UNIVERSITY DR C 132L-UPITTSBURG, PA, 15240
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF CAIRO, CAIRO EGYPT EGYPT 1980
Internship and Year WAYNE STATE UNIVERSITY, DETROIT MI 1992
Residency and Year DANBURY HOSPITAL, DANBURY CT 1997
License Expiration Date **6/30/2016**
Remarks

License Number 5084
License Date 9/18/1973
Name **HABIF, THOMAS P MD**
Address 330 BORTHWICK AVE STE 303, PORTSMOUTH, NH, 03801-4101
Specialty D
Board Certified D
School and Year of Graduation TUFTS SCHOOL OF MEDICINE-BOSTON MA USA 1969
Internship and Year ST ELIZABETH'S HOSP-BRIGHTON MA 1970
Residency and Year MARY HITCHCOCK MEMORIAL HOSP-HANOVER NH 1973
License Expiration Date **6/30/2017**
Remarks

License Number 5774
License Date 7/7/1977
Name **HACKER, PETER S MD**
Address INTERNAL MEDICINE ASSOC OF NASHUA, 280 MAIN ST., STE 210NASHUA, NH, 03060-3910
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA COLLEGE OF P&S-NEW YORK CITY NY USA 1973
Internship and Year UNIVERSITY HOSPITAL-ANN ARBOR MI 1974
Residency and Year UNIVERSITY HOSPITAL-ANN ARBOR MI 1977
License Expiration Date **6/30/2017**
Remarks

License Number 9189
License Date 6/1/1994
Name **HACKER, RICHARD K MD**
Address 132 CASSIE DR, NORWICH, NY, 13815
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY MEDICAL SCHOOL USA 1984
Internship and Year NAVAL HOSPITAL SAN DIEGO - SAN DIEGO CA 1985
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND VA 1994
License Expiration Date **6/30/2006**
Remarks **8/11/03 Settlement Agreement**
9/10/03 - 10/10/03 license suspended 2/17/04 - Order Amending Settlement Agreement dated 8/11/03
6/3/05 - Order lifting Restrictions of License. License is current and unrestricted.

License Number 11171
License Date 2/7/2001
Name **HACKETT, SHARON L MD**
Address NVRH-DERMATOLOGY, HOSPITAL DRST JOHNSBURY, VT, 05819-0905
Specialty D
Board Certified
School and Year of Graduation MCMaster UNIV SCH OF MED- HAMILTON ONTARIO CANADA 1979
Internship and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1980
Residency and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1981
License Expiration Date **6/30/2003**
Remarks

License Number 3679
License Date 3/11/1964
Name **HACKETT, THOMAS RICHARD P MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 9483
License Date 7/5/1995
Name **HACOBIAN, ASTEGHIK MD**
Address INTERVENTIONAL SPINE MEDICINE, 944 CALEF HIGHWAYBARRINGTON, NH, 03825
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET NY 1991
Residency and Year BETH ISRAEL HOSPITAL - BOSTON MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 15378
License Date 9/7/2011
Name **HACOBIAN, MELKON MD**
Address CONCORD CARDIAC ASSOC, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty CD
Board Certified CD
School and Year of Graduation TABRIZ UNIVERSITY OF MEDICAL SCIENCES IRAN 1994
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date **6/30/2015**
Remarks

License Number 12935
License Date 11/2/2005
Name **HADDAD, CHRISTOPHER E MD**
Address , PO BOX 170NORTH GRAFTON, MA, 01536
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1996
Internship and Year UNIVERSITY OF MASS MED SCHOOL, WORCESTER MA 1997
Residency and Year UNIVERSITY OF MASS MED SCHOOL, WORCESTER MA 1999
License Expiration Date **6/30/2007**
Remarks

License Number 7029
License Date 1/10/1985
Name **HADDAD, EDUARDO S MD**
Address RIVERSIDE NEPHROLOGY PC, 140 HAVERHILL ST, DOCTORS PARK 1ANDOVER, MA, 01810
Specialty IM
Board Certified NEP
School and Year of Graduation UNIV FEDDE RIO DE JANETIRO BRAZIL 1975
Internship and Year JACKSON MEM HOSP-MIAMI,FL 1977
Residency and Year MASS GEN HOSP-BOSTON,MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 16864
License Date 12/3/2014
Name **HADDAD, ZIYAD K MD**
Address 21785 FILIGREE CT STE 101, ASBURN, VA, 20147
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year INOVA FAIRFAX HOSPITAL - FALLS CHURCH, VA 1998
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16409
License Date 12/4/2013
Name **HADDOCK, MICHAEL G MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty RO
Board Certified RO
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1989
Internship and Year INTERMOUNTAIN MEDICAL CENTER - MURRAY, UT 1990
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1994
License Expiration Date **6/30/2017**
Remarks

License Number 14131
License Date 8/6/2008
Name **HADJIEV, TONI T MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL UNIV OF SOFIA BULGARIA 2003
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2006
Residency and Year BERSHIRE MEDICAL CENTER - PITTSFIELD, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 9484
License Date 7/5/1995
Name **HADLEY, MARK A MD**
Address 2 1/2 BEACON ST, CONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation GEORGTOWN UNIV SCH OF MED - WASHINGTON USA 1990
Internship and Year STRONG MEMORIAL HOSPITAL - NY 1991
Residency and Year STRONG MEMORIAL HOSPITAL - NY 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9834
License Date 9/4/1996
Name **HADLEY, SUSAN K MD**
Address COMMUNITY HEALTH CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ARIZONA COLLEGE OF MEDICINE - TUCSON USA 1991
Internship and Year A EINSTEIN COLLEGE M YESHIVA UNIV -NY 1994
Residency and Year A EINSTEIN COLLEGE M-YESHIVA UNIV - NY 1994
License Expiration Date **6/30/1999**
Remarks

License Number 11754
License Date 10/2/2002
Name **HAEGER, ELISABETH B MD**
Address HARBOR HOMES, INC, 45 HIGH STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA USA 1986
Internship and Year UNIVERSITY OF CALIFORNIA, SAN DIEGO CA 1987
Residency and Year UNIVERSITY OF CALIFORNIA, SAN DIEGO CA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 11625
License Date 6/5/2002
Name **HAENICK, MICHAEL F MD**
Address SEACOAST AREA PHYSIATRY, 875 GREENLAND RD C-4PORTSMOUTH, NH, 03801
Specialty PM
Board Certified PM
School and Year of Graduation WAYNE STATE UNIV SCH OF MED-DETROIT, MI USA 1996
Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1997
Residency and Year SINAI HOSPITAL - DETROIT, MI 2000
License Expiration Date **6/30/2006**
Remarks

License Number 7461
License Date 11/12/1986
Name **HAFEZ, HISHAM M MD**
Address HEALTHY PERSPECTIVE INNOV MENTAL HLTH SVCS, PUC, 30 TEMPLE ST., STE 105NASHUA, NH, 030
Specialty P
Board Certified P
School and Year of Graduation ALEXANDRIA UNIVERSITY FACULTY - ALEXANDRIA, EGYPT EGYPT 1974
Internship and Year NY MC/WESTCHESTER CO MEDICAL CENTER-VALHALLA,NY 1978
Residency and Year NY MC/WESTCHESTER CO MEDICAL CENTER - VALHALLA, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 10556
License Date 5/5/1999
Name **HAFFNER, ARTHUR B MD**
Address FAMILY HEALTH MATTERS OF SALEM, 23 STILES RDSALEM, NH, 03079
Specialty FP
Board Certified
School and Year of Graduation UNIV OF CALIFORNIA LOS ANGELES-LOS ANGELES,CA USA 1971
Internship and Year LOS ANGELES COUNTY-MEDICAL CENTER - LOS ANGELES, CA 1972
Residency and Year NONE- DID ONLY ONE YEAR
License Expiration Date **6/30/2017**
Remarks

License Number 6558
License Date 6/24/1993
Name **HAFNER, KARL F MD**
Address 98 N 2ND ST, FULTON, NY, 13069-1254
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIVERRSITY OF NEW YORK UPSTATE COLL OF MED USA 1979
Internship and Year WASHINGTON ADVENTIST HOSPITAL - TAKOMA PARK MD 1980
Residency and Year NEW ENGLAND MEMORIAL HOSPITAL - STONEHAM MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 9963
License Date 4/2/1997
Name **HAGAN, JOSEPH M MD**
Address CONCENTRA, 1278 WILLOW STMANCHESTER, NH, 03103
Specialty AN
Board Certified AN
School and Year of Graduation HAHNEMANN UNIV SCH OF MED - PHILA, PA USA 1973
Internship and Year HAHNEMANN UNIV HOSPITAL - PA 1974
Residency and Year NATIONAL NAVAL MEDICAL CENTER - MD 1984
License Expiration Date **6/30/2017**
Remarks

License Number 13798
License Date 1/11/2008
Name **HAGBERG, ROBERT C MD**
Address HARTFORD HEALTHCARE MED GROUP - CARDIAC SURGERY, 85 SEYMOUR ST STE 919HARTFORD, C
Specialty TS
Board Certified TS
School and Year of Graduation STANFORD UNIV USA 1988
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
License Expiration Date **6/30/2014**
Remarks

License Number 16272
License Date 8/7/2013
Name **HAGEDORN, BRETT A MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year OAKWOOD HEALTHCARE SYSTEM - OAKWOOD HOSPITAL - DEARBORN, MI 1994
Residency and Year OAKWOOD HEALTHCARE SYSTEM - OAKWOOD HOSPITAL - DEARBORN, MI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 9699
License Date 5/1/1996
Name **HAGGARTY, JOHN B MD**
Address LAKEWOOD RANCH MED CTR, 8330 LAKEWOOD RANCH BLVDBRADENTON, FL, 34202
Specialty FP
Board Certified FP
School and Year of Graduation QUEEN'S UNIVERSITY-KINGSTON ONTARIO CANADA 1986
Internship and Year UNIVERSITY OF WESTERN ONTARIO-ONTARIO CANADA 1987
Residency and Year UNIVERSITY OF WESTERN ONTARIO-ONTARIO CANADA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 4366
License Date 4/7/1969
Name **HAGNER, SAMUEL B MD**
Address 123 MADBURY RD, DURHAM, NH, 03824-
Specialty P
Board Certified P
School and Year of Graduation TEMPLE UNIV SCHOOL OF MEDICINE - PHILA, PA USA 1954
Internship and Year GERMANTOWN HOSPITAL - PHILA, PA 1955
Residency and Year TEMPLE UNIV HOSPITAL - PHILA, PA 1958
License Expiration Date **6/30/2003**
Remarks

License Number 15081
License Date 12/1/2010
Name **HAIDER, YASMEEN MD**
Address QUEST DIAGNOSTICS, 14225 NEWBROOK DRCHANTILLY, VA, 20153
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 1967
Internship and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD (5/1/68 - 9/30/69) 1969
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD (7/1/74 - 6/30/75) 1975
License Expiration Date **6/30/2016**
Remarks

License Number 14455
License Date 6/3/2009
Name **HAIGHT, KRISTA N MD**
Address EYE ASSOC OF NORTHERN NE, 1290 HOSP DR STE 5ST JOHNSBURY, VT, 05819
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 2005
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 2006
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 17004
License Date 4/1/2015
Name **HAILE, MORGAN C MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year TULANE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2008
Residency and Year TULANE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 7520
 License Date 3/4/1987
 Name **HAILE, ROBERT M MD**
 Address 959 BRIGHTON AVE, PORTLAND, ME, 04102
 Specialty PM
 Board Certified PM
 School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1980
 Internship and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1981
 Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1983
 License Expiration Date **6/30/2003**
 Remarks

License Number 8738
 License Date 6/3/1992
 Name **HAILS, KELLEY A MD**
 Address 114 CORPORATE DR, PORTSMOUTH, NH, 03801
 Specialty EM
 Board Certified
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1987
 Internship and Year MICHIGAN STATE UNIVERSITY CENTER EAST LANSING - MICHIGAN 1988
 Residency and Year EDWARD W SPARROW HOSPITAL LANSING - MICHIGAN 1990
 License Expiration Date **6/30/2016**
 Remarks

License Number 7541
 License Date 4/1/1987
 Name **HAINES, JEFFREY M MD**
 Address 174 CONCORD ST STE 160, PETERBOROUGH, NH, 03458
 Specialty P
 Board Certified P
 School and Year of Graduation UNIV OF MEDICINE & DENTISTRY-NJ USA 1984
 Internship and Year UMDNJ MED SCHOOL 1985
 Residency and Year DARTMOUTH HITCHCOCK MED CTR 1989
 License Expiration Date **6/30/2017**
 Remarks **4/04/01 - Settlement Agreement** **7/8/03 - Order Removing Restrictions**

License Number 16580
 License Date 5/7/2014
 Name **HAITZ, KASSIE A MD**
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
 Specialty D
 Board Certified
 School and Year of Graduation UB, SUNY SCHOL OF MEDICINE & BIOMEDICAL SCIENCE USA 2009
 Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2010
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
 License Expiration Date **6/30/2016**
 Remarks

License Number 9904
License Date 1/8/1997
Name **HAJARE, SUNITA A MD**
Address MILFORD PEDIATRICS, 327 WEST STMILFORD, MA, 01757
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF BOMBAY INDIA 1983
Internship and Year CHILDRENS HOSPITAL - CORPUS CHRISTI, TX 1987
Residency and Year UNIV TEXAS MEDICAL BRANCH HOSPITAL - TX 1990
License Expiration Date **6/30/2017**
Remarks

License Number 9729
License Date 6/5/1996
Name **HAJDENBERG, JULIO J MD**
Address PASCO PINELLAS CANCER CENTER, 5347 MAIN ST STE 203NEW PORT RICHEY, FL, 34652
Specialty IM
Board Certified ON
School and Year of Graduation UNIVERSITY DE BUENOS AIRES-BUENOS AIRES ARGENTINA ARGENTINA 1990
Internship and Year COOPER HOSPITAL-CAMDEN NJ 1994
Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON MA 1997
License Expiration Date **6/30/1999**
Remarks

License Number 12983
License Date 1/4/2006
Name **HAJDUK, MATTHEW J MD**
Address ELLIOT PEDIATRICS AT WINDHAM, 5 INDUSTRIAL DR UNIT B WINDHAM, NH, 03087
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2003
Internship and Year CONNECTICUT CHILDRENS MEDICAL CTR, HARTFORD CT 2004
Residency and Year CONNECTICUT CHILDRENS MEDICAL CTR, HARTFORD CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 4419
License Date 4/22/1969
Name **HAJJAR, BARBARA A MD**
Address CAPE CODDER CONDOMINIUM, 28 CAPE CODDER RD UNIT 109FALMOUTH, MA, 02540
Specialty PD
Board Certified PD
School and Year of Graduation WOMAN'S MEDICAL COLLEGE OF PA - PHILA, PA USA 1965
Internship and Year ROOSEVELT HOSPITAL - NEW YORK, NY 1966
Residency and Year ROOSEVELT HOSPITAL - NEW YORK, NY 1969
License Expiration Date **6/30/2017**
Remarks

License Number 14252
License Date 12/3/2008
Name **HAKIMIAN, ROGER R MD**
Address FOUNDATION ONCOLOGY HEMATOLOGY, 10 PROSPECT ST STE 202 NASHUA, NH, 03060
Specialty HO
Board Certified HO
School and Year of Graduation UNIV ST JOSEPH LEBANON 1997
Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1999
Residency and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9396
License Date 4/5/1995
Name **HAKMILLER, KARL V MD**
Address APPLIEDORE MEDICAL GROUP, 330 BORTHWICK AVE 101 PORTSMOUTH, NH, 03801-
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1988
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1990
License Expiration Date **6/30/2000**
Remarks

License Number 14191
License Date 10/1/2008
Name **HALABY, CLAUDIA MD**
Address WINTHROP UNIVERSITY HOSPITAL, 120 MINEOLA BLVD STE 210 MINEOLA, NY, 11501
Specialty PD
Board Certified PD
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1998
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2006
Residency and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2008
License Expiration Date **6/30/2012**
Remarks

License Number 10750
License Date 11/3/1999
Name **HALDIPUR, NAMRATA V MD**
Address MOUNTAIN HELATH SERVICES, 2 BROADWAY ST GORHAM, NH, 03581
Specialty IM
Board Certified IM
School and Year of Graduation KEMPEGOWDA INSTITUTE OF MEDICAL SCIENCES-INDIA INDIA 1992
Internship and Year BRONX-LEBANON HOSPITAL-BRONX,NY 1996
Residency and Year BRONX -LEBANON HOSPITAL-BRONX,NY 1999
License Expiration Date **6/30/2005**
Remarks

License Number 13318
License Date 11/1/2006
Name **HALE-HOVAN, LINDA E MD**
Address TAKECARE HEALTH SYSTEM/BAE SYS, 65 SPITBROOK RD NHQ02-1101NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MINNESOTA MEDICAL SCHOOL-MINNEAPOLIS USA 1992
Internship and Year HEALTHEAST CREDENTIALING-ST PAUL, MN 1993
Residency and Year WEST JERSY-MEMORIAL FAMILY PRACTICE RESIDENCY - VOORHEES, NJ 1995
License Expiration Date **6/30/2016**
Remarks

License Number 11957
License Date 6/4/2003
Name **HALES, MARIESA A MD**
Address DARTMOUTH-HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF MARYLAND - BALTIMORE MD USA 2000
Internship and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE NY 2001
Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE NY 2003
License Expiration Date **6/30/2007**
Remarks

License Number 7808
License Date 4/6/1988
Name **HALEY, JOHN J MD**
Address NEW IPSWICH FAMILY MED, PO BOX 259NEW IPSWICH, NH, 03071
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1982
Internship and Year THE ALTOONA HOSPITAL - ALTOONA, PA 1983
Residency and Year THE ALTOONA HOSPITAL - ALTOONA, PA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 15221
License Date 5/4/2011
Name **HALEY, TIMOTHY M DO**
Address SOUTHERN MAINE MED CTR, BIDDEFORD, ME, 04005
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC M USA 1987
Internship and Year CRANSTON GENERAL HOSPITAL - CRANSTON, RI 1988
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1991
License Expiration Date **6/30/2017**
Remarks

License Number 14132
License Date 8/6/2008
Name **HALL, ALDEN W MD**
Address DHMC-DEPT OF HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV USA 2001
Internship and Year GEORGETOWN UNIV HOSPITAL-WASHINGTON - DC 2002
Residency and Year GEORGETOWN UNIV HOSPITAL - WASHINGTON, DC 2004
License Expiration Date **6/30/2016**
Remarks

License Number 10842
License Date 3/1/2000
Name **HALL, BRADFORD S MD**
Address CONCORD EYECARE, 248 PLEASANT ST #1600CONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1996
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1997
Residency and Year UNIV OF MICHIGAN MEDICAL SCHOOL - ANN ARBOR, MI 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11014
License Date 7/12/2000
Name **HALL, CHRISTOPHER P MD**
Address 1038 FRANCIS ST, WALA WALA, WA, 99362
Specialty PD
Board Certified
School and Year of Graduation OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND OR USA 1997
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1998
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 2000
License Expiration Date **6/30/2002**
Remarks

License Number 8218
License Date 9/6/1989
Name **HALL, DAVID N MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty IM
Board Certified IM
School and Year of Graduation BROWN UNIV PROGRAM IN MED - PROVIDENCE, RI USA 1986
Internship and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1987
Residency and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 6559
License Date 6/24/1982
Name **HALL, EDWARD B MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF COLORADO SCH MED - DENVER, CO USA 1979
Internship and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1980
Residency and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1982
License Expiration Date **6/30/2016**
Remarks

License Number 15188
License Date 4/6/2011
Name **HALL, JASON A MD**
Address MEDICAL EYE CENTER, 250 RIVER RDMANCHESTER, NH, 03104
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE USA 2006
Internship and Year CLARIAN METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 2007
Residency and Year INDIANA UNIVERSITY HOSPITAL - INDIANAPOLIS, IN 2010
License Expiration Date **6/30/2017**
Remarks

License Number 11993
License Date 7/2/2003
Name **HALL, LEILA T MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation UNIV OF COLORADO - DENVER, CO USA 2000
Internship and Year CHILDRENS HOSPITAL AT DARTMOUTH - LEBANON, NH 2001
Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH - LEBANON, NH 2003
License Expiration Date **6/30/2005**
Remarks

License Number 3585
License Date 1/9/1963
Name **HALL, LELAND W MD**
Address 1 MINK DR, HANOVER, NH, 03755
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF OREGON - EUGENE,OR USA 1955
Internship and Year MINNEAPOLIS GENERAL HOSPITAL - MINNEAPOLIS, MN 1956
Residency and Year VETERANS ADMINISTRATION HOSPITAL - MINNEAPOLIS, MN 1963
License Expiration Date **6/30/2005**
Remarks

License Number 14344
License Date 3/4/2009
Name **HALL, SHARYNN D MD**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty HO
Board Certified IM
School and Year of Graduation UNIV OF CONNECTICUT USA 1997
Internship and Year ST MARYS HOSPITAL - WATERBURY, CT 1998
Residency and Year ST MARYS HOSPITAL - WATERBURY, CT 2000
License Expiration Date **6/30/2015**
Remarks

License Number 16581
License Date 5/7/2014
Name **HALL, THOMAS K MD**
Address 407 LIVERMORE AVE, STATEN ISLAND, NY, 10314
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1981
Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 1982
Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 8310
License Date 5/9/1990
Name **HALLER, LINDA J MD**
Address PLYMOUTH OBGYN, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CALIFORNIA-IRVINE CA USA 1986
Internship and Year MED CTR HOSP-BURLINGTON,VT 1987
Residency and Year MED CTR HOSP-BURLINGTON,VT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 12702
License Date 5/4/2005
Name **HALLONQUIST, HEIDI MD**
Address 189 NORTH MAIN ST, CONCORD, NH, 03301
Specialty GYN
Board Certified GYN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2002
Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16273
License Date 8/7/2013
Name **HALLORAN, KYLENE E MD**
Address DHMC, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 2009
Internship and Year GREENWICH HOSPITAL ASSOC - GREENWICH, CT 2010
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 6561
License Date 6/24/1982
Name **HALLOWELL, CHRISTIAN MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MED SCHOOL - HANOVER, NH USA 1973
Internship and Year UNIV NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 1975
Residency and Year UNIV NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 1978
License Expiration Date **6/30/2016**
Remarks

License Number 11044
License Date 9/6/2000
Name **HALLQUIST, ROBIN A MD**
Address 529 RT 3 SOUTH, STE 11TWIN MOUNTAIN, NH, 03595
Specialty FP
Board Certified FP
School and Year of Graduation CREIGHTON UNIV SCH OF MED - OMAHA, NE USA 1998
Internship and Year CREIGHTON UNIV - OMAHA, NE 1999
Residency and Year CREIGHTON UNIV - OMAHA, NE 2000
License Expiration Date **6/30/2016**
Remarks **6/10/14 - Settlement Agreement**

License Number 8351
License Date 6/6/1990
Name **HALSEY, DAVID A MD**
Address CT VALLEY ORTHOPAEDICS, PO BOX 2003SPRINGFIELD, VT, 05156
Specialty ORS
Board Certified ORS
School and Year of Graduation UMDNJ-ROBT WOOD JOHNSON MED SCH-NJ USA 1985
Internship and Year MED CTR HOSP-VT 1986
Residency and Year MED CTR HOSP-VT 1989
License Expiration Date **6/30/2008**
Remarks

License Number 15222
License Date 5/4/2011
Name **HAMADE, SAM MD**
Address VA MEDICAL CENTER, 830 CHALKSTONE AVE PROVIDENCE, RI, 02908
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSIDAD IBEROAMERICANA DOMINICAN REPUBLIC 2002
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2004
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2006
License Expiration Date **6/30/2013**
Remarks

License Number 10680
License Date 9/1/1999
Name **HAMBY, LEIGH S MD**
Address VA DEPT ATLANTA NETWORK OFFICE, 2200 CENTURY PKWY STE 260 ATLANTA, GA, 30345
Specialty GS
Board Certified GS
School and Year of Graduation EMORY UNIV SCH OF MED- ATLANTA, GA USA 1988
Internship and Year UNIV OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 1989
Residency and Year UNIV OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 1994
License Expiration Date **6/30/2001**
Remarks

License Number 9336
License Date 12/7/1994
Name **HAMER, LOUIS M MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CT, 1 MEDICAL CTR DR LEBANON, NH, 03766-
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1988
Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA PA 1989
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA PA 1991
License Expiration Date **6/30/1998**
Remarks

License Number 15249
License Date 6/1/2011
Name **HAMID, TARIQ MD**
Address RHODE ISLAND HOSPITAL, 593 EDDY ST PROVIDENCE, RI, 02903
Specialty FP
Board Certified FM
School and Year of Graduation NISHTAR MEDICAL COLLEGE, BAHUDDIN ZAKARIA UNIV PAKISTAN 1999
Internship and Year BRONX LEBANON HOSPITAL CENTER - BRONX, NY 2008
Residency and Year CONEMAUGH VALLEY MEMORIAL HOSPITAL - JOHNSTOWN, PA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 3082
License Date 7/25/1955
Name **HAMILL, ROBERT M MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/29/1989**
Remarks

License Number 13045
License Date 4/5/2006
Name **HAMILL, TRACY MD**
Address 2211 CONGRESS ST, C310PORTLAND, ME, 04122
Specialty FP
Board Certified FP
School and Year of Graduation VANDERBILT UNIV-NASHVILLE TN USA 1996
Internship and Year SOUTHERN REGIONAL AHEC FAMILY MEDICINE PROGRAM-FAYETTEVILLE NC 1997
Residency and Year SOUTHERN REGIONAL AHEC FAMILY MEDICINE PROGRAM-FAYETTEVILLE NC 1999
License Expiration Date **6/30/2016**
Remarks

License Number 3707
License Date 7/9/1964
Name **HAMILTON, CHARLES H MD**
Address , PO BOX 369JAFFREY, NH, 03452-
Specialty GP
Board Certified
School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1956
Internship and Year NEW ENGLAND CENTER - BOSTON, MA 1957
Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1964
License Expiration Date **6/30/1999**
Remarks

License Number 5235
License Date 9/12/1974
Name **HAMILTON, GERALD L MD**
Address 53 CARTER HILL RD, CONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation COLUMBIA UNIV - NY USA 1966
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1967
Residency and Year PRESBYTERIAN HOSPITAL - NY, NY 1972
License Expiration Date **6/30/2002**
Remarks **DECEASED 8/21/2011**

License Number 8944
License Date 5/5/1993
Name **HAMILTON, MARK MD**
Address RIDGEWOOD ASSSOC IN INTERNAL, 368 RIVER STSPRINGFIELD, VT, 05156-2242
Specialty IM
Board Certified IM
School and Year of Graduation SUNNY HLTH SCI CTR - BROOKLYN, NY USA 1974
Internship and Year ERIE MEDICAL CENTER - BUFFALO, NY 1975
Residency and Year ERIE MEDICAL CENTER - BUFFALO, NY 1977
License Expiration Date **6/30/2003**
Remarks

License Number 16070
License Date 4/3/2013
Name **HAMILTON, RACHEL R DO**
Address MEMORIAL HOSPITAL, NORTH CONWAY, NH,
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2011
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 7352
License Date 6/12/1986
Name **HAMILTON, WILLIAM K MD**
Address 1ST MEDICAL GROUP ISGOBO, 45 PINE STLANGLEY AFB, VA, 23655
Specialty OBG
Board Certified OBG
School and Year of Graduation WEST UNIV SCHOOL OF MED-MORGANTOWN WVA USA 1979
Internship and Year USAF MEDICAL CENTER - ANDREWS AIR FORCE BASE - WASHINGTON, DC 1980
Residency and Year MIAMI VALLEY HOSPITAL - DAYTON, OH 1984
License Expiration Date **6/30/2003**
Remarks

License Number 9247
License Date 8/3/1994
Name **HAMMER III, CHARLES J MD**
Address NORTHEASTERN VT REGIONAL HOSP, 580 ST JOHNSBURY RD., STE BLITTLETON, NH, 03561
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 1987
Internship and Year UNIVERSITY OF MICHIGAN HOSPITAL - ANN ARBOR MI 1989
Residency and Year OREGON HEALTH SCIENCE UNIVERSITY HOSPITAL - PORTLAND OR 1993
License Expiration Date **6/30/2016**
Remarks

License Number 5918
License Date 6/12/1978
Name **HAMMOND, DENIS B MD**
Address DENIS B HAMMOND, MD, 194 N AMHERST RDBEDFORD, NH, 03110
Specialty HEM
Board Certified HEM
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1973
Internship and Year E. J. MEYER MEMORIAL HOSPITAL - BUFFALO, NY 1974
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 17165
License Date 7/1/2015
Name **HAMMOND, LISA M MD**
Address 400 STUART ST STE 16G, BOSTON, MA, 02116
Specialty AN
Board Certified
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 2010
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2011
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 16223
License Date 7/3/2013
Name **HAMMOND, WILLIAM A MD**
Address PO BOX 44, HARTFORD, VT, 05047
Specialty IM
Board Certified
School and Year of Graduation FLORIDA STATE UNIVERSITY USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 14963
License Date 8/4/2010
Name **HAMMOUR, TAREK MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 2003
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 2006
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 2009
License Expiration Date **6/30/2016**
Remarks

License Number 16366
License Date 11/6/2013
Name **HAMPERS, DOUGLAS A MD**
Address 10531 4S COMMONS DR, SUITE 521SAN DIEGO, CA, 92127
Specialty ORS
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1998
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1999
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 9805
License Date 8/7/1996
Name **HAMPERS, MARCUS J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CCM
Board Certified CCM
School and Year of Graduation SUNY-HLTH SCIENCE CTR AT SYRACUSE COLL OF MED USA 1994
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1997
License Expiration Date **6/30/2016**
Remarks

License Number 15126
License Date 2/2/2011
Name **HANAFEE, WENDY J MD**
Address 1106 DRUID RD S, SUITE 302CLEARWATER, FL, 33756
Specialty R
Board Certified R
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 1992
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1993
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10530
License Date 4/7/1999
Name **HAND, CHRISTINE M MD**
Address LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK RD STE 102LONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1996
Internship and Year MALDEN HOSPITAL FAMILY PRACTICE RESIDENCY- MALDEN, MA 1997
Residency and Year MALDEN HOSPITAL FAMILY PRACTICE RESIDENCY - MALDEN, MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 8368
License Date 6/6/1990
Name **HAND, JOHN M MD**
Address CENTRAL NH COMM MENTAL HEALTH, PO BOX 2032CONCORD, NH, 03302-2032
Specialty P
Board Certified P
School and Year of Graduation UNIV OF VIRGINIA SCHOOL OF MEDICAL CHARLOTTESVILLE USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1989
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1989
License Expiration Date **6/30/1998**
Remarks

License Number 15535
License Date 2/1/2012
Name **HAND, MATTHEW M DO**
Address ELLIOTT PED NEPHROLOGY, 275 MAMMOTH RD STEMANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation MIDWESTERN UNIVERSITY DOWNERS GROVE USA 1989
Internship and Year GEISINGER HEALTH SYSTEM - DANVILLE, PA 1991
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1993
License Expiration Date **6/30/2016**
Remarks

License Number 5977
License Date 9/7/1978
Name **HAND, THOMAS G MD**
Address 56 PISCATAQUA ST, BOX 221NEW CASTLE, NH, 03854
Specialty OPH
Board Certified OPH
School and Year of Graduation DALHOUSIE UNIV HALIFAX - NOVA SCOTIA NOVA SCOTIA 1971
Internship and Year UNIV OF TORONTO SUNNYBROOK HOSPITAL 1972
Residency and Year UNIV OF TORONTO 1975
License Expiration Date **6/30/2016**
Remarks

License Number 12530
License Date 11/3/2004
Name **HANDA, ASHIMA MD**
Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DELHI, NEW DELHI, DELHI INDIA INDIA 1994
Internship and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2002
Residency and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 13319
License Date 11/1/2006
Name **HANDE, RASHMI MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MARYLAND USA 1999
Internship and Year CHRISTIANA CARE HEALTH SYSTEM-CHRISTANA HOSPITAL - NEWARK, DE 2000
Residency and Year ALBANY MEDICAL CENTER- ALBANY, NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 4747
License Date 8/15/1972
Name **HANDELMAN, JEREMY H MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks **DECEASED**

License Number 6784
License Date 9/8/1983
Name **HANDELSMAN, ALIX MD**
Address RIVER RD PEDIATRICS, 58 HAWTHORNE DRBEDFORD, NH, 03110-6747
Specialty PD
Board Certified PD
School and Year of Graduation YALE UNIV SCHOOL MEDICINE - NEW HAVEN, CT USA 1980
Internship and Year CHILDRENS HOSPITAL NATIONAL MEDICAL CENTER - WASHINGTON, DC 1981
Residency and Year CHILDRENS HOSPITAL NATIONAL MEDICAL CENTER - WASHINGTON,DC 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11747
License Date 10/2/2002
Name **HANDLER, BRUCE MD**
Address 3800 N LAKE SHORE DR #3E, CHICAGO, IL, 60613-3313
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CHICAGO STRITCH SCH OF MED - MAYWOOD, IL USA 1974
Internship and Year MAYO GRADUATE SCH OF MEDICINE - ROCHESTER, MN 1975
Residency and Year MAYO GRADUATE SCH OF MEDICINE - ROCHESTER, MN 1976
License Expiration Date **6/30/2008**
Remarks

License Number 16169
License Date 6/5/2013
Name **HANDLER, STEVEN E DO**
Address 4275 E LA PALOMA DR, TUCSON, AZ, 85718
Specialty DR
Board Certified DR
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 1990
Internship and Year THE METHODIST HOSPITAL - BROOKLYN, NY 1991
Residency and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14223
License Date 11/5/2008
Name **HANEKAMP, JOHN S MD**
Address MASS GEN HOSP-EAST, BLDG 149-9019 13 STBOSTON, MA, 02129
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2000
Internship and Year ST VINCENT HOSPITAL-WORCESTER, MA 2001
Residency and Year ST VINCENT HOSPITAL-WORCESTER, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12602
License Date 2/2/2005
Name **HANISSIAN, JEFFREY A MD**
Address VALLEY REGIONAL HOSPITAL, 243 ELM STREETCLAREMONT, NH, 03743
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1999
Internship and Year NEW YORK UNIVERSITY, NEW YORK NY 2000
Residency and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 9485
License Date 7/5/1995
Name **HANISSIAN, PAUL D MD**
Address DHMC-OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty OBG
Board Certified OBG
School and Year of Graduation ROBERT W JOHNSON MEDICAL CENTER USA 1991
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1995
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9835
License Date 9/4/1996
Name **HANKE, NORA E MD**
Address 42 LEADMINE RD, SOUTHAMPTON, MA, 01073
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF OTAGO MEDICAL SCHOOL DUNEDIN NEW ZEALAND ZEALAND 1988
Internship and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1995
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
License Expiration Date **6/30/1999**
Remarks

License Number 10713
License Date 10/6/1999
Name **HANKIN, LAWRENCE G MD**
Address SEAPOINT FAMILY PRACTICE, 139 STATE RDKITTERY, ME, 13904
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW YORK HEALTH SCIENCE CTR-BROOKLYN USA 1968
Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1969
Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1970
License Expiration Date **6/30/2007**
Remarks

License Number 13493
License Date 5/9/2007
Name **HANKINS, ANNA C MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation UNIV OF MARYLAND USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 15663
License Date 5/2/2012
Name **HANLEY, BRIAN F MD**
Address DH - NASHUA, 208 ROBINSON RDHUDSON, NH, 03051
Specialty FP
Board Certified
School and Year of Graduation ST MATTHEWS UNIVERSITY CAYMAN ISLANDS 2005
Internship and Year LOUISIANA STATE UNIVERSITY (BOGALUSA) PROGRAM - NEW ORLEANS, LA 2008
Residency and Year LOUISIANA STATE UNIVERSITY (BOGALUSA) PROGRAM - NEW ORLEANS, LA 2011
License Expiration Date **6/30/2014**
Remarks

License Number 12965
License Date 12/7/2005
Name **HANLON, ANN M MD**
Address RALPH JOHNSON VA, 109 BEE STCHARLESTON, SC, 29404
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1982
Internship and Year EASTERN MAINE MEDICAL CTR, BANGOR ME 1983
Residency and Year EASTERN MAINE MEDICAL CTR, BANGOR ME 1985
License Expiration Date **6/30/2009**
Remarks

License Number 14071
License Date 7/9/2008
Name **HANLON, LARA C MD**
Address BEDFORD COMMONS OB/GYN, 201 RIVERWAY PLBEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2002
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NH 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13540
License Date 6/6/2007
Name **HANLON, STEPHEN U MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty CD
Board Certified CD
School and Year of Graduation GEORGETOWN UNIV USA 1993
Internship and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1994
Residency and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 11276
License Date 6/6/2001
Name **HANLON, TERRANCE G MD**
Address ROCKINGHAM INT MEDICAL CARE, 58 ISLAND PND RD STE 3ATKINSON, NH, 03811
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1989
Internship and Year UNIV OF MASS MED SCH - WORCESTER, MA 1990
Residency and Year UNIV OF MASS MED SCH - WORCESTER, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 4203
License Date 4/16/1968
Name **HANNA, WASSFY M MD**
Address 278 LAFAYETTE RD, PORTSMOUTH, NH, 03801
Specialty P
Board Certified CHP
School and Year of Graduation CAIRO INIV EGYPT 1957
Internship and Year METHROOLITAN STATE HOSPITAL - WALTHAM, MA 1966
Residency and Year METROPOLITAN STATE HOSPITAL - WALTHAM, MA 1967
License Expiration Date **6/30/2016**
Remarks

License Number 5544
License Date 7/1/1976
Name **HANNON, ROBERT C MD**
Address SALEM RADIOLOGY, 23 STILES RDSALEM, NH, 03079-2859
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MED BURLINGTON USA 1968
Internship and Year NEW YORK STATE 1969
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL 1974
License Expiration Date **6/30/2016**
Remarks

License Number 15793
License Date 8/1/2012
Name **HANOWELL, ERNEST J DO**
Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2003
Internship and Year YORK HOSPITAL - YORK, PA 2004
Residency and Year GRADUATE HOSPITAL - PHILADELPHIA, PA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15875
License Date 10/3/2012
Name **HANOWELL, JENNIFER C DO**
Address BOSTON CHILDREN'S HOSPITAL, 10 CENTENNIAL DRPEABODY, MA, 02190
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2003
Internship and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2004
Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11626
License Date 6/5/2002
Name **HANRAHAN, MELISSA B MD**
Address WESTSIDE HEALTHCARE, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty FP
Board Certified FP
School and Year of Graduation HAHNEMANN SCH OF MED - PHILADELPHIA, PA USA 1996
Internship and Year WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 1997
Residency and Year WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11277
License Date 6/6/2001
Name **HANSBERRY, MARK T MD**
Address 243 ELM ST, DEPT OF RADIOLOGYCLAREMONT, NH, 03743
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year YORK HOSPITAL - YORK, PA 1996
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11059
License Date 9/6/2000
Name **HANSEN, DEBORAH R MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty PD
Board Certified PD
School and Year of Graduation UPSTATE UNIV OF NEW YORK - SYRACUSE NY USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 11314
License Date 7/11/2001
Name **HANSEN, GREGORY J MD**
Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation SUNY HEALTH SCIENCES CENTER SYRACUSE NY USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON NH 1999
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER LEBANON NH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 6294
License Date 9/17/1980
Name **HANSEN, H ROGER MD**
Address 19 BARN RD, PO BOX 399SPOFFORD, NH, 03462
Specialty ORS
Board Certified ORS
School and Year of Graduation JEFFERSON MED COLL THOMAS JEFFERSON UNIV USA 1969
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1970
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1973
License Expiration Date **6/30/2006**
Remarks

License Number 10391
License Date 9/2/1998
Name **HANSFORD, JOEL C MD**
Address ST JOSEPH HOSPITAL, 166 KINSLEY ST SUITE 203NASHUA, NH, 03060
Specialty EM
Board Certified FP
School and Year of Graduation INDIANA UNIV SCH - INDIANAPOLIS, IN USA 1989
Internship and Year CARILION HEALTH SYSTEM - ROANOKE, VA 1990
Residency and Year CARILION HEALTH SYSTEM - ROANOKE, VA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 11849
License Date 3/5/2003
Name **HANSON, CHARLES D MD**
Address 52 PARK ST, ORONO, ME, 04473
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1969
Internship and Year SWEDISH MEDICAL CENTER - SEATTLE, WA 1974
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA- PHILADELPHIA, PA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 11278
License Date 6/6/2001
Name **HANSON, KIMBERLY E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GP
Board Certified
School and Year of Graduation NORTHWESTERN UNIV SCH MED-CHICAGO,IL USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2002**
Remarks

License Number 12261
License Date 4/7/2004
Name **HANSPETERSEN, JEFFREY T MD**
Address 336 ADAMS ST, #8DORCHESTER, MA, 02122
Specialty FP
Board Certified
School and Year of Graduation LOMA LINDA UNIVERSITY, LOMA LINDA CA US 2000
Internship and Year NH DARTMOUTH FAMILY PRACTICE, CONCORD NH 2001
Residency and Year NH DARTMOUTH FAMILY PRACTICE, CONCORD NH 2003
License Expiration Date **6/30/2006**
Remarks

License Number 14224
License Date 11/5/2008
Name **HAQ, AINUN MD**
Address 102 SHORE DR, STE 303WELSLEY, MA, 01605
Specialty IM
Board Certified IM
School and Year of Graduation CHITTAGONG MEDICAL COLLEGE BANGLADESH 1997
Internship and Year FOREST HILLS HOSPITAL-FOREST HILLS, NY 2005
Residency and Year FOREST HILLS HOSPITAL-FOREST HILLS, NY 2007
License Expiration Date **6/30/2010**
Remarks

License Number 9836
License Date 9/4/1996
Name **HARBAUGH, KIMBERLY S MD**
Address PENN ST/HERSHEY MED CTR-NEURO, MAIL CODE H110 PO BOX 850HERSHEY, PA, 17033-0850
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF CA SAN DIEGO SCHOOL OF MEDICINE LA JOLLA USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1991
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date **6/30/2006**
Remarks

License Number 7149
License Date 7/10/1985
Name **HARBAUGH, ROBERT E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NS
Board Certified NS
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY COLLEGE-HERSHEY, PA USA 1978
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-HANOVER, NH 1979
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-HANOVER, NH 1985
License Expiration Date **6/30/2005**
Remarks

License Number 14503
License Date 7/1/2009
Name **HARDER, ADAM T MD**
Address ORTHOPAEDICS NORTHEAST, 29 STILES RD #102SALEM, NH, 03079-5802
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIVERSITY USA 2003
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2004
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 6465
License Date 10/30/1981
Name **HARDIGAN, KENNETH R MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER, NY USA 1978
Internship and Year
Residency and Year
License Expiration Date **6/30/1989**
Remarks

License Number 14922
License Date 7/7/2010
Name **HARDIN, CARL W MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TEXAS USA 1981
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1982
Residency and Year UNIVERSITY OF UTAH SCHOOL OF MEDICINE - LOS ANGELES, CA 1986
License Expiration Date **5/9/2015**
Remarks **Requested inactive 5-9-2015.**

License Number 14504
License Date 7/1/2009
Name **HARDIN, DAVID R MD**
Address 111 PINE CT, JOHNSON CITY, TN, 37601
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF TENNESSEE USA 1986
Internship and Year UNIVERSITY OF TENNESSEE - MEMPHIS, TN 1987
Residency and Year UNIVERSITY OF SOUTH ALABAMA MEDICAL CENTER - MOBILE, AL 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16639
License Date 6/4/2014
Name **HARDING, CHRISTINA A MD**
Address 32 GARRISON ST #50306, BOSTON, MA, 02116
Specialty IM
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE USA 2011
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2012
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 7266
License Date 2/6/1986
Name **HARDY ARSNOW, MARCIA MD**
Address HUGGINS HOSP, S MAIN ST BOX 912WOLFEBORO, NH, 03894
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MA SCH MED WORCESTER MA USA 1983
Internship and Year BERKSHIRE MED CTR PITTSFIELD MA 1984
Residency and Year BERKSHIRE MED CTR PITTSFIELD MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 8221
License Date 9/6/1989
Name **HARDY, MARION J DO**
Address 33 NASON RD, PO BOX 429HAMPTON FALLS, NH, 03844
Specialty IM
Board Certified IM
School and Year of Graduation KIRKSVILLE COLL OF OSTEOPATHIC MED- MO USA 1966
Internship and Year HOSPITAL OF MAINE - ME 1967
Residency and Year HOSPITAL OF MAINE - ME 1968
License Expiration Date **6/30/2017**
Remarks

License Number 15379
License Date 9/7/2011
Name **HARDY, PAUL M MD**
Address HARDY HEALTHCARE PLLC, 186 VALLEY RDDUBLIN, NH, 03444
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1972
Internship and Year METHODIST HOSPITAL - HOUSTON, TX 1973
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1975
License Expiration Date **6/30/2017**
Remarks

License Number 8890
License Date 2/3/1993
Name **HARDY, R IAN MD**
Address FERTILITY CENTERS NEW ENGLAND, 20 POND MEADOW DRREADING, MA, 01867-
Specialty REN
Board Certified REN
School and Year of Graduation UNIVERSITY OF CINCINNATI - CINCINNATI, OH USA 1988
Internship and Year CHRIST HOSPITAL - CINCINNATI OH 1989
Residency and Year STANFORD UNIVERSITY HOSPITAL - STANFORD CA 1990
License Expiration Date **4/23/2014**
Remarks **4/23/14 Order of Emergency License Suspension and Notice of Hearing. 5/9/14 - Voluntary Surrender of License**

License Number 12545
License Date 12/1/2004
Name **HARDY, SETH M MD**
Address MAINE GENERAL MEDICAL CTR, 35 MEDICAL CENTER PKWYAUGUSTA, ME, 04330
Specialty DR
Board Certified R
School and Year of Graduation MEDICAL COLLEGE OF OHIO, TOLEDO OH US 2000
Internship and Year LOYOLA UNIVERSITY MED CTR, MAYWOOD IL 2001
Residency and Year LAHEY CLINIC MED CTR, BURLINGTON MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12381
License Date 7/7/2004
Name **HARE, NATHANIEL D MD**
Address ALLERGY PARTNERS OF LYNCHBURG, 3619 OLD FOREST RDLYNCHBURG, VA, 24502
Specialty AI
Board Certified AI
School and Year of Graduation EASTERN VIRGINIA MED SCHOOL, NORFOLD VA US 2001
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2014**
Remarks **LAPSED FOR NON-RENEWAL ON 6/3/06...
REINSTATED ON 5/7/08**

License Number 11415
License Date 10/3/2001
Name **HARE, SUSAN M MD**
Address 142 CALEF HILL ROAD, TILTON, NH, 03276
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED- BAY SHORE, NY USA 1996
Internship and Year WEST VIRGINIA UNIV HOSPITAL - MORGANTOWN, WV 1998
Residency and Year WEST VIRGINIA UNIV HOSPITAL - MORGANTOWN, WV 2001
License Expiration Date **9/8/2010**
Remarks **7/8/10 - Preliminary Agreement for Practice Restrictions. 9/8/10 - Settlement Agreement.
5/6/11 - Final Decision, Docket 11-01 5/10/11 - Final Decision, Docket 11-04
7/11/11 - Final Decision, Docket 11-06**

License Number 11958
License Date 6/4/2003
Name **HARESCH, JOHN W MD**
Address 809 COLINGTON DR, KILL DEVIL HILLS, NC, 27948
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NC AT CHAPEL HILL - CHAPEL HILL NC USA 2000
Internship and Year MOUNTAIN AREA HEALTH EDUCATION FOUNDATION - ASHEVILLE NC 2001
Residency and Year MOUNTAIN AREA HEALTH EDUCATION FOUNDATION - ASHEVILLE NC 2003
License Expiration Date **6/30/2007**
Remarks

License Number 9730
License Date 6/5/1996
Name **HARGES, PAMELA L MD**
Address 430 SOUTH RD, HOLDEN, MA, 01520
Specialty PD
Board Certified PD
School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE-WINSTON-SALEM NC USA 1985
Internship and Year UNIVERSITY OF CONNECTICUT-FARMINGTON CT 1988
Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 15060
License Date 11/3/2010
Name **HARISH, AMITHA MD**
Address WENTWORTH DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty AI
Board Certified AI
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2004
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2005
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13320
License Date 11/1/2006
Name **HARKER, PHENTON T MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation OHIO STATE UNIV USA 2001
Internship and Year CONCORD HOSPITAL-CONCORD, NH 2004
Residency and Year CONCORD HOSPITAL-CONCORD, NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 3035
License Date 9/8/1954
Name **HARKINSON, PAUL M MD**
Address 180 SHAW ST, MANCHESTER, NH, 03104-2760
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 1948
Internship and Year EASTERN MAINE GENERAL 1949
Residency and Year VETERANS ADMINISTRATION HOSPITAL 1954
License Expiration Date **6/30/2012**
Remarks

License Number 16865
License Date 12/3/2014
Name **HARKNESS, JAMES R MD**
Address MGH, 55 FRUIT ST GRB 800BOSTON, MA, 02114
Specialty CD
Board Certified CD
School and Year of Graduation JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2007
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 11060
License Date 9/6/2000
Name **HARLAND, DAWN L MD**
Address DHMC - GEN INTERNAL MED, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 6019
License Date 3/6/1979
Name **HARNISH, STEPHEN N MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF NEW MEXICO USA 1976
Internship and Year
Residency and Year
License Expiration Date **12/16/1996**
Remarks

License Number 9041
License Date 9/1/1993
Name **HARNSBERGER, JEFFREY R MD**
Address DARTMOUTH HITCHCOCK -MANCHESTE, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty CRS
Board Certified GS
School and Year of Graduation MEDICAL COLLEGE OF OHIO USA 1987
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS MO 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
License Expiration Date **6/30/2017**
Remarks

License Number 9378
License Date 3/1/1995
Name **HAROUTUNIAN, HARRY L MD**
Address 13 GRAND SUMIT WAY, PO BOX 207WEST DOVER, VT, 05356
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1973
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1974
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1974
License Expiration Date **6/30/2015**
Remarks

License Number 9854
License Date 10/2/1996
Name **HARPER, DIANE M MD**
Address 501 EAST BROADWAY, SUITE 240LOUISVILLE, KY, 40202
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS USA 1986
Internship and Year UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1986
Residency and Year UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1990
License Expiration Date **6/30/2016**
Remarks

License Number 16970
License Date 3/4/2015
Name **HARPER, KATHLEEN A DO**
Address 519 PINE ST, DOVER FOXCROFT, ME, 04426
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MEDICINE USA 1987
Internship and Year HUMANA HOSPITAL PALM BEACHES - WEST PALM BEACH, FL 1988
Residency and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1991
License Expiration Date **6/30/2017**
Remarks

License Number 4702
License Date 6/12/1972
Name **HARPER, PAUL J MD**
Address 1A COMMONS DR STE 5, LONDONDERRY, NH, 03053
Specialty GS
Board Certified GS
School and Year of Graduation NEW JERSEY COLLEGE OF MED-NEWARK NJ USA 1969
Internship and Year SAGINAW AFFILIATED HOSP-SAGINAW MI 1970
Residency and Year SAGINAW AFFILIATED HOSPITAL - SIGINAW, MI 1970
License Expiration Date **6/30/2016**
Remarks

License Number 8199
License Date 8/9/1989
Name **HARPER, SUSAN N MD**
Address VA HOSPITAL, RADIOLOGY DEPARTMENTWHITE RIVER JCT, VT, 05001
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1984
Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1985
Residency and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 17215
License Date 8/5/2015
Name **HARREL III, NICHOLAS D MD**
Address PO BOX 73453, PHOENIX, AZ, 85050
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF TX MEDICAL SCHOOL @ SAN ANTONIO USA 2008
Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2009
Residency and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2014
License Expiration Date **6/30/2017**
Remarks

License Number 13334
License Date 11/1/2006
Name **HARRELL III, ROBERT L MD**
Address SEACOAST THORACIC ASSOC, 750 CENTRAL AVE STE IDOVER, NH, 03820
Specialty TS
Board Certified TS
School and Year of Graduation DUKE UNIV USA 1990
Internship and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 1991
Residency and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 1993
License Expiration Date **6/30/2014**
Remarks

License Number 10619
License Date 7/7/1999
Name **HARRIGAN, DEBORAH A MD**
Address SKYHAVEN INTERNAL MEDICINE, 6 HEALTHCARE DR STE 2 ROCHESTER, NH, 03867
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1996
Internship and Year THE FAMILY PRACTICE RESIDENCY PROGRAM- DANVERS, MA 1997
Residency and Year THE FAMILY PRACTICE RESIDENCY PROGRAM-DANVERS, MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 6755
License Date 8/4/1983
Name **HARRIGAN, EDMUND P MD**
Address PFIZER INC, 235 E 42ND ST 235-10-1 NEW YORK, NY, 10017
Specialty N
Board Certified N
School and Year of Graduation UNIV OF MASS SCH MED-WORCHESTER, MA USA 1979
Internship and Year BERKSHIRE MED CTR-PITTSFIELD, MA 1980
Residency and Year UNIV HOSP INC-BOSTON, MA 1983
License Expiration Date **6/30/2005**
Remarks

License Number 16908
License Date 1/21/2015
Name **HARRINGTON, HEIDI M MD**
Address ATLANTIC PLASTIC SURGERY, 100 GRIFFIN RD PORTSMOUTH, NH, 03801
Specialty PS
Board Certified PS
School and Year of Graduation DREXEL UNIVERSITY USA 2005
Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2006
Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12700
License Date 5/4/2005
Name **HARRINGTON, MOLLY H MD**
Address DARTMOUTH-HITCHCOCK MANCHESTER, 5 WASHINGTON PLACE BEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1999
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 2000
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2002
License Expiration Date **6/30/2017**
Remarks

License Number 7809
License Date 4/6/1988
Name **HARRINGTON, ROBERT H MD**
Address MARSH BROOK PROF CENTER, 7 MARSH BROOK DRIVESOMERSWORTH, NH, 03878
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1979
Internship and Year NAVAL HOSPITAL - SAN DIEGO, CA 1980
Residency and Year NAVAL HOSPITAL - BETHESDA, MD 1986
License Expiration Date **6/30/2016**
Remarks

License Number 11247
License Date 5/2/2001
Name **HARRINGTON, SHAWN P MD**
Address MONADNOCK ORTHOPAEDICS ASSOC, 458 OLD STREET RD STE 200PETERBOROUGH, NH, 03458
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF FLORIDA USA 1996
Internship and Year CARILION HEALTH SYSTEM-ROANOKE MEMORIAL HOSPITAL - ROANOKE VA 1997
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 2001
License Expiration Date **6/30/2017**
Remarks

License Number 16010
License Date 2/6/2013
Name **HARRINGTON, WILLIAM N MD**
Address THERAPATH PATHOLOGY, 545 WEST 45TH ST 7TH FLNEW YORK, NY, 10036
Specialty NP
Board Certified NP
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1982
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1983
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1985
License Expiration Date **6/30/2017**
Remarks

License Number 11755
License Date 10/2/2002
Name **HARRIS, BRENT T MD**
Address 11525 SPRINGRIDGE RD, POTOMAC, MD, 20854
Specialty PTH
Board Certified PTH
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MED, WASHINGTON DC USA 1995
Internship and Year STANFORD UNIVERSITY, STANFORD CA 1996
Residency and Year STANFORD UNIVERSITY, STANFORD CA 1999
License Expiration Date **6/30/2012**
Remarks

License Number 12576
License Date 1/5/2005
Name **HARRIS, BURTON H MD**
Address DIV OF PEDIATRIC SURGERY, 111 E 210 STBRONX, NY, 10467
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF NEW YORK, BROOKLYN NY US 1965
Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1966
Residency and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1973
License Expiration Date **6/30/2009**
Remarks

License Number 8590
License Date 7/17/1991
Name **HARRIS, DAVID S MD**
Address 719 PROVIDENCE ESTATE DR, E MOBILE, AL, 36695
Specialty U
Board Certified U
School and Year of Graduation LOYOLA UNIV OF CHICAGO STRITCH-MAYWOOD,IL USA 1985
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1986
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1988
License Expiration Date **6/30/1998**
Remarks

License Number 8798
License Date 9/2/1992
Name **HARRIS, DORA R MD**
Address 148 MARYLAND RD, PLATTSBURGH, NY, 12901
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1961
Internship and Year TORONTO EAST GENERAL AND ORTHOPEDIC HOSPITAL TORONTO - CANADA 1962
Residency and Year CHILDRENS HOSPITAL OF PITTSBURGH PITTSBURGH - PENNSYLVANIA 1964
License Expiration Date **6/30/2006**
Remarks **DECEASED 1/22/2015**

License Number 14585
License Date 9/2/2009
Name **HARRIS, LAURA G MD**
Address SEACOAST PATHOLOGY INC, 1 HAMPTON RD STE 208EXETER, NH, 03833
Specialty PTH
Board Certified PTH
School and Year of Graduation BOSTON UNIVERSITY - BOSTON, MA USA 2002
Internship and Year BOSTON MEDICAL CENTER - BOSTON, MA 2003
Residency and Year BETH ISRAEL DEACONESS MEDICA CENTER - EAST CAMPUS - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 5668
License Date 1/14/1977
Name **HARRIS, MARK S MD**
Address 331 UPPER PLAIN, BRADFORD, VT, 05033-0729
Specialty PD
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY-WASHINGTON DC USA 1974
Internship and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1975
Residency and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1976
License Expiration Date **6/30/2013**
Remarks

License Number 16071
License Date 4/3/2013
Name **HARRIS, MATTHEW J DO**
Address LAKES REGION ANESTHESIOLOGY, 80 HIGHLAND ST/ACONIA, NH, 03246
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2010
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 6345
License Date 3/5/1981
Name **HARRIS, PETER Q MD**
Address 3301 ROUTE 66, BLDG B STE 106/NEPTUNE, NJ, 07753
Specialty P
Board Certified P
School and Year of Graduation CASE WESTERN UNIVERSITY, CLEVELAND OH US 1975
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1976
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1978
License Expiration Date **6/30/2017**
Remarks **10/16/87 LAPSED FOR NON RENEWAL //REINSTATED 9/1/04**

License Number 7615
License Date 6/3/1987
Name **HARRIS, ROBERT D MD**
Address DHMC/RADIOLOGY, 1 MEDICAL CENTER DR/LEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1982
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1984
Residency and Year UNIV HOSPITAL - SEATTLE, WA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 15189
License Date 4/6/2011
Name **HARRIS, RUSSELL H MD**
Address EMCARE INC, 100 WITMER RD #220HORSHAM, PA, 19044
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1982
Residency and Year
License Expiration Date **6/30/2017**
Remarks

License Number 14839
License Date 5/5/2010
Name **HARRIS, STEPHEN L MD**
Address RADIATION ONCOLOGY ASSOC, PA, 11 N SOUTHWOOD DRNASHUA, NH, 03063
Specialty RO
Board Certified RO
School and Year of Graduation INDIANA UNIVERSITY USA 2005
Internship and Year CLARIAN METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 2006
Residency and Year UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE-CHAPEL HILL, NC 2009
License Expiration Date **6/30/2016**
Remarks

License Number 6066
License Date 6/11/1979
Name **HARRISON, HOWARD D MD**
Address , , ,
Specialty ORS
Board Certified ORS
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1961
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 10648
License Date 8/4/1999
Name **HARRISON, JOHN W MD**
Address KAYENTA HEALTH CTR-COUNSELING, PO BOX 368KAYENTA, AZ, 86033
Specialty CHP
Board Certified
School and Year of Graduation NEW YORK MED COLL - VALHALLA, NY USA 1957
Internship and Year OHIO STATE UNIV HOSP - COLUMBUS, OH 1961
Residency and Year CHILD GUIDANCE CTR - SAINT PAUL, MN 1973
License Expiration Date **6/30/2009**
Remarks

License Number 10516
License Date 3/3/1999
Name **HARRISON, THOMAS L DO**
Address 1444 SO OWASSO AVE, TULSA, OK, 74120
Specialty R
Board Certified R
School and Year of Graduation OKLAHOMA UNIV COLL OF OSTEO MED-TULSA OK USA 1977
Internship and Year UNITED STATES PUBLIC HLT SERVICE HOSPITAL - SAN FRANCISCO, CA 1978
Residency and Year COLUMBIA TULSA REGIONAL MEDICAL CENTER - TULSA, OK 1984
License Expiration Date **6/30/2013**
Remarks

License Number 16755
License Date 9/3/2014
Name **HARRIST, TERENCE J MD**
Address STRATA PATHOLOGY SER, 1 CRANBERRY HILL #303LEXINGTON, MA, 02421
Specialty PTH
Board Certified PTH
School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 1974
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1975
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 15702
License Date 6/6/2012
Name **HART SILVEIRA, SHARON A MD**
Address DH-NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty OBG
Board Certified OBG
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2008
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2009
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12104
License Date 10/1/2003
Name **HART, COLEEN E MD**
Address 3 ADAM SMITH SQUARE, WOODBROOK TRINIDADWEST INDIES, ,
Specialty IM
Board Certified
School and Year of Graduation CEBU DOCTORS COLLEGE, CEBU CITY PHILIPPINES PHILIPPINES 1999
Internship and Year ST JOSEPHS HOSPITAL, PATERSON NJ 2002
Residency and Year ST JOSEPHS HOSPITAL, PATERSON NJ 2003
License Expiration Date **6/30/2007**
Remarks

License Number 13799
License Date 1/11/2008
Name **HART, JAMES C MD**
Address BIDMC, 330 BROKLINE AVE SPAN 219BOSTON, MA, 02215
Specialty IM
Board Certified IM
School and Year of Graduation ROSALIND FRANKLIN UNIV USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2012**
Remarks

License Number 16072
License Date 4/3/2013
Name **HART, MELISSA A MD**
Address DHMC - DEPT HOSPITAL MEDICINE, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF QUEENSLAND AUSTRALIA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 3393
License Date 9/17/1960
Name **HART, WILLIAM R MD**
Address 13 EMERSON AVE, PO BOX 159HAMPSTEAD, NH, 03841-2265
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY COLLEGE IRELAND 1959
Internship and Year ELLIS HOSPITAL- NY 1960
Residency and Year ELLIS HOSPITAL - NY 1960
License Expiration Date **6/30/2010**
Remarks **9/2/10 - Voluntary Surrender of License.**

License Number 12262
License Date 4/7/2004
Name **HARTFORD, ALAN C MD**
Address DHMC-RADIATION ONCOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1992
Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR, BOSTON MA 1993
Residency and Year MASS GENERAL HOSP, BOSTON MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 7287
License Date 3/6/1986
Name **HARTMAN JR, A FREDERICK MD**
Address C/O MANAGEMENT SCIENCES HEALTH, 220 RIVERS EDGE DRMEDFORD, MA, 02155
Specialty FP
Board Certified GPM
School and Year of Graduation TEMPLE UNIV SCH MED - PHILADELPHIA, PA USA 1969
Internship and Year ST MARY'S HOSPITAL MEDICAL CENTER - SAN FRANCISCO, CA 1970
Residency and Year SAN FRANCISCO GENERAL HOSITAL - CA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 10751
License Date 11/3/1999
Name **HARTMAN, GREGG S MD**
Address DHMC - ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE-NY USA 1983
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER,NY 1984
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL-NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 10681
License Date 9/1/1999
Name **HARTMAN, JINNY K MD**
Address DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation MOUNT SINAI SCH OF MED - NY, NY USA 1991
Internship and Year ST LUKE'S-ROOSEVELT HOSPITAL CTR -NEW YORK, NY 1992
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1995
License Expiration Date **6/30/2017**
Remarks

License Number 13286
License Date 10/4/2006
Name **HARTMAN, KAREN E MD**
Address 3A PROSPECT ST, LEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2008**
Remarks

License Number 14623
License Date 10/7/2009
Name **HARTMAN, MICHAEL J MD**
Address 500 ARCADE AVE SUITE 110, ELKHART, IN, 46514
Specialty ORS
Board Certified ORS
School and Year of Graduation INDIANA UNIVERSITY USA 1994
Internship and Year HENRY FORD HOSPITAL- DETROIT, MI 1996
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1999
License Expiration Date **6/30/2017**
Remarks

License Number D0009
License Date
Name **HARTMAN, TED E MD**
Address , PO BOX 121BARNET, VT, 05821
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1979
Internship and Year ANDERSON AREA MEDICAL CENTER - ANDERSON SC 1980
Residency and Year ANDERSON AREA MEDICAL CENTER - ANDERSON SC 1982
License Expiration Date **9/9/2003**
Remarks **DENIAL OF LICENSE**

License Number 15794
License Date 8/1/2012
Name **HARTMAN, TYLER K MD**
Address DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03766
Specialty PD
Board Certified PD
School and Year of Graduation KIGEZI INTERNATIONAL SCHOOL OF MEDICINE UNITED KINGDOM 2004
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2005
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15832
License Date 9/5/2012
Name **HARTMAN-HEANEY, TIPTON H DO**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2006
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2007
Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15621
License Date 4/4/2012
Name **HARTSHORN, ALENDIA L MD**
Address MISSION NEUROLOGY ASSOCIATES, 890 HENDERSONVILLE RD, SUITE 200ASHEVILLE, NC, 28803
Specialty N
Board Certified
School and Year of Graduation EAST TENNESSEE STATE UNIV USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 15507
License Date 1/4/2012
Name **HARTY, JAMES I MD**
Address 5815 ORION RD, LOUISVILLE, KY, 40222
Specialty U
Board Certified U
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 1969
Internship and Year JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - BALTIMORE, MD 1973
Residency and Year JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - BALTIMORE, MD 1977
License Expiration Date **6/30/2014**
Remarks

License Number 12105
License Date 10/1/2003
Name **HARVEY, ROBERT P MD**
Address 7180 E ORCHARD RD #208, ENGLEWOOD, CO, 80111
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF COLORADO, DENVER CO US 1969
Internship and Year ARROWHEAD REGIONAL MEDICAL CTR, COLTON CA 1970
Residency and Year ARROWHEAD REGIONAL MEDICAL CTR, COLTON CA 1975
License Expiration Date **6/30/2015**
Remarks

License Number 11913
License Date 5/7/2003
Name **HASBROUCK, DOUGLAS J MD**
Address MEDICAL REVIEW INSTITUTE, 2875 S DECKER LAKE DR #550SALT LAKE CITY, UT, 84119
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1981
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1982
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1983
License Expiration Date **6/30/2005**
Remarks

License Number 16971
License Date 3/4/2015
Name **HASEER KOYA, HAYAS MD**
Address HUGGINS HOSPITAL, 240 SO MAIN STWOLFEBORO, NH, 03894
Specialty IM
Board Certified
School and Year of Graduation GOVERNMENT MEDICAL COLLEGE TRIVANDRUM INDIA 2008
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2013
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 7388
License Date 7/3/1986
Name **HASEMAN, DAVID B MD**
Address VALLEY RADIOLOGIST, 243 ELM STCLAREMONT, NH, 03743
Specialty R
Board Certified R
School and Year of Graduation EASTERN VA MED SCHOOL NORFOLK VA USA 1979
Internship and Year WALTER REED MED CTR WASHINGTON DC 1980
Residency and Year WALTERREED MED CTR WASHINGTON DC 1983
License Expiration Date **6/30/2016**
Remarks

License Number 15572
License Date 3/7/2012
Name **HASHMI, RAZIA S MD**
Address THE WELLPOINT COMPANIES INC, 108 LEIGUS ROADWALLINGFORD, CT, 06492
Specialty FP
Board Certified FP
School and Year of Graduation JAWAHARLAL INST OF POSTGRADUATE MED EDUCATION & RE INDIA 1984
Internship and Year LUTHERAN MEDICAL CENTER - BROOKLYN, NY 1987
Residency and Year LUTHERAN MEDICAL CENTER - BROOKLYN, NY 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10121
License Date 9/10/1997
Name **HASKELL, CAROLYN DO**
Address TEWKSBURY MEDICAL GROUP, 600 CLARK RDTEWKSBURY, MA, 01876
Specialty FP
Board Certified FP
School and Year of Graduation NY COLL OF OSTEO MED OLD WESTBURY, NY USA 1991
Internship and Year LONG BEACH MEMORIAL HOSPITAL - LONG BEACH, NY 1992
Residency and Year PENINSULA GENERAL HOSPITAL - FAR ROCKAWAY, NY 1994
License Expiration Date **6/30/2013**
Remarks

License Number 3551
License Date 9/20/1962
Name **HASSAN, KAMEL J MD**
Address 202N TRENTON ST #3, ARLINGTON, VA, 22203
Specialty AN
Board Certified AN
School and Year of Graduation GEORGETOWN UNIVERSITY- WASHINGTO DC USA 1952
Internship and Year US NAVAL HOSPITAL- BETHESDA MD 1953
Residency and Year GEORGETOWN HOSPITAL- WASHINGTON DC 1957
License Expiration Date **6/30/2014**
Remarks

License Number 2699
License Date 9/9/1948
Name **HASSERJIAN, PAUL Y MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **10/16/1992**
Remarks **DECEASED 10/16/92**

License Number 9418
License Date 5/3/1995
Name **HASSETT, WILLIAM E MD**
Address DOVER FAMILY PRACTICE, 10 MEMBERS WAY STE 203DOVER, NH, 03820-
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year UNIVERSITY OF COLORADO-DENVER,CO 1991
Residency and Year UNIVERSITY OF COLORADO, DENVER CO 1991
License Expiration Date **6/30/2017**
Remarks

License Number 12106
License Date 10/1/2003
Name **HASSON, RICHARD M MD**
Address 401 HAWTHORNE LN STE 110-121, CHARLOTTE, NC, 28204
Specialty R
Board Certified R
School and Year of Graduation TULANE UNIVERSITY, NEW ORLEANS LA US 1993
Internship and Year UNIVERSITY HEALTH CTR OF PITTSBURGH, PITTSBURGH PA 1994
Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 3813
License Date 7/28/1965
Name **HASTINGS, ELLIOT P MD**
Address 1 WILD ACRES RD, GILFORD, NH, 03246
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1960
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961
Residency and Year DARTMOUTH AFFILIATED - HANOVER, NH 1965
License Expiration Date **6/30/2007**
Remarks **DECEASED 4/24/09**

License Number 15536
License Date 2/1/2012
Name **HATCHER, THERESA S DO**
Address WEATHERBY HEALTHCARE, 6451 N FEDERAL HWY STE 800FT LAUDERDALE, FL, 33308
Specialty EM
Board Certified FP
School and Year of Graduation OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE USA 1985
Internship and Year OUCOM - ST JOSEPH HEALTH CENTER - EASTLAND - WARREN, OH 1986
Residency and Year CREIGHTON UNIVERSITY - OMAHA, NE 1988
License Expiration Date **6/30/2016**
Remarks

License Number 14762
License Date 3/3/2010
Name **HATHAWAY, JESSICA A MD**
Address DHMC-DEPT OF ANESTHESIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14681
License Date 12/2/2009
Name **HATHCOCK, STEPHEN A MD**
Address UAMS, 4301 W MARKHAM ST, SLOT 508LITTLE ROCK, AR, 72205
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF ARKANSAS USA 1989
Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1990
Residency and Year UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE - LITTLE ROCK, AR 1991
License Expiration Date **6/30/2015**
Remarks

License Number 3895
License Date 2/3/1966
Name **HATOUM, KHALIL MD**
Address SEVEN OLD POST RD, HARWICH, MA, 02645-
Specialty FP
Board Certified
School and Year of Graduation UNIV OF BORDEAUX - FRANCE FRANCE 1963
Internship and Year BOOTH MEMORIAL HOSPITAL - FLUSHING, NY 1964
Residency and Year BOOTH MEMORIAL HOSPITAL - FLUSHING, NY 1965
License Expiration Date **6/30/2016**
Remarks

License Number 9190
License Date 6/1/1994
Name **HATTAMER, STEVEN J MD**
Address SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1992
Internship and Year TRUMAN MEDICAL CENTER WEST - KANSAS CITY MO 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 14763
License Date 3/3/2010
Name **HATTAN, ERIN T MD**
Address LRGH SLEEP LAB, 15 MAPLE AVEGILFORD, NH, 03249
Specialty SM
Board Certified SM
School and Year of Graduation BROWN UNIVERSITY USA 2003
Internship and Year JEWISH GENERAL HOSPITAL - QUEBEC, CANADA 2004
Residency and Year MONTREAL NEUROLOGICAL INSTITUTE-MCGILL UNIV - QUEBEC, CANADA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 5079
License Date 9/14/1973
Name **HATTAN, RICHARD F MD**
Address , BOX 105 618 RTE 4SALISBURY, NH, 03268
Specialty CHP
Board Certified CHP
School and Year of Graduation ST LOUIS UNIVERSITY-ST LOUIS MO USA 1963
Internship and Year SAN JOAQUIN STATE HOSP-STOCKTON CA 1964
Residency and Year NEW YORK HOSP-WHITE PLAINS NY 1966
License Expiration Date **6/30/2015**
Remarks

License Number 9700
License Date 5/1/1996
Name **HAUGH, CONNOR J MD**
Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty ICE
Board Certified ICE
School and Year of Graduation VANDERBILT UNIVERSITY TN USA 1989
Internship and Year NEW ENGLAND MEDICAL CENTER BOSTON 1990
Residency and Year NEW ENGLAND MEDICAL CENTER BOSTON 1972
License Expiration Date **6/30/2016**
Remarks

License Number 11699
License Date 8/7/2002
Name **HAUSER, BRYAN S MD**
Address UNUM - HO3, 2211 CONGRESS STPORTLAND, ME, 04122
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK MEDICAL COLLEGE- VALHALLA, NY USA 1998
Internship and Year BETH ISRAEL MEDICLAL CENTER-NEW YORK,NY 1999
Residency and Year BETH ISREAL MEDICAL CENTER-NEW YORK,NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 15959
License Date 12/5/2012
Name **HVALESHKO, DMYTRO M MD**
Address 330 BORTHWICK AVE, SUITE 308PORTSMOUTH, NH, 03801
Specialty GS
Board Certified
School and Year of Graduation CERNOVICKIJ MEDICAL INSTITUTE UKRAINE 1998
Internship and Year UNIVERSITY OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2011
Residency and Year UNIVERSITY OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2013
License Expiration Date **6/30/2016**
Remarks

License Number 14624
License Date 10/7/2009
Name **HAVIDICH, JEANA E MD**
Address DHMC-ANESTHESIA DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation NORTHEASTERN OHIO UNIVERSITY USA 1993
Internship and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1995
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1997
License Expiration Date **6/30/2017**
Remarks

License Number 15299
License Date 7/6/2011
Name **HAWASLI, HAZEM MD**
Address DHMC-RADIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation MOREHOUSE SCHOOL OF MEDICINE USA 2007
Internship and Year ST JOHN HOSPITAL & MEDICAL CTR - DETROIT, MI 2008
Residency and Year ST JOSEPH MERCY OAKLAND- PONTIAC, MI 2009
License Expiration Date **6/30/2013**
Remarks

License Number 14072
License Date 7/9/2008
Name **HAWKINS, MATTHEW J MD**
Address ESSEX ORTHO/OPTIMA SPORTS MED, 16 PELHAM RDSALEM, NH, 03079
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV 2002 2002
Internship and Year GEORGETOWN UNIV MEDICAL CENTER-WASHINGTON, DC 2003
Residency and Year GEORGETOWN UNIV MEDICAL ENTER-WASHINGTON, DC 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13157
License Date 7/5/2006
Name **HAWKINS, RANDY K MD**
Address 4 WRIGHT ACRES RD, BEDFORD, NH, 03110
Specialty AN
Board Certified AN
School and Year of Graduation GEORGETOWN UNIV USA 1989
Internship and Year NAVAL HOSPITAL OAKLAND-BETHESDA, MD 1990
Residency and Year UNIV OF FLORIDA-GAINESVILLE,FL 1996
License Expiration Date **6/30/2016**
Remarks **11/17/10 - Settlement Agreement**

License Number 8752
License Date 7/1/1992
Name **HAWKINS, RICHARD B MD**
Address 1480 JOHN FITCH HIGHWAY, FITCHBURG, MA, 01420-
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1969
Internship and Year HOSPITAL UNIVERSITY OF PENNSYLVANIA PHILADELPHIA - PENNSYLVANIA 1970
Residency and Year BRIGHAM & WOMEN'S HOSPITAL BOSTON - MASSACHUSETTS 1971
License Expiration Date **12/24/2004**
Remarks **Sent Letter, Retired 12/24/04**
7/11/05 - Settlement Agreement

License Number 8161
License Date 7/12/1989
Name **HAWKINS, ROBERT E MD**
Address 887 CONGRESS ST STE 400, PORTLAND, ME, 04102
Specialty GS
Board Certified GS
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY, NY USA 1982
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1983
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 11596
License Date 5/1/2002
Name **HAWTHORNE, CATHERINE G MD**
Address 516 E NIZHONI BLVD, GALLOP, NM, 87301
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VERMONT COLL- BURLINGTON, VT USA 1973
Internship and Year MILLARD FILLMORE GATES CIR HOSPITAL - BUFFALO, NY 1974
Residency and Year MILLARD FILLMORE GATES CIR HOSPITAL - BUFFALO, NY 1975
License Expiration Date **6/30/2010**
Remarks **7/9/09- Settlement Agreement**

License Number 11092
License Date 10/4/2000
Name **HAY, JAMES R MD**
Address CAROLINAS CTR -MGMNT OF PAIN, 1330 BOILING SPRINGS RD STE 2700SPARTANBURG, SC, 29303
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF KANSAS- KANSAS CITY, KS USA 1986
Internship and Year WESTERN RESERVE CARE SYSTEM/ NORTHSIDE MEDICAL CENTER - YOUNGTOWN, OH 1987
Residency and Year WESTERN RESERVE CARE SYSTEM/ NORTHSIDE MEDICAL CENTER - YOUNGTOWN, OH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 11248
License Date 5/2/2001
Name **HAYEK, ANTOINETTE G MD**
Address HITCHCOCK CLINIC-BEDFORD, 25 SO RIVER ROADBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation NORTHEASTERN OHIO UNIVERSITY USA 1998
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - JACKSONVILLE FL 2000
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - JACKSONVILLE FL 2001
License Expiration Date **6/30/2005**
Remarks

License Number 6437
License Date 8/10/1981
Name **HAYES JR, FRANCIS E MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301-5421
Specialty FP
Board Certified FP
School and Year of Graduation TIFTS UNIV OF MED-BOSTON,MA USA 1978
Internship and Year DUKE UNIV MED CTR-DURHAM,NC 1979
Residency and Year DUKE UNIV MED CTR-DURHAM,NC 1981
License Expiration Date **6/30/2017**
Remarks

License Number 11597
License Date 5/1/2002
Name **HAYES JR, JOSEPH R MD**
Address ELLIOT HOSP-HOSPITALIST PROGRA, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1997
Internship and Year UNIV OF COLORADO MED SCH - DENVER, CO 1988
Residency and Year UNIV OF COLORADO MED SCH - DENVER, CO 2000
License Expiration Date **6/30/2008**
Remarks

License Number 17166
License Date 7/1/2015
Name **HAYES, CHRISTI A MD**
Address DHMC - DEPT OF HEMATOLOGY/ONCOLOGY, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2007
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2008
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 15795
License Date 8/1/2012
Name **HAYES, DAVID L MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MISSOURI-KANSAS CITY SCHOOL OF MED USA 1976
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1978
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1979
License Expiration Date **6/30/2016**
Remarks

License Number 8162
License Date 7/12/1989
Name **HAYES, HAMILTON R MD**
Address 239 MIDDLE RD, BYFIELD, MA, 01922
Specialty EM
Board Certified EM
School and Year of Graduation MC GILL UNIV FAC OF MED-MONTREAL CANADA 1966
Internship and Year BEVERLY HOSP-BEVERLY,MA 1967
Residency and Year MASS GEN HOSP-BOSTON,MA 1974
License Expiration Date **6/30/1998**
Remarks

License Number 17005
License Date 4/1/2015
Name **HAYES, WILLIAM B MD**
Address 4617 BRIAR HAVEN RD, FORT WORTH, TX, 76109
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER USA 1994
Internship and Year BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 1995
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER 1997
License Expiration Date **6/30/2017**
Remarks

License Number 12164
License Date 12/3/2003
Name **HAYMAN, JAMES A MD**
Address U OF MICHIGAN DEPT OF RADIATIO, 1500 E MED CTR DR UH-B2C490-10ANN ARBOR, MI, 48104
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CHICAGO, CHICAGO IL US 1991
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE, EVANSTON IL 1992
Residency and Year JOINT CTR FOR RADIATION THERAPY, BOSTON MA 1996
License Expiration Date **6/30/2005**
Remarks

License Number 16511
License Date 3/5/2014
Name **HAYNAL, WILLIAM B MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 10584
License Date 6/2/1999
Name **HAYTER, MICHAEL G MD**
Address ROCHESTER HILL FAMILY PRACTICE, 5 WHITEHALL RD ROCHESTER, NH, 03867
Specialty FP
Board Certified FP
School and Year of Graduation DALHOUSIE UNIV FAC OF MED - HALIFAX, CANADA CANADA 1995
Internship and Year UNIV OF WESTERN ONTARIO FACULTY OF MED - LONDON, ONTARIO CANADA 1996
Residency and Year UNIV OF WESTERN ONTARIO FACULTY OF MED - LONDON, ONTARIO CANADA 1997
License Expiration Date **6/30/2009**
Remarks

License Number 12531
License Date 11/3/2004
Name **HAYTON, ANNE S MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200 SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation BROWN UNIVERSITY, PROVIDENCE RI US 1986
Internship and Year BERKSHIRE MED CTR, PITTSFIELD MA 1987
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1991
License Expiration Date **6/30/2016**
Remarks

License Number 9731
License Date 6/5/1996
Name **HAZARD, LORRAINE L MD**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON ST MED SUITE CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY-BOSTON MA USA 1983
Internship and Year PROVIDENCE HOSPITAL-WASHINGTON DC 1984
Residency and Year PROVIDENCE HOSPITAL-WASHINGTON DC 1985
License Expiration Date **6/30/2006**
Remarks **Deceased 11/4/2013**

License Number 11914
License Date 5/7/2003
Name **HAZARD, ROWLAND G MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1978
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1979
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1980
License Expiration Date **6/30/2017**
Remarks

License Number 3382
License Date 9/16/1960
Name **HAZEL, GEORGE M MD**
Address 104 HERON RD, WAKEFIELD, MA, 01880
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTTS UNIVERSITY SCHOOL OF MEDICINE USA 1959
Internship and Year CARNEY HOSPITAL - DORCHESTER MA 1960
Residency and Year CARNEY HOSPITAL - DORCHESTER MA 1960
License Expiration Date **6/30/2004**
Remarks

License Number 16582
License Date 5/7/2014
Name **HEAD, JAMES E MD**
Address 8 RESERVOIR RD APT 108, HANOVER, NH, 03755
Specialty DR
Board Certified
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year CONE HEALTH - GREENSBORO, NC 2009
Residency and Year MALLINCKRODT INSTITUTE OF RADIOLOGY - ST LOUIS, MO 2014
License Expiration Date **6/30/2016**
Remarks

License Number 5678
License Date 3/3/1977
Name **HEAFITZ, MORTON H MD**
Address 101 GEORGE P HASSETT DR, MEDFORD, MA, 02155-3201
Specialty TS
Board Certified TS
School and Year of Graduation STATE UNIV OF NEW YORK AT BUFFALO SCHOOL OF MED USA 1959
Internship and Year BOSTON CITY HOSPITAL 1960
Residency and Year BOSTON CITY HOSPITAL 1966
License Expiration Date **6/30/1999**
Remarks

License Number 16512
License Date 3/5/2014
Name **HEALY, KEVIN J MD**
Address 29 CONCORD AVE, CAMBRIDGE, MA, 02138
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF IOWA COLLEGE OF MEDICINE USA 1980
Internship and Year NAVAL HOSPITAL - OAKLAND, CA 1981
Residency and Year NAVAL HOSPITAL - OAKLAND, CA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7442
License Date 10/2/1986
Name **HEANEY, JOHN A MD**
Address 10 PLEASANT ST, HANOVER, NH, 03755
Specialty U
Board Certified U
School and Year of Graduation DUBLIN UNIVERSITY - DUBLIN, IRELAND IRELAND 1969
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1975
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date **3/21/2015**
Remarks **REQUESTED LICENSE TO BE INACTIVE ON 3/21/15**

License Number 10620
License Date 7/7/1999
Name **HEAPS, ROBERT J MD**
Address NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASINGTON,DC USA 1989
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1990
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1996
License Expiration Date **6/30/2017**
Remarks

License Number 16583
License Date 5/7/2014
Name **HEARN, HUNTER A MD**
Address 12205 COUNTY LINE RD STE C, MADISON, AL, 35758
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 1999
Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2000
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2003
License Expiration Date **6/30/2016**
Remarks

License Number 7172
License Date 8/1/1985
Name **HEARNE, MICHAEL J MD**
Address 208 CHESTNUT HILL RD, NEW BOSTON, NH, 03070
Specialty CD
Board Certified CD
School and Year of Graduation GEORGETOWN UNIV SCH OF MED USA 1970
Internship and Year GRADY MEM HOSP-ATLANTA-GA 1971
Residency and Year GEORGETOWN UNIV HOSP-WASHINGTON,DC 1973
License Expiration Date **6/30/2017**
Remarks

License Number 9925
License Date 2/5/1997
Name **HEARST, JOHN E MD**
Address 140 HOSPITAL DR, BENNINGTON, VT, 05201
Specialty FP
Board Certified FP
School and Year of Graduation GOREGE WASHINGTON UNIV SCH OF MED - DC USA 1983
Internship and Year ST MARY'S HOSPITAL MEDICAL CENTER - WI 1984
Residency and Year ST MARY'S HOSPITAL MEDICAL CENTER - WI 1986
License Expiration Date **6/30/1999**
Remarks

License Number 10485
License Date 1/6/1999
Name **HEATH, HARLEY W MD**
Address WOLFEBORO PEDIATRICS, 240 S MAIN ST STE AWOLFEBORO, NH, 03894
Specialty PD
Board Certified
School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN,CT USA 1987
Internship and Year CHILDREN'S HOSPITAL AND MEDICAL CENTER - SEATTLE, WA 1988
Residency and Year CHILDREN'S HOSPITAL AND MEDICAL CENTER - SEATTLE, WA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 5692
License Date 4/7/1977
Name **HEATH, JAMES S MD**
Address NASHUA PATHOLOGY, 1 PROSPECT ST 2ND FLNASHUA, NH, 03060-3921
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1973
Internship and Year ST VINCENT HOSPITAL-WORCESTER MA 1974
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 14021
License Date 6/4/2008
Name **HEATHERTON, CHRISTOPHER A DO**
Address LAMPREY HEALTH CARE, 207 SOUTH MAIN STNEWMARKET, NH, 03848
Specialty FP
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND USA 2005
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2006
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15345
License Date 8/3/2011
Name **HEATON, KEVIN D DO**
Address ACCESS SPORTS MEDICINE & ORTHOPAEDICS, ONE HAMPTON RD STE 200EXETER, NH, 03833-4855
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year BOSTON MEDICAL CENTER - BOSTON, MA 2008
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 12904
License Date 10/5/2005
Name **HECHT, PAUL J MD**
Address DHMC-ORTHOPAEDIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1983
Internship and Year UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 1984
Residency and Year UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 15105
License Date 1/5/2011
Name **HECKMAN, JAMES D MD**
Address DHMC- DEPT OF ORTHOPAEDICS, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1969
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 1970
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 7668
License Date 7/8/1987
Name **HEDAYAT, ZEKROLLAH MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF TEHRAN IN IRAN IRAN 1966
Internship and Year
Residency and Year
License Expiration Date **6/30/1988**
Remarks **4/12/95 - Order of Conditional Denial of reinstatement of temporary license.**

License Number 15300
License Date 7/6/2011
Name **HEDBERG, PETER S MD**
Address SEACOAST GENERAL SURGERY, 750 CENTRAL AVE STE NDOVER, NH, 03820-3434
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 1989
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1990
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 9990
License Date 5/7/1997
Name **HEDBERG, VIKING A MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 71 HIGHLAND STPLYMOUTH, NH, 03264
Specialty ADL
Board Certified PD
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1987
Internship and Year CHILDREN HOSPITAL-PA 1990
Residency and Year CHILDRENS HOSPITAL-PA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 7030
License Date 1/17/1985
Name **HEDSTROM, PETER S MD**
Address 15 LOWELL ST, PORTLAND, ME, 04102-2748
Specialty OPH
Board Certified OPH
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1972
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1973
Residency and Year PRESBY/UNIV PA MED CTR-PHIL,PA 1981
License Expiration Date **6/30/2013**
Remarks

License Number 11315
License Date 7/11/2001
Name **HEEB, CAMILLE S MD**
Address 631 HORNE, STE 341TOPEKA, KS, 66606
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF KANSAS LAWRENCE KS USA 1979
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER KANSAS CITY KS 1981
Residency and Year CHILDRENS MERCY HOSPITAL KANSAS CITY MO 1982
License Expiration Date **6/30/2015**
Remarks

License Number 7303
License Date 4/3/1986
Name **HEERSINK, BERNHARD MD**
Address 21 HIGHLAND AVE STE 1, NEWBURYPORT, MA, 01950-3894
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF WESTERN ONTARIO FAC OF MED LONDON CANADA 1968
Internship and Year WILLS EYE HOSPITAL-PHIL,PA 1975
Residency and Year WILLS EYE HOSPITAL - PHILA, PA 1975
License Expiration Date **6/30/2002**
Remarks

License Number 9398
License Date 4/5/1995
Name **HEFFERNAN, THOMAS M MD**
Address ELLIOT EMERGENCY MEDICAL SERVICES, ELLIOT HOSP 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER MA 1987
Residency and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 17006
License Date 4/1/2015
Name **HEHER, ELIOT C MD**
Address 165 CAMBRIDGE ST, BOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1990
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1991
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
License Expiration Date **6/30/2017**
Remarks

License Number 10557
License Date 5/5/1999
Name **HEHER, KATRINKA L MD**
Address NEW ENGLAND EYE CTR, 800 WASHINGTON ST BOX 450BOSTON, MA, 02111
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF VA MED SCH - CHARLOTTESVILLE, VA USA 1989
Internship and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1990
Residency and Year THE WILMER EYE INSTITUTE - BALTIMORE, MD 1995
License Expiration Date **6/30/2017**
Remarks

License Number 4367
License Date 4/7/1969
Name **HEIDELBERGER, KATHLEEN P MD**
Address 1500 E MEDICAL CTR DRIVE, 2G/332 BOX 0054ANN ARBOR, MI, 48109-0001
Specialty PTH
Board Certified PTH
School and Year of Graduation WOMAN'S MEDICAL COLLEGE OF PA - PHILA, PA USA 1956
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1966
Residency and Year DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1970
License Expiration Date **6/30/2000**
Remarks

License Number 16909
License Date 1/21/2015
Name **HEIDENREICH, CHARLOTTE A MD**
Address 501 W MICHIGAN, MILWAUKEE, WI, 53201
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1982
Internship and Year NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1983
Residency and Year NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1985
License Expiration Date **6/30/2017**
Remarks

License Number 11501
License Date 2/6/2002
Name **HEIDERSCHIEDT, BENEDICT G MD**
Address 11 CHESTNUT ST, DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1995
Internship and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1996
Residency and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 6731
License Date 7/7/1983
Name **HEILIG, LESLYE R MD**
Address , , ,
Specialty PD
Board Certified
School and Year of Graduation HARVARD UNIVERSITY - MA USA 1980
Internship and Year
Residency and Year
License Expiration Date **6/30/1987**
Remarks

License Number 10392
License Date 9/2/1998
Name **HEIM, CRAIG R MD**
Address , PO BOX 53WILMOT, NH, 03287
Specialty IM
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1970
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1971
Residency and Year CLEVELAND CLINIC FOUNDATION - OH 1997
License Expiration Date **6/30/2006**
Remarks

License Number 16640
License Date 6/4/2014
Name **HEIMBACH, JULIE K MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1996
Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 1997
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2002
License Expiration Date **6/30/2016**
Remarks

License Number 9137
License Date 4/6/1994
Name **HEINDEL, CLIFFORD C MD**
Address 330 BORTHWICK AVE STE 300, PORTSMOUTH, NH, 03801
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF NC CHAPEL HILL SCHOOL OF MEDICINE USA 1969
Internship and Year UNIVERSITY OF NC HOSPITALS - CHAPEL HILL NC 1970
Residency and Year UNIVERSITY OF NC HOSPITALS - CHAPEL HILL NC 1975
License Expiration Date **6/30/2016**
Remarks

License Number 6362
License Date 4/2/1981
Name **HEINECKE, C DAVID MD**
Address ANESTHESIA ASSOCIATES, PMB 268 26 SOUTH MAIN STCONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation NORTHWESTERN UNIV MED SCH,CHICAGO,IL USA 1974
Internship and Year WALTER REED MED CTR,WASHINGTON,DC 1976
Residency and Year WALTER REED MED CTR,WASHINGTON,DC 1979
License Expiration Date **12/29/2003**
Remarks **DECEASED 12-29-03**

License Number 8434
License Date 9/5/1990
Name **HEINER, JAY R MD**
Address 70 BAY ST, WOLFEBORO, NH, 03894
Specialty P
Board Certified
School and Year of Graduation NORTHWESTERN UNIV MED SCH -CHICAGO, IL USA 1956
Internship and Year KINGS COUNTY HOSPITAL - BROOKLYN, NY 1957
Residency and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1963
License Expiration Date **6/30/2006**
Remarks

License Number 13494
License Date 5/9/2007
Name **HEINRICH, ERICA R MD**
Address SPECTRUM MEDICAL GROUP, 324 GARNNETT DR - STE 200SOUTH PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF WASHINGTON USA 1999
Internship and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2002
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 12382
License Date 7/7/2004
Name **HEINS III, ANTON A MD**
Address 23 HEMLOCK HILL, AMHERST, NH, 03031
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1977
Internship and Year NJ MEDICAL SCHOOL, NEWARK NJ 1978
Residency and Year NJ MEDICAL SCHOOL, NEWARK NJ 1980
License Expiration Date **6/30/2016**
Remarks **2/9/10 - Consent Order - License suspended effective 3/26/2010. 8/18/2014 -
Licene reinstated with restrictions.**

License Number 16312
License Date 9/4/2013
Name **HEINZELMANN, PAUL J MD**
Address REMOTE CARE SOLUTIONS, LLC, 25 NEW CHARDON ST #5917BOSTON, MA, 02114
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 1996
Internship and Year AURORA HEALTH CARE - MILWAUKEE, WI 1998
Residency and Year AURORA HEALTH CARE - MILWAUKEE, WI 2000
License Expiration Date **6/30/2015**
Remarks

License Number 9157
License Date 5/4/1994
Name **HEIT, ROCHELLE J MD**
Address RIVER RD PEDIATRICS, 58 HAWTHORNE DRBEDFORD, NH, 03110-6912
Specialty PD
Board Certified PD
School and Year of Graduation SUNY-HLTH SCIENCE CENTER AT BROOKLYN USA 1991
Internship and Year ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1994
Residency and Year ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 16824
License Date 11/6/2014
Name **HEITMAN, JOEL T MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2009
Residency and Year ST JOSEPH MERCY-OAKLAND - PONTIAC, MI 2013
License Expiration Date **6/30/2016**
Remarks

License Number 4466
License Date 8/1/1969
Name **HELFF, JOHN R MD**
Address , RR 1 BOX 20WALPOLE, NH, 03608
Specialty R
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL SCHOOL - PHILA, PA USA 1947
Internship and Year HOLY NAME HOSPITAL - TEANECK, NJ 1948
Residency and Year ST LUKE'S HOSPITAL - NEW YORK, NY 1951
License Expiration Date **6/30/1998**
Remarks **Deceased 10/00/97**

License Number 11915
License Date 5/7/2003
Name **HELISCH, ARMIN MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified CD
School and Year of Graduation RHEINLAND FRIEDRICH WILHELM UNIV OF BONN - GERMANY GERMANY 1990
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1993
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 7725
License Date 10/7/1987
Name **HELLER, DAVID R DO**
Address PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty EM
Board Certified EM
School and Year of Graduation SOUTHEASTERN COLL OF SOTE MED - MIAMI, FL USA 1985
Internship and Year HUMANA HOSPITAL - WEST PALM BEACH, FL 1986
Residency and Year CHARITY HOSPITAL- NEW ORLEANS, LA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 15106
License Date 1/5/2011
Name **HELLER, FREDERICK G MD**
Address ORTHOPEDIC SURG OF QUINCY, 909 HANCOCK STQUINCY, MA, 02170
Specialty ORS
Board Certified ORS
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1968
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1969
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1970
License Expiration Date **6/30/2013**
Remarks **Deceased 7/28/14**

License Number 12936
License Date 11/2/2005
Name **HELLER, PATRICIA A MD**
Address 145 E 32ND ST, 10TH FLOORNEW YORK, NY, 10016
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1988
Internship and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1989
Residency and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 6662
License Date 3/3/1983
Name **HELLMANN, JOEL B MD**
Address 10 STAFFORD LN, ANDOVER, MA, 01810-
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF TORONTO FACULTY OF MED-TORONTO CANADA 1972
Internship and Year NEW MOUNT SINI HOSP 1973
Residency and Year ROYAL VICTORIA HOSP-MCGILL UNIV 1976
License Expiration Date **6/30/2017**
Remarks

License Number 11021
License Date 8/2/2000
Name **HELM JR, ROBERT E MD**
Address COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 333 BORTHWICK AVE BLDG STE 402PORTSMO
Specialty TS
Board Certified GS
School and Year of Graduation CORNELL UNIV MED COLL - NEW YORK, NY USA 1990
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 1991
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 8778
License Date 8/5/1992
Name **HELMAN, JEROME P MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1965
Internship and Year
Residency and Year
License Expiration Date **6/30/1994**
Remarks

License Number 5118
License Date 12/3/1973
Name **HEMANI, SADRUDDIN B MD**
Address 21 HIGHLAND AVE, NEWBURYPORT, MA, 01950-
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF BOMBAY-BOMBAY INDIA INDIA 1964
Internship and Year KING EDWARD MEMORIAL HOSP-BOMBAY INDIA 1965
Residency and Year KING EDWARD MEMORIAL HOSP-BOMBAY INDIA 1966
License Expiration Date **6/30/2003**
Remarks

License Number 16584
License Date 5/7/2014
Name **HEMATILAKE, MABODAWILAGE G MD**
Address WHITE RIVER JCT VA MEDICAL CTR, 215 NO MAIN STWHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1994
Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 1995
Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 1997
License Expiration Date **6/30/2016**
Remarks

License Number 7521
License Date 3/4/1987
Name **HENCK, EDWIN A MD**
Address 46 BARBER POLE RD, PO BOX 141MIRROR LAKE, NH, 03853-0141
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIV COLLEGE OF MEDICINE USA 1946
Internship and Year FRENCH HOSPITAL - NEW YORK NY 1947
Residency and Year NEW YORK CITY HOSPITAL - NEW YORK NY 1951
License Expiration Date **6/30/2013**
Remarks

License Number 10138
License Date 10/1/1997
Name **HENDERSON, E LYNNE MD**
Address DARTMOUTH-HITCHCOCK MED CTR, BOX 665 DEPT OF SURGERYLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1993
Internship and Year
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 2000
License Expiration Date **6/30/2000**
Remarks

License Number 15876
License Date 10/3/2012
Name **HENDERSON, ERIC R MD**
Address DHMC - ORTHOPAEDICS, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MED USA 2004
Internship and Year UNIVERSITY OF SOUTH FLORIDA MEDICAL CENTER - TAMPA, FL 2005
Residency and Year UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 2011
License Expiration Date **6/30/2016**
Remarks

License Number 12031
License Date 8/6/2003
Name **HENDERSON, JASON S DO**
Address 380 WEST HOLLIS ST, NASHUA, NH, 03060
Specialty IM
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 1999
Internship and Year U OF CONNECTICUT HEALTH CTR, FARMINGTON CT 2000
Residency and Year U OF CONNECTICUT HEALTH CTR, FARMINGTON CT 2002
License Expiration Date **5/12/2004**
Remarks **2/10/04 - Settlement Agreement** **3/5/04 - Order Approving Substance Abuse Treatment**
Provider. **5/12/04 Emergency Suspension** **6/14/04 Consent**
Decree
9/11/06 - Order of Denial of License Reinstatement

License Number 11845
License Date 3/5/2003
Name **HENDRICK, DELIA C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CAROL DAVILA - BUCHAREST, ROMANIA ROMANIA 1992
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 14994
License Date 9/1/2010
Name **HENDRICKS, JENNIFER L DO**
Address ELLIOT FAMILY PRACT HOOKSETT, 20 CHAMBERS DR STE 1200HOOKSETT, NH, 03106
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10531
License Date 4/7/1999
Name **HENEGHAN, HELEN E MD**
Address FAMILY MEDICINE CTR, 69C ISLAND STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation MEMORIAL UNIV OF NEWFOUNDLAND CANADA 1995
Internship and Year MEMORIAL UNIV OF NEWFOUNDLAND - ST JOHNS, CANADA 1996
Residency and Year MEMORIAL UNIV OF NEWFOUNDLAND - ST JOHNS, CANADA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14797
License Date 4/7/2010
Name **HENKLE, BENJAMIN O MD**
Address 295 VARNUM AVE, LOWELL, MA, 01854
Specialty AN
Board Certified
School and Year of Graduation INDIANA UNIVERSITY USA 2004
Internship and Year INDIANA UNIVERSITY SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2006
Residency and Year INDIANA UNIVERSITY SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2009
License Expiration Date **6/30/2012**
Remarks

License Number 17007
License Date 4/1/2015
Name **HENNESSY, AMY L MD**
Address MEDICAL EYE CENTER, 250 RIVER RDMANCHESTER, NH, 03104
Specialty OPH
Board Certified OPH
School and Year of Graduation THE WARREN ALPERT MED SCHOOL OF BROWN UNIV USA 2004
Internship and Year GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 2005
Residency and Year VCU HEALTH SYSTEM/MCV HOSPITALS - RICHMOND, VA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 14022
License Date 6/4/2008
Name **HENNIG, ALEXANDER C MD**
Address ORTHOPEDIC PROF ASSOC, 14 MAPLE ST STE 100GILFORD, NH, 03249
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VERMONT USA 2002
Internship and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2003
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON , VT 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9266
License Date 8/11/1994
Name **HENNIGAN, THOMAS A MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 1978
Internship and Year ST LUKES HOSPITAL - DENVER, CO 1979
Residency and Year ST LUKES HOSPITAL - DENVER, CO 1980
License Expiration Date **6/30/2016**
Remarks

License Number 15703
License Date 6/6/2012
Name **HENNING, KEVIN S MD**
Address 1633 WESTLAKE AVE NO, STE 105, SEATTLE, WA, 98109
Specialty FP
Board Certified FP
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1989
Internship and Year SILAS B HAYES ARMY MEDICAL CENTER - FORT ORD, CA 1990
Residency and Year SILAS B HAYES ARMY MEDICAL CENTER - FORT ORD, CA 1992
License Expiration Date **6/30/2014**
Remarks

License Number 9865
 License Date 11/6/1996
 Name **HENRICKS, STEVEN C MD**
 Address STEVEN C HENRICKS, MD PLLC, 24 FRONT ST #307EXETER, NH, 03833
 Specialty PYG
 Board Certified P
 School and Year of Graduation RUSH UNIV SCHOOL OF MEDICINE - CHICAGO, IL USA 1989
 Internship and Year SAINT RAPHAEL HOSPITAL - NEW HAVEN, CT 1990
 Residency and Year YALE NEW HAVEN HOSP-CT 1993
 License Expiration Date **6/30/2016**
 Remarks

License Number 7996
 License Date 11/9/1988
 Name **HENRIKSON, RONALD A MD**
 Address 15550 DEERCROSS CT, COLORADO SPRINGS, CO, 80921
 Specialty PD
 Board Certified PD
 School and Year of Graduation SUNY-HLTH SCIENCE CENTER AT SYRACUSE USA 1966
 Internship and Year SUNY HLTH SCIENCE CENTER AT SYRACUSE - SYRACUSE NY 1967
 Residency and Year SUNY HLTH SCIENCE CENTER AT SYRACUSE - SYRACUSE NY 1969
 License Expiration Date **6/30/2001**
 Remarks

License Number 8675
 License Date 1/8/1992
 Name **HENRIQUES III, HORACE F MD**
 Address 28 STORRS HILL LN, LYME, NH, 03768
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1982
 Internship and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL WASHINGTON DC 1983
 Residency and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL WASHINGTON DC 1988
 License Expiration Date **6/30/2016**
 Remarks

License Number 14073
 License Date 7/9/2008
 Name **HENRY, CHARLES S MD**
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
 Specialty R
 Board Certified R
 School and Year of Graduation WAYNE STATE UNIV USA 1997
 Internship and Year PROVIDENCE HOSPITAL - SOUTHFIELD, MI 1998
 Residency and Year WAYNE STATE UNIV - DETROIT, MI 2002
 License Expiration Date **6/30/2016**
 Remarks

License Number 9158
License Date 5/4/1994
Name **HENSCHKE, MARK R DO**
Address 15 HOSPITAL DRIVE, YORK, ME, 03909
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO USA 1988
Internship and Year SALEM HOSPITAL - SALEM MA 1991
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1992
License Expiration Date **6/30/2016**
Remarks

License Number 11850
License Date 3/5/2003
Name **HENSEN, ERIC L DO**
Address LAKESIDE ENT PC, 550 OSBORN BLVD STE 102SAULT STE MARIE, MI, 49783
Specialty OPH
Board Certified OPH
School and Year of Graduation MICHIGAN STATE UNIV - EAST LANSING, MI USA 1993
Internship and Year MT CLEMENS GENERAL HOSPITAL - MT CLEMENS, MI 1994
Residency and Year ST JOHN HOSPITAL AND MEDICAL CENTER - DETROIT, MI 1995
License Expiration Date **6/30/2005**
Remarks

License Number 12415
License Date 8/4/2004
Name **HENSON, GEOFFREY A MD**
Address DHMC - ANESTHESIA, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 2000
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2008**
Remarks

License Number 12788
License Date 7/6/2005
Name **HENSON, HEIDI M MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA USA 2001
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2005
License Expiration Date **6/30/2007**
Remarks

License Number 15796
License Date 8/1/2012
Name **HEPLER, AMANDA J MD**
Address GIFFORD MEDICAL CENTER, 44 MAIN STRANDOLPH, VT, 05060
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 2005
Internship and Year EXCELA HEALTH LATROBE HOSPITAL - LATROBE, PA 2006
Residency and Year EXCELA HEALTH LATROBE HOSPITAL - LATROBE, PA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 8082
License Date 5/10/1989
Name **HEPNER, ROY A MD**
Address 1929 PALACO GRANDE PKWY, CAPE CORAL, FL, 33904
Specialty ORS
Board Certified
School and Year of Graduation W VA UNIV SCH OF MED MORGANTOWN WVA USA 1981
Internship and Year FITZSIMONS ARMY MED CTR AURORA CO 1982
Residency and Year FITZSIMONS ARMY MED CTR AURORA CO 1986
License Expiration Date **6/30/2011**
Remarks **12/3/99 - SETTLEMENT AGREEMENT**

License Number 14871
License Date 6/2/2010
Name **HERATH, PADMINI D MD**
Address CHESHIRE MED CTR, 580 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF RUHUNA SRI LANKA 2001
Internship and Year UNIV OF TX HEALTH SCIENCE CTR @ SAN ANTONIA - MCALLEN, TX 2008
Residency and Year UNIV OF TX HEALTH SCIENCE CTR @ SAN ANTONIA - MCALLEN, TX 2010
License Expiration Date **6/30/2014**
Remarks

License Number 14074
License Date 7/9/2008
Name **HERATH, PRIYANTHA P MD**
Address , ONE GUTHRIE SQUIRESAYRE, PA, 18840
Specialty N
Board Certified N
School and Year of Graduation UNIV OF PERADENIYA SRI LANKA 1995
Internship and Year WESTERN PSYCHIATRIC INSTITUTE & CLINIC - PITTSBURGH, PA 2003
Residency and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2004
License Expiration Date **6/30/2010**
Remarks

License Number 11828
License Date 2/5/2003
Name **HERFORT, OLIVER P MD**
Address VALLEY REG HOSP ASSOC IN MED, 243 ELM STCLAREMONT, NH, 03743
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MUNICH - MUNICH, GERMANY GERMANY 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 11814
License Date 1/8/2003
Name **HERMAN, LORA M MD**
Address QRTS Q, 1 NAVAL SHIPYARD RDPORTSMOUTH, NH, 03804
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF SOUTH DAKOTA SCH - VERMILLION, SD USA 1986
Internship and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1987
Residency and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1989
License Expiration Date **6/30/2003**
Remarks

License Number 11748
License Date 10/2/2002
Name **HERMANS, PIERRE P MD**
Address C H DE VERDUN, 4000 TOUL LASALLE VERDUN QCCANADA, , H4G 2A3
Specialty GS
Board Certified
School and Year of Graduation UNIV OF SHERBROOKE FAC OF MED - SHERBROOKE QUEBEC CANADA 1984
Internship and Year UNIV OF SHERROOKE - SHERBROOKE QUEBEC, CANADA 1989
Residency and Year UNIV LAVAL - QUEBEC, CANADA 1990
License Expiration Date **6/30/2008**
Remarks

License Number 9949
License Date 3/5/1997
Name **HERMANSEN, MARCUS C MD**
Address SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03061
Specialty NPM
Board Certified PD
School and Year of Graduation INDIANA UNIV SCH OF MED INDIANAPOLIS, IN USA 1977
Internship and Year MEDICAL COLLEGE WISCONSIN AFFILIATED HOSPITAL - WI 1978
Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - OH 1982
License Expiration Date **6/30/2017**
Remarks

License Number 15983
License Date 1/9/2013
Name **HERNANDEZ, NATALIA MD**
Address SYRACUSE VA MEDICAL CTR, 800 IRVING AVE, MEDICINE MAIL STOP 111SYRACUSE, NY, 13210
Specialty IM
Board Certified IM
School and Year of Graduation RYAZAN STATE MEDICAL UNIVERSITY RUSSIA 2006
Internship and Year UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2011
Residency and Year UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2013
License Expiration Date **6/30/2017**
Remarks

License Number 15704
License Date 6/6/2012
Name **HERNANDEZ, ROLAND A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 11316
License Date 7/11/2001
Name **HERNDON, M BROOKE MD**
Address DHMC-GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CALIFORNIA LOS ANGELES SCHOOL OF MED USA 1994
Internship and Year VETERANS AFFAIRS MEDICAL CENTER 1995
Residency and Year VETERANS AFFAIRS MEDICAL CENTER SEPULVEDA CA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 6083
License Date 7/5/1979
Name **HERPEL, JOHN K MD**
Address HILL RD, PO BOX 35ACWORTH, NH, 03601
Specialty OPH
Board Certified OPH
School and Year of Graduation DUKE UNIV SCHOOL OF MEDICINE - DURHAM, NC USA 1972
Internship and Year MONTEFIORE HOSPITAL - PITTSBURGH, PA 1973
Residency and Year WAYNE STATE UNIV HOSPITAL - DETROIT, MI 1979
License Expiration Date **6/30/2005**
Remarks

License Number 7081
License Date 5/2/1985
Name **HERR, CHARLES H MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON, VT USA 1977
Internship and Year MEDICAL CTR HOSPITAL-BURLINGTON, VT 1978
Residency and Year MEDICAL CTR HOSPITAL-BURLINGTON, VT 1980
License Expiration Date **6/30/2013**
Remarks

License Number 12844
License Date 8/3/2005
Name **HERR, DAVID H MD**
Address 201 CHESTNUT HILL RD, STAFFORD, CT, 06076
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1989
Internship and Year UNIVERSITY OF MA, WORCESTER MA 1990
Residency and Year UNIVERSITY OF MA, WORCESTER MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 3920
License Date 7/1/1966
Name **HERR, ERIC C MD**
Address 48 PHILLIP DR, SPOFFORD, NH, 03462
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1960
Internship and Year THE LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1961
Residency and Year PENNSYLVANIA HOSPITAL - PHILA, PA 1964
License Expiration Date **6/30/2000**
Remarks

License Number 14322
License Date 2/4/2009
Name **HERR, HARLAN G MD**
Address LITTLETON REG HOSP, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF ARKANSAN USA 1975
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1976
Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH , VA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 6635
License Date 12/6/1982
Name **HERR, KENNETH R MD**
Address BEDFORD COMMONS OB GYN, 201 RIVERWAY PLBEDFORD, NH, 03110-6733
Specialty OBG
Board Certified OBG
School and Year of Graduation TEMPLE UNIV SCH MED - PHILADELPHIA, PA USA 1979
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1980
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1983
License Expiration Date **6/30/2016**
Remarks

License Number 15223
License Date 5/4/2011
Name **HERRICK, BENJAMIN W MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty U
Board Certified
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICIN USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2015**
Remarks

License Number 15754
License Date 7/11/2012
Name **HERRICK, DANIEL D MD**
Address DHMC-SLEEP DISORDERS CTR, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 2008
Internship and Year KALAMAZOO CENTER FOR MEDICAL STUDIES - KALAMAZOO, MI 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2016**
Remarks

License Number 15250
License Date 6/1/2011
Name **HERRICK, MICHAEL D MD**
Address DHMC - DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 4055
License Date 4/11/1967
Name **HERRIES, JOHN W MD**
Address ELMFOLD EAST END, WITNEY OXEN OX8 6PZENGLAND, , 00000
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF EDINBURGH SCOTLAND 1948
Internship and Year SETTLER'S HOSPITAL - GRAHAMSTOWN, CAPE PROVIDENCE 1949
Residency and Year CROOTE SCHUUR - CAPE TOWN, CAPE PROVIDENCE 1950
License Expiration Date **6/30/1998**
Remarks

License Number 14764
License Date 3/3/2010
Name **HERRIN, MARK T MD**
Address ANESTHESIA ASSOC, 125 DOUGHTY STCHARLESTON, SC, 29403
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF S ALABAMA USA 1991
Internship and Year BAPTIST MEDICAL CENTER PRINCETON - BIRMINGHAM, AL 1992
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE - CHARLESTON, SC 1995
License Expiration Date **6/30/2014**
Remarks

License Number 16756
License Date 9/3/2014
Name **HERRINGTON, JOEL P MD**
Address 360 BROADWAY, BANGOR, ME, 04401
Specialty EM
Board Certified EM
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2007
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10047
License Date 7/2/1997
Name **HERRON, ROBERT C MD**
Address MERRIMACK VALLEY FAM PRAC, 140 HAVERHILL STANDOVER, MA, 01810
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1994
Internship and Year MIDDLESEX MEMORIAL HOSPITAL - CT 1997
Residency and Year MIDDLESEX MEMORIAL HOSPITAL - CT 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13770
License Date 12/5/2007
Name **HERSCHORN, SALLY D MD**
Address FAHC, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation MCGILL UNIV CANADA 1982
Internship and Year SIR MORTIMER B DAVIS JEWISH GENERAL HOSPITAL-MONTREAL, QUEBEC CANADA 1983
Residency and Year SIR MORTIMER B DAVIS JEWISH GENERAL HOSPITAL-MONTREAL, QUEBEC CANADA 1987
License Expiration Date **6/30/2011**
Remarks

License Number 16910
License Date 1/21/2015
Name **HERSHFIELD, BARTON K MD**
Address 4810 SW 5TH PL, CAPE CORAL, FL, 33914
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 1979
Internship and Year UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE- BALTIMORE, MD 1980
Residency and Year UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE- BALTIMORE, MD 1982
License Expiration Date **6/30/2017**
Remarks

License Number 10532
License Date 4/7/1999
Name **HERSON, PATRICK B MD**
Address AMERICAN MEDICAL SECURITY, 3100 AMS BLVD GREEN BAY, WI, 54307
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH - CHICAGO, IL USA 1988
Internship and Year COMMUNITY HOSPITAL - SANTA ROSA, CA 1989
Residency and Year COMMUNITY HOSPITAL - SANTA ROSA, CA 1991
License Expiration Date **6/30/2007**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03---REINSTATED 6/1/05**

License Number 15833
License Date 9/5/2012
Name **HERTFORD, JO ANN F MD**
Address CHESHIRE MED CTR/DH-KEENE, 580 COURT ST KEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ USA 1986
Internship and Year BEAVER MEDICAL CENTER - BEAVER FALLS, PA 1987
Residency and Year BEAVER MEDICAL CENTER - BEAVER FALLS, PA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 14290
License Date 1/7/2009
Name **HERTFORD, STEVEN C MD**
Address CONVENIENTMD, 8 LOUDON RD CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MED & DENTISTRY NJ R W JOHNSON MED SCHOOL USA 1986
Internship and Year THE MEDICAL CENTER/FAMILY PRACTICE CENTER - BEAVER FALLS, PA 1987
Residency and Year THE MEDICAL CENTER/FAMILY PRACTICE CENTER 1989
License Expiration Date **6/30/2017**
Remarks

License Number 6988
License Date 10/4/1984
Name **HERTZBERG, LINDA B MD**
Address 7417 NORTH CEDAR AVE, FRESNO, CA, 93720
Specialty AN
Board Certified AN
School and Year of Graduation STANFORD UNIV SCH MED-PALO ALTO, CA USA 1980
Internship and Year NY HOSP/CORNELL UNIV-NY 1981
Residency and Year STANFORD UNIV HOSP-STANFORD CA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 13158
License Date 7/5/2006
Name **HERZ, DANIEL B MD**
Address DHMC - PEDI SURG, ONE MEDICAL CTR DR STE 6M LEBANON, NH, 03756
Specialty U
Board Certified U
School and Year of Graduation SUNY @ BROOKLYN USA 1991
Internship and Year SUNY HEALTH SCIENCE CTR-BROOKLYN NY 1992
Residency and Year SUNY HEALTH SCIENCE CTR-BROOKLYN NY 1993
License Expiration Date **6/30/2014**
Remarks

License Number 6281
License Date 9/4/1980
Name **HERZBERG, DONALD L MD**
Address 243 ELM ST, CLAREMONT, NH, 03743-2005
Specialty R
Board Certified R
School and Year of Graduation WASHINGTON UNIV SCHOOL MED - ST LOUIS, MO USA 1968
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1969
Residency and Year U ARKANSAS MEDICAL SCIENCES HOSPITAL - LITTLE ROCK, AR 0000
License Expiration Date **6/30/2012**
Remarks

License Number 16110
License Date 5/1/2013
Name **HERZOG, JOHN P DO**
Address ORTHOPEDIC SPECIALISTS, 202 US RT 1, STE 207FALMOUTH, ME, 04105
Specialty ORS
Board Certified ORS
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1980
Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1981
Residency and Year GENESYS GREGIONAL MEDICAL CENTER - GRAND BLANC, MI 1985
License Expiration Date **6/30/2017**
Remarks

License Number 5895
License Date 5/4/1978
Name **HESLIN, WILLIAM F MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF GLASGOW-SCOTLAND USA 1949
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks **DECEASED 4/21/01**

License Number 8813
License Date 9/2/1992
Name **HESLOP, MALCOLM J MD**
Address MASS EYE & EAR INFIRMARY, BOSTON, MA, 02215
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MANCHESTER UNITED KINGDOM 1965
Internship and Year MASS GENERAL HOSPITAL - BOSTON MA 1975
Residency and Year MASS GENERAL HOSPITAL - BOSTON MA 1975
License Expiration Date **6/30/2008**
Remarks

License Number 12341
License Date 6/2/2004
Name **HESS, STEVEN A MD**
Address MAINE MEDICAL CENTER, 22 BRAMHALL STREETPORTLAND, ME, 04101
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF LOUISVILLE, LOUISVILLE KY US 1980
Internship and Year MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1981
Residency and Year MEDICAL COLLEGE OF VA, RICHMOND VA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7216
License Date 10/3/1985
Name **HESSMAN, LAWRENCE MD**
Address 33 BARTLETT ST, LOWELL, MA, 01852
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL MED-BROOKLYN USA 1962
Internship and Year EVANSTON HOSP-EVANSTON,IL 1963
Residency and Year UNIV HOSPITALS-CLEVELAND,OH 1968
License Expiration Date **6/30/2007**
Remarks

License Number 5046
License Date 7/17/1973
Name **HESTON, JULIE L MD**
Address CONCORD NEUROLOGICAL ASSOC, 10 FAYETTE STCONCORD, NH, 03301-3708
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF MICHIGAN-ANN ARBOR MI USA 1965
Internship and Year PHILADELPHIA GENERAL HOSP-PHILADELPHIA PA 1966
Residency and Year JOHNS HOPKINS HOSP-BALTIMORE MD 1969
License Expiration Date **2/13/1999**
Remarks **DECEASED 2/13/99**

License Number 6732
License Date 7/7/1983
Name **HETTLEMAN, BRUCE D MD**
Address DHMC/CARDIOLOGY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1977
Internship and Year DUKE UNIV MED CTR-DURHAM,NC 1978
Residency and Year DUKE UNIV MED CTR-DURHAM,NC 1980
License Expiration Date **6/30/2017**
Remarks

License Number 6043
License Date 5/3/1979
Name **HEVERN, GERARD J MD**
Address ELLIOT HEALTH SYSTEM, PO BOX 9001, 50 PINEWOOD RDALLENSTOWN, NH, 03275
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NY AT STONY BROOK SCH MED USA 1976
Internship and Year ST JOSEPH'S HOSPITAL - LONDON, ONTARIO 1977
Residency and Year SOUTHSIDE HOSPITAL - BAY SHORE, NY 1979
License Expiration Date **6/30/2017**
Remarks

License Number 15573
License Date 3/7/2012
Name **HEWITT, JOHN W MD**
Address 32520 LASSEN DR, FT BRAGG, CA, 95437
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSIDAD AUTONOMA DE GUADALAJARA MEXICO 1975
Internship and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - EL PASO, TX 1977
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 14200
License Date 10/1/2008
Name **HEWITT, THOMAS B MD**
Address 1446 LONGMEADOW ST, LONGMEADOW, MA, 01106
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIV USA 1977
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1978
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1980
License Expiration Date **6/30/2012**
Remarks

License Number 2596
License Date 9/5/1947
Name **HEYL, JAMES T MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **7/25/1994**
Remarks **DECEASED 10-16-2005**

License Number 16513
License Date 3/5/2014
Name **HEYL, PETER S MD**
Address DARTMOUTH-HITCHCOCK SPEC CARE - BEDFORD MED PK, 5 WASHINGTON PL, 3rd FLOORBEDFOR
Specialty OBG
Board Certified OBG
School and Year of Graduation WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE USA 1976
Internship and Year WAKE FOREST BAPTIST MEDICAL CENTER - WINSTON SALEM, NC 1977
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 2918
License Date 6/4/1952
Name **HICKEY, ROBERT B DO**
Address 1217 ELM ST, MANCHESTER, NH, 03101
Specialty US
Board Certified
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHY & SURGERY USA 1951
Internship and Year MASSACHUSETTS OSTEOPATHIC HOSPITAL - JAMAICA PLAINMA 1952
Residency and Year MASS OSTEOPATHIC HOSPITAL - JAMAICA PLAINMA 1952
License Expiration Date **6/30/1999**
Remarks **Deceased 9/28/2003**

License Number 9654
License Date 3/6/1996
Name **HICKEY, ROBERT W MD**
Address ALLERGY ASSOC OF NH, 100 GRIFFIN RD STE APORTSMOUTH, NH, 03801-7113
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - NH USA 1987
Internship and Year BROWN UNIV PEDIATRICS - PROVIDENCE, RI 1988
Residency and Year BROWN UNIV PEDIATRICS - PROVIDENCE, RI 1990
License Expiration Date **6/30/2016**
Remarks

License Number 8708
License Date 5/6/1992
Name **HICKEY, WILLIAM F MD**
Address DHMC-PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VERMONT USA 1977
Internship and Year BRIGHAM & WOMEN'S HOSPITAL 1979
Residency and Year BRIGHAM & WOMEN'S HOSPITAL 1981
License Expiration Date **6/30/2016**
Remarks

License Number 10947
License Date 6/7/2000
Name **HICKLE, PATRICK V MD**
Address ELLIOT CARDIOVASCULAR CONSULT, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty CD
Board Certified CD
School and Year of Graduation GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1990
Internship and Year KEESLER MEDICAL CENTER - KESSLER ARB, MS 1991
Residency and Year KEESLER MEDICAL CENTER - KESSLER ARB, MS 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16410
License Date 12/4/2013
Name **HICKS JR, ALFRED K DO**
Address NE NECK & SPINE INSTITUTE, 19 TYLER ST, STE 104NASHUA, NH, 03060
Specialty ORS
Board Certified ORS
School and Year of Graduation MIDWESTERN UNIVERSITY USA 2003
Internship and Year MIDWESTERN CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE - OLYMPIA FIELDS, IL 2004
Residency and Year PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11354
License Date 8/1/2001
Name **HICKS, THOMAS K MD**
Address 22 LENOX ST, WORCESTER, MA, 01602
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1986
Internship and Year UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1987
Residency and Year UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1989
License Expiration Date **6/30/2002**
Remarks

License Number 15960
License Date 12/5/2012
Name **HIGGINBOTHAM, RACHEL E MD**
Address CHEST MEDICINE ASSOC, 100 FODEN RD., WEST BLDG STE 103SO PORTLAND, ME, 04106-2351
Specialty P
Board Certified P
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2003
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 16274
License Date 8/7/2013
Name **HIGGINS, BRENDAN T MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16668
 License Date 7/2/2014
 Name **HIGGINS, SHAWN M DO**
 Address 30 CHASE AVE, MDCC 6TH FLWATERVILLE, ME, 01901
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIV OF NEW ENGLAND OF OSTEOPATHIC MEDICINE USA 2005
 Internship and Year MAINE GENERAL MEDICAL CENTER - WATERVILLE, ME 2006
 Residency and Year MAINE GENERAL MEDICAL CENTER - WATERVILLE, ME 2008
 License Expiration Date **6/30/2016**
 Remarks

License Number 3198
 License Date 5/13/1957
 Name **HIGH, JAMES J MD**
 Address 68 WEST ST, PEPPERELL, MA, 01463-1230
 Specialty EM
 Board Certified EM
 School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1955
 Internship and Year WORCESTER CITY HOSPITAL WORCESTER - MASSACHUSETTS 1956
 Residency and Year WORCESTER CITY HOSPITAL WORCESTER - MASSACHUSETTS 1957
 License Expiration Date **9/28/2012**
 Remarks **Deceased 9/28/2012**

License Number 11132
 License Date 12/6/2000
 Name **HIGH, JAMES R MD**
 Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
 Specialty EM
 Board Certified EM
 School and Year of Graduation JEFFERSON MED COLL - PHILADELPHIA, PA USA 1996
 Internship and Year UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA 1997
 Residency and Year UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1999
 License Expiration Date **6/30/2016**
 Remarks

License Number 10948
 License Date 6/7/2000
 Name **HIGHLAND, JENNIFER L DO**
 Address 59 CUMMINGS HILL RD, PLYMOUTH, NH, 03264
 Specialty OS
 Board Certified OS
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO-BIDDEFORD, ME USA 1997
 Internship and Year NYCOM/LONG BEACH MEDICAL CENTER - LONG BEACH, NY 1998
 Residency and Year NYCOM/ST BARNABAS HOSPITAL - BRONX, NY 1999
 License Expiration Date **6/30/2016**
 Remarks

License Number 13206
License Date 8/2/2006
Name **HILBORN, STEPHEN T MD**
Address 590 COURT ST, KEENE, NH, 03431
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV USA 1997
Internship and Year WATERBURY HOSPITAL HEALTH CENTER-WATERBURY, CT 1999
Residency and Year WATERBURY HOSPITAL HEALTH CENTER-WATERBURY, CT 2001
License Expiration Date **6/30/2016**
Remarks

License Number 12789
License Date 7/6/2005
Name **HILBURN, SUSAN A MD**
Address MCGILL UNIV DEPT OF PALL CARE - C/O KAREN FRENCH, 3655 PROMENADE SIR WM OSLERMONT
Specialty IM
Board Certified IM
School and Year of Graduation MERCER UNIVERSITY, MACON GA USA 2000
Internship and Year MERCER UNIVERSITY, MACON GA 2001
Residency and Year UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13746
License Date 11/7/2007
Name **HILDEBRAND, ANDREA L MD**
Address FAHC, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF FLORIDA USA 1991
Internship and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1992
Residency and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1996
License Expiration Date **6/30/2009**
Remarks

License Number 16224
License Date 7/3/2013
Name **HILES JR, CHARLES H MD**
Address WOLFEBORO INTERNAL MEDICINE, 240 S MAIN ST., STE JWOLFEBORO, NH, 03894
Specialty IM
Board Certified
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 1983
Internship and Year CARILION CLINIC - VIRGINIA TECH CARILION SCHOOL OF MEDICINE - ROANOKE, VA 1984
Residency and Year CARILION CLINIC - VIRGINIA TECH CARILION SCHOOL OF MEDICINE - ROANOKE, VA 1986
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 8352
License Date 6/6/1990
Name **HILGENHURST, C GRAF MD**
Address CARNEY HOSP, 2100 DORCHESTER AVE BOSTON, MA, 02124-0000
Specialty AN
Board Certified AN
School and Year of Graduation RUSH MED COLL OF RUSH UNIV-CHICAGO,IL USA 1983
Internship and Year RUSH-PRESBY -ST LUKES CTR-CHICAGO,IL 1984
Residency and Year UNIV HOSP-BOSTON,MA 1985
License Expiration Date **6/30/1999**
Remarks

License Number 11502
License Date 2/6/2002
Name **HILL III, JOSEPH A MD**
Address FERTILITY CTR OF NE, 875 GREENLAND RD UNIT CI PORTSMOUTH, NH, 03801
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLL OF GEORGIA SCH - AUGUSTA, GA USA 1981
Internship and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL - AUGUSTA, GA 1982
Residency and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL - AUGUSTA, GA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 11829
License Date 2/5/2003
Name **HILL JR, JOHN M MD**
Address DHMC/HEMATOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 1989
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1990
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1995
License Expiration Date **6/30/2017**
Remarks

License Number 16585
License Date 5/7/2014
Name **HILL, BROOKE R MD**
Address THE QUEEN'S MEDICAL CTR, 1301 PUNCHBOWL ST - PAUAAHI 3rd FL HONOLULU, HI, 96813
Specialty IM
Board Certified
School and Year of Graduation ROSALIND FRANKLIN UNIV OF MEDICINE & SCIENCE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 4152
License Date 10/10/1967
Name **HILL, GEORGE J MD**
Address 3 SILVER SPRING RD, W ORANGE, NJ, 07052
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1957
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1958
Residency and Year PETER BENT BRIGHAM - BOSTON, MA 1966
License Expiration Date **6/30/2005**
Remarks

License Number 9889
License Date 12/4/1996
Name **HILL, JOHN M MD**
Address NEW HAMPSHIRE STATE PRISON, 281 N STATE STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE CHICAGO, IL USA 1953
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1955
Residency and Year VETERAN AFFAIRS MEDICAL CENTER - MA 1958
License Expiration Date **6/30/2001**
Remarks

License Number 3808
License Date 7/6/1965
Name **HILL, JOSEPH C MD**
Address 100 HOSPITAL RD, PROFESSIONAL BUILDINGLEOMINSTER, MA, 01453-2253
Specialty VS
Board Certified VS
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE - ROCH, NY USA 1961
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1962
Residency and Year DARTMOUTH AFFILIATED HOSPITALS - HANOVER, NH 1966
License Expiration Date **6/30/1999**
Remarks

License Number 16711
License Date 8/6/2014
Name **HILL, JOSEPH L MD**
Address 3233 NE 32ND AVE #803, FT LAUDERDALE, FL, 33308
Specialty CHP
Board Certified CHP
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1960
Internship and Year LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER - NEW ORLEANS, LA 1972
Residency and Year LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER - NEW ORLEANS, LA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 9400
License Date 4/5/1995
Name **HILL, LAURIE L MD**
Address 2447 SHERIDAN DR, TONA WANDA, NY, 14150
Specialty CD
Board Certified IM
School and Year of Graduation UNIVERSITY OF WEST INDIES JAMAICA 1977
Internship and Year DALHOUSIE UNIVERSITY - VICTORIA CANADA 1979
Residency and Year DALHOUSIE UNIVERSITY - VICTORIA CANADA 1979
License Expiration Date **6/30/1999**
Remarks

License Number 3764
License Date 2/2/1965
Name **HILL, LUCIUS T MD**
Address 28 DOE RUN LN, STRATHAM, NH, 03885
Specialty GS
Board Certified GS
School and Year of Graduation MCGILL UNIV - MONTREAL P.Q. CANADA CANADA 1958
Internship and Year PETER BENT BRIGHAM - BOSTON, MA 1959
Residency and Year PETER BENT BRIGHAM - BOSTON, MA 1964
License Expiration Date **6/30/2007**
Remarks

License Number 15301
License Date 7/6/2011
Name **HILL, MICHAEL B MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2015**
Remarks

License Number 16825
License Date 11/6/2014
Name **HILL, RICHARD K MD**
Address 2019 BUTTERFIELD OVERLOOK, FREDERICK, MD, 21702
Specialty IM
Board Certified IM
School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL OF MEDICINE USA 1973
Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1974
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1976
License Expiration Date **6/30/2016**
Remarks

License Number 13667
License Date 9/5/2007
Name **HILLIER, SIMON C MD**
Address DHMC/ANESTHESIOLOGY, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MANCHESTER ENGLAND 1981
Internship and Year HOSPITAL FOR SICK CHILDREN-TORONTO, ONTARIO CANADA 1984
Residency and Year HOSPITAL FOR SICK CHILDREN-TORONTO, ONTARIO CANADA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 11945
License Date 5/7/2003
Name **HILLINGER, MARY K MD**
Address DHMC ALLERGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AI
Board Certified AI
School and Year of Graduation LOUISIANA STATE UNIV SCH - NEW ORLEANS, LA USA 1975
Internship and Year ALTON OCHSNER MEDICAL FOUNDATION - NEW ORLEANS, LA 1976
Residency and Year LOUISIANA STATE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 8905
License Date 3/3/1993
Name **HILLS, JUDITH M MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1986
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1987
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1989
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/05.
Reinstated 2/2/07.
Lapsed for non-renewal 6/30/2015. Renewed 7/20/15.**

License Number 14291
License Date 1/7/2009
Name **HILLSTROM, JENNIFER L MD**
Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF MINNESOTA USA 1989
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1990
Residency and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1993
License Expiration Date **6/30/2017**
Remarks

License Number 5848
License Date 12/12/1977
Name **HILTON, GEORGE Q MD**
Address C/O STRAFFORD MEDICAL, 10 MEMBERS WAYDOVER, NH, 03820
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1972
Internship and Year SHANDS HOSPITAL CLINIC - GAINESVILLE, FL 1972
Residency and Year SHANDS HOSPITAL CLINIC - GAINESVILLE, FL 1975
License Expiration Date **6/30/2017**
Remarks

License Number 6673
License Date 4/7/1983
Name **HIMADI, ELAINE MD**
Address 7231 COLGATE AVE, DALLAS, TX, 75225-
Specialty PD
Board Certified
School and Year of Graduation BOWMAN GRAY SCH MED WAKE FORREST NC USA 1978
Internship and Year UNIV MASS HOSPITAL COORDINATE PROGRAM - WORCESTER, MA 1979
Residency and Year UNIV MASS HOSPITAL COORDINATE PROGRAM - WORCESTER, MA 1981
License Expiration Date **6/30/1999**
Remarks

License Number 16544
License Date 4/2/2014
Name **HINCHEY, JAMES MD**
Address 3069 BENT TREE LOOP, ROUND ROCK, TX, 78681
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2006
Residency and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 8605
License Date 7/17/1991
Name **HINCK, JOHN A MD**
Address NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301-
Specialty P
Board Certified P
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1989
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 11869
License Date 4/2/2003
Name **HINES, SCOTT T MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation WAKE FOREST UNIV - WINSTON-SALEM, NC USA 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2005**
Remarks

License Number 4396
License Date 4/22/1969
Name **HINGORANI, SAVITRI P MD**
Address 149 PLEASANT ST, DRACUT, MA, 01826-4842
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF BOMBAY, TOPIWALA NATIONAL MEDICAL COLLEGE INDIA 1959
Internship and Year WALTHAM HOSPITAL - WALTHAM, MA 1969
Residency and Year WALTHAM HOSPITAL - WALTHAM, MA 1969
License Expiration Date **6/30/2001**
Remarks

License Number 6576
License Date 6/24/1982
Name **HINKLE, ALLEN J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation ALBERT EINSTEIN COLL MED-YESHIVA-BRONX.NY USA 1976
Internship and Year CHILDRENS HOSP-PHIL,PA 1977
Residency and Year MASS GEN HOSP-BOSTON,MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 2410
License Date 10/10/1945
Name **HINKLEY, ROBERT MD**
Address 5 PREBLE ST, GROVETON, NH, 03582-1407
Specialty FP
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 1944
Internship and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1945
Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1945
License Expiration Date **6/30/2000**
Remarks **DECEASED 4/13/2001**

License Number 6050
License Date 5/9/1979
Name **HINRICHS, HENRY R MD**
Address 1501 STAGECOACH RD SE, ALBUQUERQUE, NM, 87123-
Specialty PTH
Board Certified PTH
School and Year of Graduation NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL USA 1966
Internship and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1967
Residency and Year MOFFITT UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1970
License Expiration Date **11/5/2004**
Remarks **DECEASED 11/5/04**

License Number 17110
License Date 6/3/2015
Name **HINTZ, STEVEN J MD**
Address SPECTRUM MED GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation VA COMMONWEALTH UNIV SCHOOL OF MEDICINE USA 1988
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1989
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14923
License Date 7/7/2010
Name **HIRSCH, DAVID J MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2005
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2006
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 12263
License Date 4/7/2004
Name **HIRSCH, DENISE R MD**
Address CLIPPER CARDIOVASCULAR ASSOC, 112A PARKER STNEWBURYPORT, MA, 01950
Specialty CD
Board Certified CD
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1989
Internship and Year MT AUBURN HOSP, CAMBRIDGE MA 1990
Residency and Year MT AUBURN HOSP, CAMBRIDGE MA 1992
License Expiration Date **6/30/2008**
Remarks

License Number 14225
License Date 11/5/2008
Name **HIRSCHMAN, SCOTT A MD**
Address WRJ VA MEDICAL CENTER, 215 NORTH MAIN STWRJ, VT, 05001
Specialty PTH
Board Certified PTH
School and Year of Graduation STATE UNIV OF NEW YORK USA 1989
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1992
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10244
License Date 3/4/1998
Name **HITTELL, ELGIN T MD**
Address , PO BOX 773SAN RAMON, CA, 94583
Specialty AN
Board Certified AN
School and Year of Graduation ST GEORGES UNIV SCH OF MED - GRENADA WEST INDIES 1984
Internship and Year HIGHLAND HOSPITAL - NY 1985
Residency and Year STRONG MEMORIAL HOSPITAL - NY 1991
License Expiration Date **6/30/2003**
Remarks

License Number 16712
License Date 8/6/2014
Name **HIX, CLAUDIA G DO**
Address PO BOX 271, ONECO, CT, 06373
Specialty GPM
Board Certified GPM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC M USA 1985
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1987
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 4491
License Date 10/14/1969
Name **HLUSKO, GEORGE P MD**
Address , PO BOX 446RADFORD, VA, 24141-0446
Specialty CHP
Board Certified CHP
School and Year of Graduation WEST VIRGINIA UNIV - MORGANTOWN, WV USA 1967
Internship and Year ELMHURST GENERAL HOSPITAL - ELMHURST, NY 1968
Residency and Year DARTMOUTH AFFILIATED HOSPITAL - HANOVER, NH 1969
License Expiration Date **6/30/1998**
Remarks

License Number 4205
License Date 4/16/1968
Name **HO, CHING H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 15705
License Date 6/6/2012
Name **HO, JEFFREY C MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE USA 2001
Internship and Year ST JOHN HOSPITAL & MEDICAL CENTER - GROSSE POINTE WOODS, MI 2002
Residency and Year WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE - DETROIT, MI 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15537
License Date 2/1/2012
Name **HOANG, DAVID H DO**
Address GRANITE STATE ORTHOPAEDICS, 17 PROSPECT STNASHUA, NH, 03060
Specialty ORS
Board Certified ORS
School and Year of Graduation OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MED USA 1997
Internship and Year OUCOM MERIDIA SOUTH POINTE HOSPITAL - WARRENSVILLE HEIGHTS, OH 1998
Residency and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16514
License Date 3/5/2014
Name **HOANG, VIVIAN MD**
Address 336 22ND AVE N, NASHVILLE, TN, 37203-1844
Specialty N
Board Certified N
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year TULANE MEDICAL CENTER - NEW ORLEANS, LA 2008
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 2010
License Expiration Date **6/30/2016**
Remarks

License Number 17167
License Date 7/1/2015
Name **HOBBIE, CHRISTOPHER N MD**
Address 101 GREENFIELD DR, CLARKS SUMMIT, PA, 18411
Specialty DR
Board Certified DR
School and Year of Graduation YALE UNIVERSITY USA 1991
Internship and Year NORWALK HOSPITAL - NORWALK, CT 1992
Residency and Year NORWALK HOSPITAL - NORWALK, CT 1995
License Expiration Date **6/30/2017**
Remarks

License Number 6933
License Date 7/23/1984
Name **HOBSON, SCOTT D MD**
Address LAKES REGION GENERAL HOSP, HIGHLAND RDLACONIA, NH, 03247
Specialty EM
Board Certified
School and Year of Graduation UNIV OF UTAH COLL MED -SALT LAKE CITY USA 1972
Internship and Year HARBORVIEW MED CTR-SEATTLE,WA 1973
Residency and Year UNIV COLO HLTH SCI CTR-DENVER,CO 1979
License Expiration Date **6/30/2016**
Remarks

License Number 13668
License Date 9/5/2007
Name **HOCHBERG, LEIGH R MD**
Address MASS GENERAL HOSP, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation EMORY UNIV USA 1999
Internship and Year EMORY UNIV SCHOOL OF MEDICINE-ATLANTA, GA 2000
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 7906
License Date 7/6/1988
Name **HOCHGRAF, SCOTT R MD**
Address CMC-URGENT CARE AT BEDFORD, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLL OF MED OF YESHIVA - NY USA 1985
Internship and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1986
Residency and Year OPTIMA HEALTH (ELLIOT & CMC), MANCHESTER, NH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 5342
License Date 6/9/1975
Name **HOCHSTEDLER, ROWEN M MD**
Address 24 MORRILL PLACE, AMESBURY, MA, 01913
Specialty P
Board Certified P
School and Year of Graduation NY UNIV SCHOOL OF MEDICINE USA 1969
Internship and Year BELLEVUE HOSPITAL MEDICAL CTR - NY, NY 1970
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1973
License Expiration Date **6/30/2009**
Remarks

License Number 4428
License Date 5/27/1969
Name **HOCKMAN, RICHARD P MD**
Address NEW HAMPSHIRE ORTHOPAEDIC SUR, 700 LAKE AVE STE 1MANCHESTER, NH, 03103-2776
Specialty ORS
Board Certified ORS
School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN, CT USA 1964
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1965
Residency and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1969
License Expiration Date **6/30/2011**
Remarks

License Number 8163
License Date 7/12/1989
Name **HOCKMUTH, ROBERT P MD**
Address 2 COLLEGE PARK DR, HOOKSETT, NH, 03106
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1982
Internship and Year EASTERN MAINE MEDICAL CTR - BANGOR, ME 1983
Residency and Year EASTERN MAINE MEDICAL CTR - BANGOR, ME 1985
License Expiration Date **6/30/2017**
Remarks

License Number 14682
License Date 12/2/2009
Name **HODGE, WILLIAM F MD**
Address NIGHTHAWK RADIOLOGY SERVICES, 601 FRONT AVE #400COEUR D'ALENE, ID, 83814
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MANITOBA CANADA 2000
Internship and Year UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER, BRITISH COLUMBIA CANAD 2001
Residency and Year UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER, BRITISH COLUMBIA CANADA 2006
License Expiration Date **6/30/2011**
Remarks

License Number 9019
License Date 8/4/1993
Name **HODGES, KEVIN F MD**
Address COASTAL PEDIATRICS, 200 GRIFFIN RD #15PORTSMOUTH, NH, 03801
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1986
Internship and Year UNIVERSITY OF CONNECTICUT SCHOLL OF MED-FRAMINGTON,CT 1989
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MED- FARMINGTON, CT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12493
License Date 10/6/2004
Name **HODGMAN, NICHOLAS W MD**
Address DHMC - GENERAL INTERNAL MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty IM
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE WI US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2006**
Remarks

License Number 7462
License Date 11/12/1986
Name **HODGSON, ELIZABETH S MD**
Address RAGGED MT. FISH & GAME CLUB, 226 RAGGED MT. CLUB RDANDOVER, NH, 03216
Specialty PD
Board Certified PD
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT USA 1978
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1979
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1981
License Expiration Date **6/30/2016**
Remarks

License Number 11153
License Date 1/3/2001
Name **HODSDON, CAROLINE M MD**
Address 619 BRIGHTON AVE, PORTLAND, ME, 04102
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1994
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1998
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1998
License Expiration Date **6/30/2002**
Remarks

License Number 3421
License Date 3/8/1961
Name **HOEFLE JR, HAROLD H MD**
Address 330 BROTHWICK AVE, STE 210PORTSMOUTH, NH, 03801
Specialty
Board Certified
School and Year of Graduation MCGILL UNIVERSITY- MONTREAL CANADA CANADA 1955
Internship and Year SOUTHERN PACIFIC GENERAL HOSPITAL 1956
Residency and Year SOUTHERN PACIFIC GENERAL HOSPITAL 1956
License Expiration Date **6/30/2011**
Remarks **DECEASED 3/14/2012**

License Number 14601
License Date 9/2/2009
Name **HOEGEMANN SAVELLANO, DAGMAR MD**
Address DHMC - DEPT OF RADIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation MEDICAL UPPER SCHOOL OF HANNOVER GERMANY 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 4914
License Date 9/28/1972
Name **HOEHN, JAMES L MD**
Address MARSHFIELD CLINIC, 1000 N OAK STMARSHFIELD, WI, 54449-5703
Specialty GS
Board Certified GS
School and Year of Graduation UNIV COLLEGE OF MEDICINE - CHICAGO, IL USA 1966
Internship and Year PRESBYTERIAN-ST LUKE'S - CHICAGO, IL 1967
Residency and Year PRESBYTERIAN-ST LUKE'S - CHICAGO, IL 1971
License Expiration Date **6/30/2006**
Remarks

License Number 7649
License Date 7/8/1987
Name **HOENE, BARBARA G F MD**
Address EDENDALE HOSP, ANESTHESIA, PRIVATEBAG X 509 PLESSISLAERNATAL S AFRICA, ,
Specialty AN
Board Certified
School and Year of Graduation FAC OF MEDICINE UNIV OF CAPE TOWN - CAPE TOWN USA 1979
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1981
Residency and Year FORIEGN TRAINING - SOUTH AFRICA 1987
License Expiration Date **6/30/2011**
Remarks **LAPSED FOR NON RENEWAL 6/30/05----REINSTATED 4/2/08**

License Number 3230
License Date 3/12/1958
Name **HOENE, RUDOLF MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **9/18/1994**
Remarks **DECEASED 9/18/94**

License Number 5893
License Date 5/1/1978
Name **HOEPP, LAWRENCE M MD**
Address ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty GS
Board Certified GS
School and Year of Graduation TEMPLE UNIV SCHOOL OF MEDICINE PHILADELPHIA, PA USA 1973
Internship and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1974
Residency and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 7874
License Date 6/8/1988
Name **HOERMAN, WALTER A MD**
Address LILAC CITY PEDIATRICS PA, 180 FARMINGTON RD ROCHESTER, NH, 03867
Specialty PD
Board Certified
School and Year of Graduation UNIV CONNECTICUT SCH MED - FARMINGTON, CT USA 1985
Internship and Year UNIV CT SCHOOL OF MEDICINE - FARMINGTON, CT 1986
Residency and Year UNIV CT SCHOOL OF MEDICINE - FARMINGTON, CT 1988
License Expiration Date **6/30/2016**
Remarks

License Number 8124
License Date 6/7/1989
Name **HOERNER, THOMAS E MD**
Address ESSEX ORTHOPAEDICS, 16 PELHAM RDSALEM, NH, 03079
Specialty ORS
Board Certified ORS
School and Year of Graduation CORNELL UNIV MED COLL NEW YORK NY USA 1978
Internship and Year MASS GEN HOSP BOSTON MA 1979
Residency and Year BRIGHAM WOMENS HOSP BOSTON MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 16790
License Date 10/1/2014
Name **HOERTH, MATTHEW T MD**
Address MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation LOMA LINDA UNIVERSITY USA 2005
Internship and Year MAYO GRADUATE SCHOOL MEDICINE, ROCHESTER, MN 2006
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - SCOTTSDALE, AZ 2009
License Expiration Date **6/30/2016**
Remarks

License Number 6186
License Date 4/21/1980
Name **HOFF, NICHOLAS R MD**
Address NASHUA RADIOLOGY C/O PHY PROF MGMNT, PO BOX 1849 LEWISTON, ME, 04241
Specialty DR
Board Certified DR
School and Year of Graduation STATE UNIV. OF NEW YORK. DOWNSTATE COLL, BROOKLYN USA 1975
Internship and Year NASSAU CO McMEADOW BROOK HOSP. EAST MEADOW, NY 1976
Residency and Year HARTFORD HOSP. HARTFORD, CT 1980
License Expiration Date **6/30/2016**
Remarks

License Number 15920
License Date 11/7/2012
Name **HOFFER, DEBORAH R MD**
Address DARTMOUTH HITCHCOCK DEPT OF PEDIATRICS, ONE MEDICAL CENTER DR. LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1996
Internship and Year SEATTLE CHILDRENS HOSPITAL - SEATTLE, WA 1997
Residency and Year SEATTLE CHILDRENS HOSPITAL - SEATTLE, WA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12845
License Date 8/3/2005
Name **HOFFER, ERIC K MD**
Address DHMC DEPT RADIOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1984
Internship and Year UCLA MED CTR, TORRANCE CA 1985
Residency and Year UCLA MED CTR, TORRANCE CA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 13709
License Date 10/3/2007
Name **HOFFMAN JR, JOSEPH I MD**
Address 2950 STONE HOGAN RD #3-A, ATLANTA, GA, 30331
Specialty ORS
Board Certified ORS
School and Year of Graduation HOWARD UNIV COLLEGE OF MED USA 1964
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 1968
Residency and Year HOSPITAL FOR SPECIAL SURGERY-CORNELL UNIV - NEW YORK, NY 1971
License Expiration Date **6/30/2009**
Remarks

License Number 7810
License Date 4/6/1988
Name **HOFFMAN, BENJAMIN F MD**
Address GE ENERGY, 4424 WEST SAM HOUSTON PKWY - N WESTWAY 2HOUSTON, TX, 77041
Specialty OM
Board Certified OM
School and Year of Graduation MT SINAI SCH MED OF CITY UNIV OF NY - NY USA 1983
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1984
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1988
License Expiration Date **6/30/2016**
Remarks

License Number 12383
License Date 7/7/2004
Name **HOFFMAN, CARY J MD**
Address NATIONALRAD, 629-A EAST HILLSBORO BLVDDEERFIELD BEACH, FL, 33441
Specialty
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1989
Internship and Year YALE UNIVERSITY, NEW HAVEN CT 1990
Residency and Year MT SINAI MED CTR, MIAMI BEACH FL 1994
License Expiration Date **6/30/2016**
Remarks

License Number 16641
License Date 6/4/2014
Name **HOFFMAN, ELIZABETH J MD**
Address MAINE MED CTR, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2011
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2012
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2014
License Expiration Date **6/30/2016**
Remarks

License Number 10026
License Date 6/4/1997
Name **HOFFMAN, ERIC D MD**
Address SOUTHERN NH SPORTS MED, 43 B BIRCH ST STE 7DERRY, NH, 03038-2718
Specialty ORS
Board Certified
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE-NC USA 1991
Internship and Year DUKE UNIVERSITY MEDICAL CENTER-NC 1997
Residency and Year DUKE UNIVERSITY MEDICAL CENTER-NC 1997
License Expiration Date **6/30/1998**
Remarks

License Number 13495
License Date 5/9/2007
Name **HOFFMAN, ERIC J DO**
Address BERKSHIRE MED CTR, 725 NORTH STPITTSFIELD, MA, 01201
Specialty EM
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND USA 2003
Internship and Year UNIV OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 2004
Residency and Year HARTFORD HOSPITAL-HARTFORD, CT 2005
License Expiration Date **6/30/2011**
Remarks

License Number 6989
License Date 10/4/1984
Name **HOFFMAN, JEFFREY M MD**
Address 85 CONSTITUTION LANE, 200 CDANVERS, MA, 01923-3658
Specialty P
Board Certified P
School and Year of Graduation UNIV OF PENNSYLVANIA SCH MED USA 1970
Internship and Year WASHINGTON HOSP CTR-WASHINGTON,DC 1971
Residency and Year INST OF PENNSYLVANIA HOSP-PHIL,PA 1974
License Expiration Date **6/30/2006**
Remarks

License Number 14201
License Date 10/1/2008
Name **HOFFMAN, MATTHEW J DO**
Address IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation PHILADELPHIA COLLEGE USA 1998
Internship and Year FRANKFORD HOSPITAL-PHILADELPHIA, PA 1999
Residency and Year NATIONAL NAVAL MEDICAL CENTER-BETHESDA, MD 2006
License Expiration Date **6/30/2012**
Remarks

License Number 12790
License Date 7/6/2005
Name **HOFFMAN, MICHAEL V MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH, SLAT LAKE CITY UT USA 2001
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2006
License Expiration Date **6/30/2007**
Remarks

License Number 13398
License Date 2/7/2007
Name **HOFFMEISTER, KAREN J DO**
Address 252 DOGFORD RD, ETNA, NH, 03750
Specialty IM
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE USA 1984
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1985
Residency and Year NAVAL MEDICAL CENER - SAN DIEGO, CA 1989
License Expiration Date **6/30/2011**
Remarks

License Number 11317
License Date 7/11/2001
Name **HOFLEY, MARC A MD**
Address DARTMOUTH-HITCHCOCK-MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation QUEENS UNIVERSITY FACULTY OF HEALTH SCIENCES CANADA 1988
Internship and Year QUEENS UNIVERSITY FACULTY OF HEALTH SCIENCES 1989
Residency and Year UNIVERSITY OF TORONTO 1992
License Expiration Date **6/30/2017**
Remarks

License Number 11318
License Date 7/11/2001
Name **HOFLEY, PAMELA M MD**
Address DARTMOUTH-HITCHCOCK-MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation QUEEN'S UNIVERSITY AT KINGSTON ONTARIO CANADA 1988
Internship and Year QUEEN'S UNIVERSITY FACULTY OF HEALTH SCIENCES, KINGSTON ONTARIO CANADA 1989
Residency and Year UNIVERSITY OF TORONTO, TORONTO ONTARIO CANADA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 4032
License Date 3/16/1967
Name **HOFMAN, WALTER I MD**
Address ROXBOROUGH MEMORIAL HOSP, 5800 RIDGE AVE PHILADELPHIA, PA, 19128-1737
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF BASEL SWITZERLAND 1965
Internship and Year UNIV HOSPITAL - BOSTON, MA 1966
Residency and Year UNIV HOSPITAL - BOSTON, MA 1967
License Expiration Date **6/30/2001**
Remarks

License Number 12384
License Date 7/7/2004
Name **HOFREITER, MARY E MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT ST KEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 2001
Internship and Year UNIVERSITY OF PA, PHILADELPHIA PA 2002
Residency and Year UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14840
License Date 5/5/2010
Name **HOGAN, JEREMY P MD**
Address ADVANCED ORTHOPAEDIC SPECIALISTS, 14 MAPLE ST STE 100 GILFORD, NH, 03267
Specialty ORS
Board Certified
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2004
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 2005
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14023
License Date 6/4/2008
Name **HOGAN, KATHLEEN A MD**
Address NHOC, 17 RIVERSIDE ST STE 101 NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation BROWN UNIV USA 2000
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001
Residency and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 2007
License Expiration Date **6/30/2016**
Remarks

License Number 11916
License Date 5/7/2003
Name **HOGARTY, DAVID C DO**
Address GRANITE PHYSIATRY, 254 PLEASANT STCONCORD, NH, 03301
Specialty PM
Board Certified
School and Year of Graduation KIRKSVILLE COLL OF OSTEOPATHIC MED - KIRKSVILLE, M USA 1999
Internship and Year INGHAM REGIONAL MEDICAL CENTER - LANDSING, MI 2000
Residency and Year INGHAM REGIONAL MEDICAL CENTER - LANDSING, MI 2003
License Expiration Date **6/30/2007**
Remarks

License Number 11478
License Date 12/5/2001
Name **HOGDEN, LAURIE A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1998
Internship and Year UNIV OF CINCINNATI HOSPITAL - CINCINNATI, OH 1999
Residency and Year UNIV OF CINCINNATI HOSPITAL - CINCINNATI, OH 2001
License Expiration Date **6/30/2005**
Remarks

License Number 15574
License Date 3/7/2012
Name **HOGENAUER JR, DANIEL O MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2003
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2014**
Remarks

License Number 3671
License Date 12/18/1963
Name **HOK, ROLAND MD**
Address 174 LITTLE POND RD, CONCORD, NH, 03301-
Specialty OPH
Board Certified OPH
School and Year of Graduation MCGILL UNIV - MONTREAL P. Q. CANADA CANADA 1959
Internship and Year ST VINCENT'S - NEW YORK, NY 1960
Residency and Year UNIV HOSPITAL - COLUMBUS, OH 1964
License Expiration Date **6/30/2003**
Remarks **DECEASED 2/16/07**

License Number 16791
License Date 10/1/2014
Name **HOKENSON, MICHAEL A MD**
Address NEW HAMPSHIRE'S HOSPITAL FOR CHILDREN, ONE ELLIOT WAY, NICU, 5TH FLMANCHESTER, NH, 0
Specialty PD
Board Certified NPM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2004
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2005
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 17060
License Date 5/6/2015
Name **HOLALAKERE SREENIVASA RAO, ANOOP KUMAR MD**
Address 2800 HART ST #24, CHARLESTON, WV, 25304
Specialty FP
Board Certified
School and Year of Graduation AMBEDKAR MEDICAL COLLEGE INDIA 2010
Internship and Year WEST VIRGINIA UNIVERSITY CHARLESTON DIVISION - CHARLESTON, WV 2013
Residency and Year WEST VIRGINIA UNIVERSITY CHARLESTON DIVISION - CHARLESTON, WV 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15575
License Date 3/7/2012
Name **HOLDERNESS, BRITT M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation ROSS UNIVERSITY SCHOOL OF MEDICINE DOMINICA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 13747
License Date 11/7/2007
Name **HOLLA, PADMINI V MD**
Address 52 ISAAC LUCAS CIRCLE, DOVER, NH, 03820
Specialty PTH
Board Certified PTH
School and Year of Graduation SETH GS MEDICAL COLLEGE INDIA 1998
Internship and Year UNIV OF WISCONSIN - MADISON, WI 2002
Residency and Year UNIV OF WISCONSIN - MADISON, WI 2006
License Expiration Date **6/30/2017**
Remarks

License Number 7463
License Date 11/12/1986
Name **HOLLAND, EDWARD I MD**
Address HOLLAND & POWELL PEDIATRICS, 19 TYLER ST #104NASHUA, NH, 03060-
Specialty PD
Board Certified PD
School and Year of Graduation WASHINGTON UNIVERSITY - ST LOUIS, MO USA 1973
Internship and Year ST LOUIS CHILDRENS HOSPITAL - ST LOUIS, MO 1975
Residency and Year ST LOUIS CHILDRENS HOSPITAL-STLOUIS,MO 1975
License Expiration Date **6/30/2000**
Remarks

License Number 13207
License Date 8/2/2006
Name **HOLLAND, SARAH W MD**
Address COASTAL PLASTIC SURGERY, 4 HORTON PLACETOPSHAM, ME, 04086
Specialty PS
Board Certified PS
School and Year of Graduation CORNELL UNIV USA 1998
Internship and Year UNIV HEALTH CTR OF PITTSBURGH, PITTSBURGH, PA 1999
Residency and Year UNIV HEALTH CTR OF PITTSBURGH, PITTSBURGH, PA 2004
License Expiration Date **6/30/2014**
Remarks

License Number 11022
License Date 8/2/2000
Name **HOLLANDER, SUSAN A MD**
Address 126 WILDCAT RD, BARRINGTON, NH, 03825
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CONNECTICUT SCH - FARMINGTON, CT USA 1997
Internship and Year CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS- NORFOLK, VA 1998
Residency and Year CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS - NORFOLK, VA 1999
License Expiration Date **6/30/2004**
Remarks

License Number 10901
License Date 5/3/2000
Name **HOLLISTER JR, JOHN R MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY - CLEVELAND OH USA 1997
Internship and Year RAINBOW BABIES AND CHILDRENS HOSPITAL - CLEVELAND OH 1998
Residency and Year RAINBOW BABIES AND CHILDRENS HOSPITAL - CLEVELAND OH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 12107
License Date 10/1/2003
Name **HOLLISTER, KATHERINE A MD**
Address 35 LOCKE RD, PO BOX 707NEW CASTLE, NH, 03854
Specialty IM
Board Certified IM
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1996
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1997
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2000
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/05...**
REINSTATED 10/4/06

License Number 13046
License Date 4/5/2006
Name **HOLLISTER, RICHARD D MD**
Address EXETER PULMONARY, 9 BUZELL AVEEXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV-NY NY USA 2000
Internship and Year LAHEY CLINIC-BURLINGTON MA 2001
Residency and Year LAHEY CLINIC-BURLINGTON MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 11795
License Date 12/4/2002
Name **HOLMAN, STEPHEN J MD**
Address SEACOAST PAIN INSTITUTE OF NEW ENGLAND, 7 MARSHBROOK DR STE 10SOMERSWORTH, NH, 03
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF HLTH SCI F EDWARD HEBERT SCH- BETHESDA, MD USA 1989
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1990
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1993
License Expiration Date **6/30/2016**
Remarks

License Number 13012
License Date 3/1/2006
Name **HOLMES, ALISON V MD**
Address DHMC/CHaD - RUBIN 552, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation STANFORD UNIVERSITY, STANFORD CA US 2000
Internship and Year UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC 2001
Residency and Year UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC 2004
License Expiration Date **6/30/2016**
Remarks

License Number 15380
License Date 9/7/2011
Name **HOLMES, BRIAN J MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TEXAS USA 1993
Internship and Year LOUIS A WEISS MEMORIAL HOSPITAL-CHICAGO, IL 1994
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 2002
License Expiration Date **6/30/2017**
Remarks

License Number 9991
License Date 5/7/1997
Name **HOLMES, CHERIE A MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1983
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH 1984
Residency and Year MASS GEN HOSP-MASS 1988
License Expiration Date **6/30/2017**
Remarks

License Number 11830
License Date 2/5/2003
Name **HOLMES, GREGORY L MD**
Address U OF VERMONT COLL OF MEDICINE, 95 CARRIGAN DR STAFFORD HALL 118CBURLINGTON, VT, 054
Specialty CN
Board Certified CN
School and Year of Graduation UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1974
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1975
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1976
License Expiration Date **6/30/2017**
Remarks

License Number 6016
License Date 2/6/1979
Name **HOLSHUH, DON A MD**
Address 650 COURT ST, KEENE, NH, 03431-1799
Specialty D
Board Certified D
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL MEDICINE - OH USA 1974
Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1975
Residency and Year CLEVELAND GENERAL HOSPITAL - CLEVELAND, OH 1979
License Expiration Date **4/6/2011**
Remarks **4/6/11 - Order of Emergency License Suspension & Notice of Hearing. 11/4/11 - Final Decision & Order. 5/8/13 - Final Decision and Order**

License Number 12032
License Date 8/6/2003
Name **HOLSTEIN, ERIC D MD**
Address ORTHOPAEDIC SURGICAL ASSOC F, 14 RESEARCH PLN CHELMSFORD, MA, 01863
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS U OF MEDICINE, BOSTON MA US 1984
Internship and Year ST ELIZABETHS MED CTR, BOSTON MA 1985
Residency and Year ST ELIZABETHS MED CTR, BOSTON MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 12577
License Date 1/5/2005
Name **HOLT, PETER D MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1990
Internship and Year UNIVERSITY OF HAWAII, HONOLULU HI 1991
Residency and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 15027
License Date 10/6/2010
Name **HOLTZCLAW, STEPHEN G MD**
Address TEAM HEALTH, 14050 NW 14TH STFT LAUDERDALE, FL, 33323
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1990
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1991
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
License Expiration Date **6/30/2016**
Remarks

License Number 15302
License Date 7/6/2011
Name **HOLTZHEIMER III, PAUL E MD**
Address DARTMOUTH MEDICAL SCHOOL, ONE MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1999
Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2000
Residency and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 11061
License Date 9/6/2000
Name **HOLTZMAN, STEPHEN R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2003**
Remarks

License Number 10277
License Date 5/6/1998
Name **HOLUB, DAVID C MD**
Address BRADFORD HEALTH SERVICES, SOUTH MAIN ST PO BOX 318BRADFORD, VT, 05033
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1995
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIVERSITY, PAWTUCKET RI 1998
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIVERSITY-RI 1998
License Expiration Date **6/30/2000**
Remarks

License Number 14924
License Date 7/7/2010
Name **HOLUBAR, STEFAN D MD**
Address DHMC - DEPT OF SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty CRS
Board Certified CRS
School and Year of Graduation UNIVERSITY OF VERMONT USA 2002
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2003
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6067
License Date 6/11/1979
Name **HOLZAEPFEL, JONATHAN L MD**
Address SPORTS MED ATLANTIC ORTHO, 150 US HIGHWAY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MICHIGAN MEDICAL SCHOOL - ANN ARBOR, MI USA 1973
Internship and Year UNIV HOSPITAL - ANN ARBOR, MI 1974
Residency and Year UNIV HOSPITAL - ANN ARBOR, MI 1979
License Expiration Date **6/30/2011**
Remarks

License Number 8391
License Date 7/11/1990
Name **HOLZBERGER, PETER T MD**
Address DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation MED COLL OF OHIO-TOLEDO,OH USA 1986
Internship and Year MED COLL OF OHIO-TOLEDO,OH 1986
Residency and Year MED COLL OF OHIO-TOLEDO,OH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 15877
License Date 10/3/2012
Name **HOLZER, JACOB C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PFM
Board Certified PFM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 1987
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1990
License Expiration Date **6/30/2014**
Remarks

License Number 14995
License Date 9/1/2010
Name **HOLZINGER, JENNIFER M DO**
Address ELLIOT FAMILY MEDICINE, 5 INDUSTRIAL DR STE B WINDHAM, NH, 03087
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 9042
License Date 9/1/1993
Name **HOMAN, FAY F MD**
Address LITTLE RIVERS HEALTH CARE, PO BOX 755 WELLS RIVER, VT, 05081-
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1990
Internship and Year TACOMA GENERAL HOSPITAL - TACOMA WA 1993
Residency and Year TACOMA GENERAL HOSPITAL - TACOMA WA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15441
License Date 11/2/2011
Name **HOMER, GREGORY D MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 1994
Internship and Year JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 1995
Residency and Year BAPTIST MEMORIAL HOSPITAL - MEMPHIS, TN 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11756
License Date 10/2/2002
Name **HOMEYER, CHRISTOPHER C MD**
Address EISENHOWER ARMY MED CTR, 300 HOSPITAL DRFT GORDON, GA, 30905
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA USA 1979
Internship and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS, AUGUSTA GA 1980
Residency and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS, AUGUSTA GA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 13399
License Date 2/7/2007
Name **HOMOLESKI, BRENT A MD**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified
School and Year of Graduation ROSALIND FRANKLIN UNIV USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **4/14/2010**
Remarks **Deceased 5/14/10**

License Number 10393
License Date 9/2/1998
Name **HONEYCHURCH, CAROL R MD**
Address 309 WAWARME AVE, HARTFORD, CT, 06146-2363
Specialty N
Board Certified
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1977
Internship and Year UNIV OF CONNECTICUT HEALTH CTR - FARMINGTON, CT 1980
Residency and Year UNIV OF VERMONT MED CENTER - BURLINGTON, VT 1985
License Expiration Date **6/30/2001**
Remarks

License Number 13624
License Date 8/1/2007
Name **HONG, NANTIDA MD**
Address WENTWORTH-DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation MAHIDOL UNIV THAILAND 2000
Internship and Year METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2005
Residency and Year METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2007
License Expiration Date **6/30/2013**
Remarks

License Number 10902
License Date 5/3/2000
Name **HONG, ROSAMOND S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND OR USA 1995
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH 1996
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH 1998
License Expiration Date **6/30/2001**
Remarks

License Number 12132
License Date 11/5/2003
Name **HONG, THOMAS MD**
Address SOUTHERN NH INT MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1995
Internship and Year BOSTON UNIVERSITY MEDICAL CTR, BOSTON MA 1996
Residency and Year BOSTON UNIVERSITY, BOSTON MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14841
License Date 5/5/2010
Name **HONIGSBERG, ELIZABETH J MD**
Address GEN SURG OF GREATER BRIDGEPORT, 310 MILL HILL AVEBRIDGEPORT, CT, 06610
Specialty GS
Board Certified GS
School and Year of Graduation STATE UNIVERSITY OF NY USA 2005
Internship and Year MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2006
Residency and Year MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13625
License Date 8/1/2007
Name **HONOR, ANGEL K MD**
Address ELLIOTT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE USA 2003
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 14202
License Date 10/1/2008
Name **HOO, CHARLES C MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation ST GEORGE'S UNIV GRENADA 2001
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2002
Residency and Year ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 2006
License Expiration Date **6/30/2014**
Remarks

License Number 7120
License Date 6/6/1985
Name **HOOD, LINDA A MD**
Address AMOSKEAG ANESTHESIA PLLC, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON, VT USA 1982
Internship and Year MEDICAL CENTER HOSPITAL-BURLINGTON, VT 1983
Residency and Year MEDICAL CENTER HOSPITAL-BURLINGTON, VT 1985
License Expiration Date **6/30/2017**
Remarks

License Number 9303
License Date 10/5/1994
Name **HOOD, SALLY A MD**
Address MERRIMACK VALLEY NEPHROLOGY, 100 MILK ST STE 120METHUEN', MA, 01844
Specialty NEP
Board Certified IM
School and Year of Graduation UNIVERSITY OF SCHEFFIELD MEDICAL SCHOOL UNITED KINGDOM 1973
Internship and Year MAYO FOUNDATION - ROCHESTER MN 1980
Residency and Year MAYO FOUNDATION - ROCHESTER MN 1980
License Expiration Date **6/30/2010**
Remarks

License Number 8963
License Date 6/2/1993
Name **HOOK, BRUCE G MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty ICE
Board Certified ICE
School and Year of Graduation UNIVERSITY OF MI MEDICAL SCHOOL USA 1986
Internship and Year HOSPITAL UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA PA 1989
Residency and Year HOSPITAL UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA PA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16411
License Date 12/4/2013
Name **HOOK, CARL C MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty HO
Board Certified HO
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1984
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1985
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1987
License Expiration Date **6/30/2017**
Remarks

License Number 12791
License Date 7/6/2005
Name **HOOS, RICHARD T MD**
Address THE NEUROLOGY GROUP, 302 OLD STONE BRIDGE RDGOODLETTSVILLE, TN, 37072
Specialty P
Board Certified P
School and Year of Graduation VANDERBILT UNIVERSITY, NASHVILLE TN USA 1973
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1974
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1975
License Expiration Date **6/30/2017**
Remarks

License Number 7353
License Date 6/12/1986
Name **HOOVER, CYNTHIA J MD**
Address 34 HEMLOCK, LONDONDERRY, NH, 03053
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 1978
Internship and Year UNIVERSITY OF KS HOSPITAL 1979
Residency and Year CHILDRENS MERCY HOSPITAL-1981 UNIV OF KS COLLEGE HOSPITAL 1983
License Expiration Date **6/30/2016**
Remarks

License Number 16412
License Date 12/4/2013
Name **HOOVER, ELIZABETH B MD**
Address 415 ELLENDALE AVE, NASHVILLE, TN, 37205
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE USA 1990
Internship and Year VANDERBILT UNIVERSITY - NASHVILLE, TN 1991
Residency and Year VANDERBILT UNIVERSITY - NASHVILLE, TN 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16275
License Date 8/7/2013
Name **HOPE, JEFFREY C MD**
Address PORTSMOUTH REGIONAL HOSPITAL - EMERGENCY DEPT, 333 BORTHWICK AVE PORTSMOUTH, NH,
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MANCHESTER UNITED KINGDOM 2005
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2011
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2013
License Expiration Date **6/30/2017**
Remarks

License Number 3573
License Date 10/30/1962
Name **HOPE, PETER B MD**
Address RED HILL HLTH CTR, PO BOX 160 MOULTONBORO, NH, 03254-
Specialty FP
Board Certified FP
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NEW YORK, NY USA 1961
Internship and Year ST VINCENT'S HOSPITAL - NEW YORK, NY 1962
Residency and Year ST VINCENT'S HOSPITAL - NY, NY 1962
License Expiration Date **5/1/2002**
Remarks **5/1/02 EMERGENCY SUSPENSION AS OF 6:00 PM 3/7/03 LICENSE REVOKED**

License Number 16792
License Date 10/1/2014
Name **HOPE, TODD D MD**
Address 31 GREENWICH RD, E LONGMEADOW, MA, 01028
Specialty CCM
Board Certified CCM
School and Year of Graduation UNIVERSITY COLLEGE DUBLIN IRELAND 2004
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2005
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 13375
License Date 1/3/2007
Name **HOPKIN, JEREMY R MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation UNIV OF UTAH USA 2003
Internship and Year LDS HOSPITAL - SALT LAKE CITY, UT 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 9379
License Date 3/1/1995
Name **HOPKINS, ANDREW C MD**
Address PSYCHIATRIC MEDICAL ASSOC, 6404 INTERNATIONLA PKWYPLANO, TX, 75093
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF ND SCHOOL OF MEDICINE USA 1991
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1995
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1995
License Expiration Date **9/5/2012**
Remarks **Deceased 9/5/2012**

License Number 14551
License Date 8/5/2009
Name **HOPKINS, KEITH A MD**
Address 5129 ARQUILLA DR, RICHTON PARK, IL, 60471
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1998
Internship and Year MICHIGAN STATE UNIVERSITY PEDIATRIC RESIDENCY PROGRAM/SPARRO - LANSING, MI 1999
Residency and Year MICHIGAN STATE UNIVERSITY PEDIATRIC RESIDENCY PROGRAM/SPARRO - LANSING, MI 2000
License Expiration Date **6/30/2011**
Remarks

License Number 16011
License Date 2/6/2013
Name **HOPKINS, MATTHEW R MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF ND SCHOOL OF MEDICINE & HEALTH SCIEN USA 2000
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2001
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
License Expiration Date **6/30/2017**
Remarks

License Number 13013
 License Date 3/1/2006
 Name **HOPKINS, MATTHEW V MD**
 Address 424 YELLOWSTONE AVE SUITE 220, CODY, WY, 82414
 Specialty CHP
 Board Certified
 School and Year of Graduation TEXAS A & M UNIVERSITY, COLLEGE STATION TX US 1999
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
 License Expiration Date **6/30/2010**
 Remarks **5/8/03 - Order of Emergency License Suspension and Notice of Hearing. 9/25/03 - Settlement Agreement.**
6/3/11 - Settlement Agreement.

License Number 11503
 License Date 2/6/2002
 Name **HOPPER, KEN C MD**
 Address THE HOPPER GROUP, 1521 N COOPER #630ARLINGTON, TX, 76011
 Specialty P
 Board Certified P
 School and Year of Graduation UNIV OF TEXAS MEDICAL SCHOOL-GALVESTON, TX USA 1985
 Internship and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1986
 Residency and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 5351
 License Date 6/24/1975
 Name **HOPPERSTEAD, LARRY O MD**
 Address , , ,
 Specialty GS
 Board Certified
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1973
 Internship and Year
 Residency and Year
 License Expiration Date **6/30/1995**
 Remarks

License Number 12878
 License Date 9/7/2005
 Name **HOQUE, SHAIKH R MD**
 Address ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
 Specialty IM
 Board Certified IM
 School and Year of Graduation ALL INDIA INSTITUTE OF MED SCIENCES, NEW DELHI DEL INDIA 2000
 Internship and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2003
 Residency and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2004
 License Expiration Date **6/30/2017**
 Remarks

License Number 11371
License Date 9/5/2001
Name **HORAK, JAMES H MD**
Address ST CHARLES HOSPICE, 2275 NE DOCTORS DRIVEBEND, OR, 97701
Specialty FP
Board Certified FP
School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1982
Internship and Year BAYLOR FAMILY PRACTICE CENTER - HOUSTON, TX 1984
Residency and Year BAYLOR FAMILY PRACTICE CENTER - HOUSTON, TX 1986
License Expiration Date **6/30/2017**
Remarks

License Number 6495
License Date 2/8/1982
Name **HORAN, JOHN M MD**
Address 22 POINTE TERRACE SE, ATLANTA, GA, 30339
Specialty PH
Board Certified PH
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE COLL-SYRACUSE,NY USA 1974
Internship and Year MS HERSHEY MED CENTER - HERSHEY, PA 1979
Residency and Year MS HERSHEY MED CTR-HERSHEY,PA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 12108
License Date 10/1/2003
Name **HORANGIC, NICHOLAS J MD**
Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1994
Internship and Year ST LUKES ROOSEVELT HOSPITAL CTR, NEW YORK NY 1995
Residency and Year COLUMBIA UNIVERSITY COLLEGE, NEW YORK NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7682
License Date 8/5/1987
Name **HORMELL, ROBERT S MD**
Address 68 COUNTY RD BOX 202, MELVIN VILLAGE, NH, 03850-9999
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEM SCH -BOSTON,MA USA 1939
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1941
Residency and Year CHILDRENS HOSP MEM CTR-BOSTON,MA 1946
License Expiration Date **6/30/2000**
Remarks

License Number 13960
License Date 5/7/2008
Name **HORN, THOMAS D MD**
Address DERMATOPATHOLOGY ASSOCIATES, 2 WELLS AVENUE NEWTON, MA, 02459
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIV OF VIRGINIA USA 1982
Internship and Year UNIV OF VIRGINIA HEALTH SCIENCE CENTER - CHARLOTTESVILLE, VA 1984
Residency and Year UNIV OF MARYLAND - BALTIMORE, MD 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15480
License Date 12/7/2011
Name **HORN, WILLIAM T MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation WAKE FOREST UNIVERSITY SCHOOL OF MED USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2015**
Remarks

License Number 10253
License Date 4/1/1998
Name **HORNER, JEAN A MD**
Address LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1995
Internship and Year UNIV OF MASS MEDICAL CTR-WORCESTER, MA 1998
Residency and Year UNIV OF MASS MEDICAL CTR-WORCESTER, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9248
License Date 8/3/1994
Name **HORNER, PHILIP S MD**
Address RR 2 BOX 528A, ROUTE 11 FARMINGTON, NH, 03835-
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY OF MEDICINE USA 1983
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1984
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1986
License Expiration Date **6/1/2000**
Remarks **10/26/99 - STIPULATION AS TO VOLUNTARY TEMPORARY SURRENDER OF MEDICAL LICENSE**
6/1/00 - VOLUNTARY SURRENDER OF LICENSE

License Number 9732
License Date 6/5/1996
Name **HORNING, JOHN A MD**
Address GRANITE STATE EMERGENCY PHYS, 100 MCGREGOR STMANCHESTER, NH, 03102-
Specialty EM
Board Certified EM
School and Year of Graduation NORTHWESTERN UNIVERSITY-CHICAGO IL USA 1993
Internship and Year
Residency and Year MORRISTOWN MEMORIAL HOSPITAL-MORRISTOWN NJ 1996
License Expiration Date **6/30/2000**
Remarks

License Number 13904
License Date 4/2/2008
Name **HORNSTEIN, ABBY M MD**
Address 882 GAY ST, WESTWOOD, MA, 02090
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1990
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1993
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/28/14

License Number 5386
License Date 8/7/1975
Name **HOROWITZ, LEE M MD**
Address 115 GRACE ST, PLAINVIEW, NY, 11803
Specialty DR
Board Certified
School and Year of Graduation BOLOGNA ITALY 1973
Internship and Year QUEENS HOSPITAL CTR - JAMAICA, NY 1974
Residency and Year BROOKDALE HOSPITAL MEDICAL CTR - BROOKLYN, NY 1975
License Expiration Date **6/30/2001**
Remarks

License Number 11870
License Date 4/2/2003
Name **HOROWITZ, MARCEL I MD**
Address 1425 BOLTON ST, BALTIMORE, MD, 21217
Specialty U
Board Certified U
School and Year of Graduation FINCH UNIV - NORTH CHICAGO,IL USA 1958
Internship and Year MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1959
Residency and Year EDWARD HINES JR VA HOSPITAL - HINES, IL 1960
License Expiration Date **6/30/2017**
Remarks

License Number 14552
License Date 8/5/2009
Name **HORRALL, SHAWN D MD**
Address 3214 RIDGECREST DR, AUGUSTA, GA, 30907
Specialty EM
Board Certified
School and Year of Graduation INDIANA UNIVERSITY USA 2006
Internship and Year VANDERBILT UNIVERSITY - NASHVILLE, TN 2007
Residency and Year VANDERBILT UNIVERSITY - NASHVILLE, TN 2009
License Expiration Date **6/30/2011**
Remarks

License Number 13496
License Date 5/9/2007
Name **HORRIGAN, ANDREW C MD**
Address , 2517 NORTH MAIN STLANCASTER, MA, 01523
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TOLEDO OHIO USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2013**
Remarks **6/6/05 - Settlement Agreement**

License Number 6674
License Date 4/7/1983
Name **HORRIGAN, TERRENCE J MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1971
Internship and Year
Residency and Year
License Expiration Date **6/16/1988**
Remarks

License Number 11700
License Date 8/7/2002
Name **HORSLEY JR, JAMES I MD**
Address 30 UCHEE PINES RD APT 95, SEALE, AL, 36875
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF JUAREZ CITY - CIUDADJUAREZ, MEXICO MEXICO 1981
Internship and Year SUNY AT BUFFALO GRADUATE MEDICAL - BUFFALO, NY 1982
Residency and Year SUNY AT BUFFALO GRADUATE MEDICAL - BUFFALO, NY 1985
License Expiration Date **6/30/2003**
Remarks

License Number 7522
 License Date 3/4/1987
 Name **HORSLEY, SYLVIA A MD**
 Address WOMENS MEDICAL ASSOCIATES, 166 KINSLEY STNASHUA, NH, 03060-3676
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation AMER UNIVERSITY OF THE CARRIBEAN MONTSEERRAT 1981
 Internship and Year SUNY BUFFALO HOSPITAL 1983
 Residency and Year SUNY BUFFALO HOSPITAL 1986
 License Expiration Date **6/30/2017**
 Remarks

License Number 8529
 License Date 5/8/1991
 Name **HORSLEY, WILSON H MD**
 Address 14 EVERGREEN LANE, ANDOVER, MA, 01810
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation LOMA LINDA UNIVERSITY MEDICAL SCHOOL USA 1976
 Internship and Year TULANE MEDICAL CENTER HOSPITAL - NEW ORLEANS, LA 1979
 Residency and Year TULANE MEDICAL CENTER HOSPITAL - NEW ORLEANS, LA 1981
 License Expiration Date **6/30/2017**
 Remarks **06/30/2015 - Lapsed for non-renewal.**
08/03/2015 - Renewed.

License Number 13961
 License Date 5/7/2008
 Name **HORT, SHOSHANA J MD**
 Address DHMC DEPT OF MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
 Specialty IM
 Board Certified IM
 School and Year of Graduation NEW YORK UNIV USA 2002
 Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2003
 Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2005
 License Expiration Date **6/30/2016**
 Remarks

License Number 16586
 License Date 5/7/2014
 Name **HORTON, MARK A MD**
 Address DARTMOUTH HITCHCOCK - KEENE, 590 COURT STKEENE, NH, 03431
 Specialty AN
 Board Certified
 School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2009
 Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2010
 Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2013
 License Expiration Date **6/30/2016**
 Remarks

License Number 7572
License Date 5/6/1987
Name **HORTON, SCOTT L MD**
Address FRANKLIN REGIONAL HOSPITAL, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty FP
Board Certified FP
School and Year of Graduation SUNY UPSTATE MEDICAL CENTER - SYRACUSE, NY USA 1984
Internship and Year ME-DARTMOUTH FAMILY PRACTICE RES - AUGUSTA, ME 1985
Residency and Year ME-DARTMOUTH FAMILY PRACTICE RES - AUGUSTA, ME 1987
License Expiration Date **6/30/2017**
Remarks

License Number 13771
License Date 12/5/2007
Name **HOSEA, LISA E MD**
Address WHITTIER REHAB, PO BOX 1250WESTBOROUGH, MA, 01581
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL UNIV OF TOLEDO OHIO USA 1996
Internship and Year JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 1997
Residency and Year JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 2000
License Expiration Date **6/30/2009**
Remarks

License Number 5236
License Date 9/12/1974
Name **HOSKOTE, RAGHUVeer R MD**
Address , PO BOX 103E DERRY, NH, 03041-0103
Specialty OBG
Board Certified
School and Year of Graduation KASTURBA MEDICAL COLLEGE INDIA 1961
Internship and Year WENLOCK & LADY GOSCHERR - MANGALORE, INDIA 1960
Residency and Year BOMBAY HOSPITAL - MARINE LINES, INDIA 1961
License Expiration Date **6/30/2002**
Remarks **Deceased 3/13/13**

License Number 3194
License Date 3/13/1957
Name **HOSMER, JOHN A MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1986**
Remarks

License Number 14553
License Date 8/5/2009
Name **HOSS, DIANE M MD**
Address 22 MOUNTAIN LANE, FARMINGTON, CT, 06032
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1985
Internship and Year BELLEVUE HOSPITAL CENTER - NEW YORK, NY 1986
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1989
License Expiration Date **6/30/2015**
Remarks

License Number 15061
License Date 11/3/2010
Name **HOSSALLA, DORIS E MD**
Address GEORGETOWN KIDS, 3613 WILLIAMS DR STE 801GEORGETOWN, TX, 78628
Specialty PD
Board Certified PD
School and Year of Graduation OHIO STATE UNIVERSITY USA 1980
Internship and Year SCOTT & WHITE MEMORIAL HOSPITAL - TEMPLE, TX 1981
Residency and Year SCOTT & WHITE MEMORIAL HOSPITAL - TEMPLE, TX 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11372
License Date 9/5/2001
Name **HOSSEINZADEH, MINOOS MD**
Address FERTILITY CENTER OF N E INC, 20 POND MEADOW DRIVE #101READING ` , MA, 01867
Specialty OBG
Board Certified OBG
School and Year of Graduation LAVAL UNIV FAC OF MED- STE-FOY QUEBEC CANADA 1987
Internship and Year MCGILL UNIV - MONTREAL, CANADA 1988
Residency and Year FACULTY OF MEDICINE, UNIV OF OTTAWA- OTTAWA, ONTARIO CANADA 1992
License Expiration Date **6/30/2007**
Remarks

License Number 14964
License Date 8/4/2010
Name **HOTCHKISS, LAURA A MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 1987
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1988
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1992
License Expiration Date **6/30/2016**
Remarks

License Number 13066
License Date 5/3/2006
Name **HOU, DAVID D MD**
Address X RAY PROFESSIONAL ASSOCIATION, 2 1/2 BEACON ST STE 199CONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation BROWN UNIV SCHOOL OF MEDICINE USA 2000
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 2001
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 2005
License Expiration Date **6/30/2016**
Remarks

License Number 14417
License Date 5/6/2009
Name **HOU, JOSEPH MD**
Address FOUNDATION PULMONARY, 10 PROSPECT ST, SUITE 401NASHUA, NH, 03060
Specialty CCM
Board Certified CCM
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2002
Internship and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE-NEW YORK, NY 2003
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11504
License Date 2/6/2002
Name **HOUDE, JOHN P MD**
Address ALICE PECK DAY ORTHOPEDIC SURGERY, 17 ALICE PECK DAY DRLEBANON, NH, 03766
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1992
Internship and Year DARTMOUTH-HITHCOCK MED CTR - LEBANON, NH 1993
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER,MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5606
License Date 9/2/1976
Name **HOULE, TED V J MD**
Address 580 ST JOHNSBURY RD STE L, LITTLETON, NH, 03561
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF VIRGINIA SCHOOL OF MED CHARLOTTESVIL USA 1968
Internship and Year NEW ENGLAND MED CTR HOSPITAL 1969
Residency and Year UNIVERSITY OF COLORADO MED CENTER 1974
License Expiration Date **6/30/2010**
Remarks

License Number 16413
License Date 12/4/2013
Name **HOUNSHELL, TROY L DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation KANSAS CITY UNIVERSITY OF MEDICINE USA 2007
Internship and Year GRANDVIEW HOSPITAL & MEDICAL CENTER - OUCOM - DAYTON, OH 2008
Residency and Year GRANDVIEW HOSPITAL & MEDICAL CENTER - OUCOM - DAYTON, OH 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15797
License Date 8/1/2012
Name **HOURDEQUIN, KATHRYN C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2001
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 16669
License Date 7/2/2014
Name **HOUSE, SAMANTHA A DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 0376
Specialty PD
Board Certified
School and Year of Graduation UNIV OF NE COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 8627
License Date 9/4/1991
Name **HOUSE, WILLIAM J MD**
Address FOUNDATION NEUROLOGY, 19 TYLER STNASHUA, NH, 03060
Specialty N
Board Certified N
School and Year of Graduation SUNY-HEALTH SCI CTR -BROOKLYN, NY USA 1986
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1987
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1990
License Expiration Date **6/30/2003**
Remarks

License Number 4439
License Date 6/17/1969
Name **HOUSTON, ALAN F MD**
Address 107 RIVERVIEW DR, DURANGO, CO, 81301
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1968
Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1969
Residency and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1969
License Expiration Date **6/30/2011**
Remarks

License Number 7504
License Date 2/5/1987
Name **HOUSTON, BIRGIT R MD**
Address NASHUA MEDICAL GROUP, 173 DW HIGHWAY SNASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1980
Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1981
Residency and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1983
License Expiration Date **6/30/2017**
Remarks

License Number 10209
License Date 1/7/1998
Name **HOUSTON, KERRY E MD**
Address 25 BUTTRICK RD, BUILDING ELONDONDERRY, NH, 03053-2322
Specialty PD
Board Certified PD
School and Year of Graduation SUNY-HLTH SCI CTR SYRACUSE , NY USA 1990
Internship and Year STRONG MEMORIAL HOSPITAL - NY 1993
Residency and Year STRONG MEMORIAL HOSPITAL - NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 4948
License Date 2/12/1973
Name **HOWALT, JAY S MD**
Address 4 HOUGH ST, DOVER, NH, 03820-3014
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL - MA USA 1961
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1962
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967
License Expiration Date **6/30/2009**
Remarks **Deceased 8/03/10**

License Number 14683
License Date 12/2/2009
Name **HOWARD III, ROBERT T MD**
Address 340 MATTHEWS ST, GARDNER, MA, 01440
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year FITZSIMONS ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1991
Residency and Year FITZSIMONS ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1994
License Expiration Date **6/30/2011**
Remarks

License Number 2648
License Date 5/12/1948
Name **HOWARD JR, ETHAN V MD**
Address 7 ORDWAY LN, BOW, NH, 03304-5506
Specialty GP
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 1944
Internship and Year BISHOP DE GOESBMAND HOSPITAL - BURLINGTON, VT 1945
Residency and Year ELLIOT HOSPITAL - MANCHESTER, NH 1948
License Expiration Date **6/30/2008**
Remarks **DECEASED 10/9/2008**

License Number 6544
License Date 6/24/1982
Name **HOWARD, CHARLES D MD**
Address DEVENS FEDERAL MED CTR, PO BOX 880AYER, MA, 01432
Specialty OPH
Board Certified
School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA GUADALAJARA MEXICO 1976
Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1978
Residency and Year UNIV TENN COLL MEDICINE - CHATTANOOGA, TN 1981
License Expiration Date **6/30/2016**
Remarks

License Number 10839
License Date 2/2/2000
Name **HOWARD, DOUGLAS R MD**
Address 8 PORTER ST, MELROSE, MA, 02176-2824
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1974
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON,MA 1975
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1976
License Expiration Date **6/30/2006**
Remarks **6/6/05 - Preliminary Agreement for Practice practice in the state of NH**
3/13/07 - Settlement Agreement

License Number 7875
License Date 6/8/1988
Name **HOWARD, LON W MD**
Address LITTLETON ORTHOPEDICS, 81 BETHLEHEM RDLITTLETON, NH, 03561-1821
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983
Residency and Year UNIV LOUISVILLE AFFILIATED MEDICAL CENTER - LOUISVILLE, KY 1988
License Expiration Date **10/27/2012**
Remarks **Deceased 10/27/2012**

License Number 7413
License Date 8/14/1986
Name **HOWARD, RICHARD K MD**
Address 320B CHARLES DIMMOCK PKWY, STE #5COLONIAL HEIGHTS, VA, 23834
Specialty GS
Board Certified GS
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY, NY USA 1977
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1978
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1982
License Expiration Date **6/30/2006**
Remarks

License Number 10332
License Date 7/1/1998
Name **HOWE, KENNETH F MD**
Address FOUNDATION SURGERY, 8 PROSPECT ST NORTH IINASHUA, NH, 03060
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1981
Internship and Year ST ELIZABETH'S MEDICAL CENTER OF BOSTON- BOSTON, MA 1982
Residency and Year ST ELIZABETH'S MEDICAL CENTER OF BOSTON - BOSTON, MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11917
License Date 5/7/2003
Name **HOWE, PAUL Q MD**
Address DARTMOUTH-HITCHCOCK, KEENE, 590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 2000
Internship and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2001
Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2002
License Expiration Date **6/30/2007**
Remarks

License Number 13823
License Date 2/6/2008
Name **HOWE, ROBERT J DO**
Address CORE PHYSICIANS, 118 PORTSMOUTH AVESTRATHAM, NH, 03885
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 2000
Internship and Year SACRED HEART HOSPITAL - ALLENTOWN, PA 2001
Residency and Year SACRED HEART HOSPITAL - ALLENTOWN, PA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16972
License Date 3/4/2015
Name **HOWELL, GREGORY A MD**
Address 1735 N BROWN RD STE 200, LAWRENCEVILLE, GA, 30043
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE USA 1990
Internship and Year CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE - LOS ANGELES, CA 1991
Residency and Year CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE - LOS ANGELES, CA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 6899
License Date 6/7/1984
Name **HOWELL, JOHN A MD**
Address PO BOX 550, LANCASTER, NH, 03584
Specialty R
Board Certified
School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA MEXICO 1975
Internship and Year KERN MED CTR-BAKERSFIELD,CA 1978
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 13430
License Date 3/7/2007
Name **HOY, JOHN F MD**
Address STAT MEDCARE SOLUTIONS, 1875 W PARK CTOLATHE, KS, 66061
Specialty R
Board Certified R
School and Year of Graduation BROWN UNIV USA 1993
Internship and Year CALIFORNIA PACIFIC MEDICAL CTR - SAN FRANCISCO, CA 1994
Residency and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1995
License Expiration Date **6/30/2015**
Remarks

License Number 10139
License Date 10/1/1997
Name **HOYE III, VINCENT J MD**
Address SPINDEL EYE ASSOC, 43B BIRCH ST STE 5DERRY, NH, 03038
Specialty OPH
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1993
Internship and Year CAMBRIDGE HOSPITAL - MA 1994
Residency and Year COOPER HOSPITAL - NJ 1997
License Expiration Date **6/30/2000**
Remarks

License Number 6663
License Date 3/3/1983
Name **HOYER, ROBERT C MD**
Address LAHEY HITCHCOCK CLINIC, 19 AVERY STPLYMOUTH, NH, 03264-1130
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MINNESOTA MED SCH-MINNEAPOLIS,MN USA 1975
Internship and Year NORTH CAROLINA MED HOSP-CHAPEL HILL 1976
Residency and Year NORTH CAROLINA MEM HOSP-CHAPEL HILL 1977
License Expiration Date **6/30/1998**
Remarks

License Number 12202
License Date 1/7/2004
Name **HOYT, MELISSA M MD**
Address CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST STE 205CONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15622
License Date 4/4/2012
Name **HRISTEA, BRIGITTE M MD**
Address THE COUNSELING CENTER OF NASHUA, 1 MAIN STREETNASHUA, NH, 03064
Specialty P
Board Certified P
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1992
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2002
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16946
License Date 2/4/2015
Name **HRON, TIFFINY A MD**
Address 411 MARLBOROUGH ST #4, BOSTON, MA, 02115
Specialty OTO
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE, FARMINGTON, CT 2009
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE, FARMINGTON, CT 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16642
License Date 6/4/2014
Name **HSU, ALBERT L MD**
Address 1362 BRUNSWICK AVE, NORFOLK, VA, 23508
Specialty OBG
Board Certified
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2005
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2006
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 10333
License Date 7/1/1998
Name **HSU, GRIFFITH MD**
Address ANDOVER EAR NOSE & THROAT CTR, 198 MASSACHUSETTS AVE STE 103N ANDOVER, MA, 01845
Specialty OTO
Board Certified
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1993
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1994
Residency and Year UNIV OF MINNESOTA HOSPITAL & CLINIC - MINNEAPOLIS, MN 1998
License Expiration Date **6/30/2002**
Remarks

License Number 16367
License Date 11/6/2013
Name **HSU, HOWARD C MD**
Address LAHEY HOSPITAL & MED CTR/RADIATION ONC ASSOC, PA, 41 MALL RDBURLINGTON, MA, 01805
Specialty RO
Board Certified RO
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2005
Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2008
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2014
License Expiration Date **6/30/2017**
Remarks

License Number 8900
License Date 2/3/1993
Name **HSU, POWEN MD**
Address NOTRE DAME PAVILION, 87 MCGREGOR ST STE 3200MANCHESTER, NH, 03102
Specialty PM
Board Certified PM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year SALEM HOSPITAL - SALEM NH 1988
Residency and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE MD 1991
License Expiration Date **6/30/2017**
Remarks

License Number 9249
License Date 8/3/1994
Name **HSU, SEAN S MD**
Address 211 ROSEMONT DR, N ANDOVER, MA, 01845-
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1986
Internship and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE WA 1994
Residency and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE WA 1994
License Expiration Date **6/30/1999**
Remarks

License Number 10949
License Date 6/7/2000
Name **HU, BRIAN H MD**
Address NASHUA RADIOLOGY, 172 KINSLEY STNASHUA, NH, 03062
Specialty R
Board Certified R
School and Year of Graduation SHANGHAI MEDICAL UNIV - PEOPLES REPUBLIC OF CHINA CHINA 1988
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1994
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 6946
License Date 8/2/1984
Name **HU, DA-SHIH MD**
Address DARTMOUTH COLLEGE HEALTH SERVICE, 7 ROPE FERRY RDHANOVER, NH, 03755
Specialty P
Board Certified P
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PA USA 1980
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1981
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13247
License Date 9/6/2006
Name **HUANG, BENJAMIN T MD**
Address 2820 N ONTARIO ST, BURBANK, CA, 91504
Specialty R
Board Certified R
School and Year of Graduation YALE UNIV USA 1987
Internship and Year DANBURY HOSPITAL-DANBURY CT 1988
Residency and Year YALE-NEW HAVEN HOSPITAL 1989
License Expiration Date **6/30/2016**
Remarks

License Number 9518
License Date 8/2/1995
Name **HUANG, PEI-LI MD**
Address FERTILITY SOLUTIONS, 45 STERGIS WAYDEDHAM, MA, 02026
Specialty REN
Board Certified OBG
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year BETH ISRAEL HOSPITAL - BOSTON MA 1992
Residency and Year BETH ISRAEL HOSPITAL - BOSTON MA 1992
License Expiration Date **6/30/2011**
Remarks

License Number 13962
License Date 5/7/2008
Name **HUANG, PETER C MD**
Address PORTSMOUTH ANESTHIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation PENNSYLVANIA STATE UNIV USA 2004
Internship and Year MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 2005
Residency and Year MT SINAI MEDICAL CENTER - NY, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16713
License Date 8/6/2014
Name **HUANG, VIOLA MD**
Address DH- GEN SURG, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEO USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 16276
License Date 8/7/2013
Name **HUBBARD, JOHN D MD**
Address ROUDEBUSH VA MEDICAL MEDICAL CENTER, 1481 WES 10TH STREET INDIANAPOLIS, IN, 46202
Specialty R
Board Certified R
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1999
Internship and Year OAKWOOD HEALTHCARE SYSTEM-OAKWOOD HOSPITAL - DEARBORN, MI 2000
Residency and Year OAKWOOD HEALTHCARE SYSTEM-OAKWOOD HOSPITAL - DEARBORN, MI 2004
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 5597
License Date 8/12/1976
Name **HUBBARD, WALLACE N MD**
Address 163 ROCHESTER HILL RD, ROCHESTER, NH, 03867-1728
Specialty PD
Board Certified
School and Year of Graduation UNIV OF VERMONT USA 1971
Internship and Year CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1972
Residency and Year CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1974
License Expiration Date **6/30/2012**
Remarks

License Number 9534
License Date 8/2/1995
Name **HUBBELL, FRANKLIN R DO**
Address SACO RIVER MED GROUP, 7 GREENWOOD AVE CONWAY, NH, 03818-
Specialty FP
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEO MEDICINE USA 1991
Internship and Year BRIGHTON MEDICAL CENTER - PORTLAND ME 1992
Residency and Year BRIGHTON MEDICAL CENTER - PORTLAND, ME 1992
License Expiration Date **6/30/2017**
Remarks

License Number 6496
License Date 2/8/1982
Name **HUBBUCH, JEANNE T MD**
Address 288 WALNUT ST STE 420, NEWTON, MA, 02460
Specialty FP
Board Certified FP
School and Year of Graduation RUSH MED COLL-CHICAGO,IL USA 1975
Internship and Year COOK COUNTY HOSP-CHICAGO,IL 1976
Residency and Year U MASS HOSP COORD PROG-WORCESTER,MA 1980
License Expiration Date **6/30/2004**
Remarks

License Number 13963
License Date 5/7/2008
Name **HUBLER, LLOYD D MD**
Address DARTMOUTH-HITCHCOCK KEENE ORTHOPEDICS, 590 COURT STKEENE, NH, 03431
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF TEXAS USA 1973
Internship and Year UNIV OF KANSAS SCHOOL OF MEDICINE - WICHITA, KS 1974
Residency and Year UNIV OF KANSAS SCHOOL OF MEDICINE - WICHITA, KS 1977
License Expiration Date **6/30/2016**
Remarks

License Number 8083
License Date 5/10/1989
Name **HUBLEY, JEFFREY E MD**
Address SNH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MI MED SCHL ANN ARBOR MI USA 1985
Internship and Year UNIV MI HOSPS ANN ARBOR MI 1986
Residency and Year UNIV MI HOSPS ANN ARBOR MI 1990
License Expiration Date **6/30/2017**
Remarks **11/13/14 - Settlement Agreement**

License Number 16449
License Date 1/8/2014
Name **HUCH, SHANE M DO**
Address ONE MEDICAL CTR DR, LEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year JERSEY SHORE UNIVERSITY MEDICAL CENTER - NEPTUNE, NJ 2010
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 10950
License Date 6/7/2000
Name **HUDDLE, TIMOTHY J MD**
Address ELLIOT WOULD CARE CENTER, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF ROCHESTER - ROCHESTER, NY USA 1980
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1981
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1985
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/01 - reinstated 6/4/14**

License Number 10649
License Date 8/4/1999
Name **HUDGINS, JAMES M MD**
Address COMP HEALTH, PO BOX 57915SALT LAKE CITY, UT, 84157-0915
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TENNESSEE - MEMPHIS, TN USA 1953
Internship and Year KARL MENNINGER SCH OF PSYCHIATRY - TOPEKA, KS 1954
Residency and Year KARL MENNINGER SCH OF PSYCHIATRY - TOPEKA, KS 1955
License Expiration Date **6/30/2002**
Remarks **DECEASED 12/06/2008**

License Number 9450
License Date 6/7/1995
Name **HUDSON III, RICHARD P MD**
Address UVM DEPT OF EM, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 1987
Internship and Year LA CO HARBOR UCLA MEDICAL CENTER, TORRANCE CA 1990
Residency and Year LA CO HARBOR UCLA MEDICAL CENTER-TORRANCE CA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 5711
License Date 5/5/1977
Name **HUEBL, HUBERT C MD**
Address 18101 OAKWOOD STE 139A, DEARBORN, MI, 48124-
Specialty GS
Board Certified GS
School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS USA 1956
Internship and Year HENNEPIN COUNTY MEDICAL HOSPITAL - MINNEAPOLIS, MN 1957
Residency and Year HOSPITAL GOOD SAMARITAN MEDICAL CENTER - LOS ANGELES, CA 1968
License Expiration Date **6/30/2013**
Remarks

License Number 9250
License Date 8/3/1994
Name **HUEY, LEIGHTON Y MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03766-0001
Specialty P
Board Certified P
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1971
Internship and Year UNIVESITY OF CALIFORNIA AT SAN DIEGO MEDICAL CENTER - SAN DIEGO CA 1974
Residency and Year UNIVERSITY OF CALIFORNIA AT SAN DIEGO MEDICAL CENTER - SAN DIEGO CA 1974
License Expiration Date **6/30/1999**
Remarks

License Number 7907
License Date 7/6/1988
Name **HUFFMAN, MICHAEL S MD**
Address 344 PINE HILL RD, HOLLIS, NH, 03049
Specialty PM
Board Certified
School and Year of Graduation UNIV OF TX HLTH SCI CTR-SOUTHWESTERN MED SCH-DALLA USA 1984
Internship and Year LONGISLAND JEWISH MED CTR-NEW HYDE PARK,NY 1985
Residency and Year MT SINAI HOSP-NY 1988
License Expiration Date **6/30/2016**
Remarks **6/6/05- Settlement Agreement**

License Number 11023
License Date 8/2/2000
Name **HUG, EUGEN B MD**
Address DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation LUDWIG MAXIMILLIANS UNIV - MUNICH GERMANY GERMANY 1987
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1992
License Expiration Date **6/30/2008**
Remarks

License Number 7389
License Date 7/3/1986
Name **HUGGINS, MARGARET C MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 1982
Internship and Year
Residency and Year
License Expiration Date **6/30/1990**
Remarks

License Number 13669
License Date 9/5/2007
Name **HUGHES III, RALPH C MD**
Address DIAGNOSTIC TISSUE/CYTOLOGY GRP, PO BOX 5869MERIDIAN, MS, 39302
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF TEXAS USA 1980
Internship and Year BAYLOR UNIV MEDICAL CENTER-DALLAS, TX 1982
Residency and Year BAYLOR UNIV MEDICAL CENTER-DALLAS, TX 1984
License Expiration Date **6/30/2009**
Remarks

License Number 13497
License Date 5/9/2007
Name **HUGHES, BERNADETTE A MD**
Address OMAHA NEUROLOGICAL CLINIC, INC, 17030 LAKESIDE HILLS PLAZA STE 202OMAHA, NE, 68130
Specialty N
Board Certified N
School and Year of Graduation GEORGETOWN UNIV USA 1988
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1989
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1992
License Expiration Date **6/30/2011**
Remarks

License Number 4758
License Date 8/15/1972
Name **HUGHES, BRYNFOR D MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **4/1/1997**
Remarks **DECEASE4D 4/97**

License Number 12703
License Date 5/4/2005
Name **HUGHES, DAVID T MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation CREIGHTON UNIVERSITY, OMAHA NE US 2003
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2004
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2005
License Expiration Date **6/30/2009**
Remarks

License Number 14075
License Date 7/9/2008
Name **HUGHES, JOHN C MD**
Address 295 VARNUM AVE, LOWELL, MA, 01854
Specialty OBG
Board Certified OBG
School and Year of Graduation TEMPLE UNIV USA 1977
Internship and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 1978
Residency and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 14165
License Date 9/3/2008
Name **HUGHES, MAUREEN C MD**
Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 2200MANCHESTER, NH, 03102
Specialty N
Board Certified N
School and Year of Graduation GEORGETOWN UNIV USA 2004
Internship and Year GEORGETOWN UNIV HOSPITAL - WASHINGTON, DC 2005
Residency and Year RHODE ISLAND HOSPITAL-BROWN UNIV - PROVIDENCE, RI 2008
License Expiration Date **6/30/2016**
Remarks

License Number 11154
License Date 1/3/2001
Name **HUGHES, RICHARD G DO**
Address LAKES REGION GENERAL HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty AN
Board Certified AN
School and Year of Graduation WESTERN U OF HEALTH SCI/COLLEGE OF OSTEOPATHIC USA 1986
Internship and Year MWU/ARIZONA GEM CONSORTIUM/TUCSON GENERAL HOSPITAL - TUCSON AZ 1987
Residency and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC MI 1990
License Expiration Date **6/30/2017**
Remarks

License Number 16225
License Date 7/3/2013
Name **HUGHES, STEPHEN J MD**
Address 25 CAPITOL CIRCLE, ROCHESTER, NH, 03867
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIVERSITY OF NY @ BUFFALO SCHOOL OF MEDICIN USA 1988
Internship and Year THE WOMEN & CHILDREN'S HOSPITAL - BUFFALO, NY 1989
Residency and Year THE WOMEN & CHILDREN'S HOSPITAL - BUFFALO, NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 15481
License Date 12/7/2011
Name **HUH, CHARLES Y MD**
Address HIMG, 5170 US RT 60EHUNTINGTON, WV, 25705
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF MED & DENTISTRY OF NEW JERSEY USA 1992
Internship and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1993
Residency and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1995
License Expiration Date **6/30/2013**
Remarks

License Number 16111
License Date 5/1/2013
Name **HULICK, PETER R MD**
Address SHIELDS RADIATION ONCOLOGY, 620 WASHINGTON STREETWINCHESTER, MA, 01890
Specialty RO
Board Certified RO
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1973
Internship and Year WILMINGTON MEDICAL CENTER - NEWARK, DE 1974
Residency and Year WILMINGTON MEDICAL CENTER - NEWARK, DE 1977
License Expiration Date **6/30/2017**
Remarks

License Number 15062
License Date 11/3/2010
Name **HULL, DAVID J MD**
Address AVERO DIAGNOSTICS, 6621 RIVERSIDE DRIRVING, TX, 75039
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MISSISSIPPI USA 2003
Internship and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2005
Residency and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2007
License Expiration Date **6/30/2014**
Remarks

License Number 15442
License Date 11/2/2011
Name **HUM, BARBARA A MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01803
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MED USA 2000
Internship and Year GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2001
Residency and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 9655
License Date 3/6/1996
Name **HUMAR, THOMAS B MD**
Address AMBULATORY SURGERY CTR, 720 N PINE STSPARTANBURG, SC, 29303
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VT COLLEGE OF MEDICINE - VT USA 1981
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1982
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16112
License Date 5/1/2013
Name **HUMPHREY, KATHRYN L MD**
Address MGH, 55 FRUIT STBOSTON, MA, 02114
Specialty DR
Board Certified DR
School and Year of Graduation VANDERBILT UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2009
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2013
License Expiration Date **6/30/2015**
Remarks

License Number 9866
License Date 11/6/1996
Name **HUMPHRIES, ROBERT H MD**
Address WEST CENTRAL BEHAVIORAL HLTH, 85 MECHANIC STLEBANON, NH, 03766
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS,SURGEONS, NY USA 1964
Internship and Year LENOX HILL HOSPITAL - NY 1965
Residency and Year MT SINAI MEDICAL CENTER - NY 1968
License Expiration Date **6/30/2014**
Remarks **LAPSED FOR NON-RENEWAL 6/30/04..
REINSTATED ON 10/1/08**

License Number 11093
License Date 10/4/2000
Name **HUNEKE, JOHN W MD**
Address 2021 SOUTH LEWIS STE 450, TULSA, OK, 74104
Specialty OPH
Board Certified OPH
School and Year of Graduation INDIANA UNIV SCH OF MED -INDIANAPOLIS, IN USA 1958
Internship and Year CHARITY HOSPITAL - NEW ORLEANS, LA 1959
Residency and Year CHARITY HOSPITAL - NEW ORLEANS, LA 1965
License Expiration Date **6/30/2006**
Remarks

License Number 10682
License Date 9/1/1999
Name **HUNT, CATHERINE O MD**
Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty AN
Board Certified AN
School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS,OH USA 1980
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1981
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 9641
License Date 2/7/1996
Name **HUNT, KAREN I MD**
Address NO ANDOVER OFFICE PARK, 203 TURNPIKE STN ANDOVER, MA, 01845
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1992
Internship and Year UNIV OF MINNESOTA MEDICAL SCHOOL-MINNEAPOLIS,MN 1995
Residency and Year UNIV OF MINNESOTA MEDICAL SCHOOL - MINNEAPOLIS,MN 1995
License Expiration Date **6/30/2006**
Remarks

License Number 15755
License Date 7/11/2012
Name **HUNT, PETER J MD**
Address ELLIOT GEN SURG ASSOC, 185 QUEEN ITY AVEMANCHESTER, NH, 03101
Specialty VS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2006
Residency and Year STAMFORD HOSPITAL- STAMFORD, CT 2010
License Expiration Date **6/30/2016**
Remarks

License Number 8834
License Date 10/7/1992
Name **HUNT, SEAN E MD**
Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MA 1981
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 8311
License Date 5/9/1990
Name **HUNTER JR, CONVERSE P MD**
Address DARTMOUTH HITCHCOCK, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation SUNY-HLTH SCI CTR AT BROOKLYN - NY USA 1987
Internship and Year UNIV MINNEAPOLIS HOSPITAL - MINNEAPOLIS, MN 1988
Residency and Year UNIV MINNEAPOLIS HOSPITAL - MINNEAPOLIS, MN 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10714
License Date 10/6/1999
Name **HUNTER, ANNE L MD**
Address ME CTR FOR CANCER MED, 100 CAMPUS DR SCARBOROUGH, ME, 04074-9302
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW YORK-NY USA 1974
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1975
Residency and Year EASTERN MAINE MEDICAL CENTER-BANGOR, ME 1977
License Expiration Date **6/30/2005**
Remarks **Deceased 12/8/2013**

License Number 13670
License Date 9/5/2007
Name **HUNTER, DANA B MD**
Address 11990 SW CORBY DR, #10 PORTLAND, OR, 97225
Specialty EM
Board Certified EM
School and Year of Graduation OREGON UNIV USA 2004
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2005
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
License Expiration Date **6/30/2015**
Remarks

License Number 12199
License Date 1/7/2004
Name **HUNTER, DAVID L MD**
Address VIRTUAL RADIOLOGIC PROFESS, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CHICAGO, MAYWOOD IL US 1982
Internship and Year KESSLER MEDICAL CTR, KESSLER AFB MS 1983
Residency and Year WILFORD HALL MEDICAL CTR, LACKLAND AFB TX 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13671
License Date 9/5/2007
Name **HUNTER, GEORGE J MD**
Address 8026 E DEL JOYA DR, SCOTTSDALE, AZ, 85258
Specialty R
Board Certified R
School and Year of Graduation HAHNEMANN UNIV USA 1990
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1991
Residency and Year MADIGAN ARMY MEDICAL CENTER-TACOMA, WA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 6695
License Date 5/5/1983
Name **HUNTER, JOHN B MD**
Address 15 ARROWHEAD DR, BEDFORD, NH, 03110
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF KANSAS SCH MED LAWRENCE USA 1971
Internship and Year UCLA HOSPITAL - CLINICS - LOS ANGELES, CA 1972
Residency and Year UCLA HOSPITAL- CLINICS - LOS ANGELES, CA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 16040
License Date 3/6/2013
Name **HUNTER, KLAUDIA U MD**
Address LAHEY CLINIC DEPT OF RADIATION ONCOLOGY, 41 MALL RDBURLINGTON, MA, 01805
Specialty RO
Board Certified
School and Year of Graduation UNIVERSITY OF IL COLLEGE OF MEDICINE USA 2006
Internship and Year UNIVERSITY OF CALIFORNIA(SAN DIEGO)MEDICAL CENTER - LA JOLLA, CA 2007
Residency and Year UNIVERSITY OF CALIFORNIA(SAN DIEGO)MEDICAL CENTER - LA JOLLA, CA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14996
License Date 9/1/2010
Name **HUNTINGTON III, JONATHAN T MD**
Address DHMC-DEPT OF GEN INTERNAL MED, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15303
License Date 7/6/2011
Name **HUNTINGTON, JEREMY D MD**
Address ANESTHESIA ASSOCIATES OF GREAT FALLS, 401 15TH AVE. S., SUITE 109GREAT FALLS, MT, 59405
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH USA 2008
Internship and Year SACRED HEART MEDICAL CENTER - SPOKANE, WA 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2015**
Remarks

License Number 8255
License Date 12/6/1989
Name **HUNTINGTON, THOMAS R MD**
Address 222 N 2ND STE 107, BOISE, ID, 83702-0138
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF ARIZONA COLL OF MED -TUCSON, AZ USA 1975
Internship and Year VALDERBILT UNIV HOSPITAL -NASHVILLE, TN 1976
Residency and Year UNIV MEDICAL CENTER - TUCSON, AZ 1981
License Expiration Date **6/30/2002**
Remarks

License Number 11279
License Date 6/6/2001
Name **HUNTRESS, LAURIE A MD**
Address SACO RIVER MEDICAL GROUP, 7 GREENWOOD AVE CONWAY, NH, 03818
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1998
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1999
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2001
License Expiration Date **6/30/2005**
Remarks

License Number 12165
License Date 12/3/2003
Name **HUNYADY, AGNES I MD**
Address 489 STATE ST, BANGOR, ME, 04402-0404
Specialty AN
Board Certified AN
School and Year of Graduation SEMMILWEIS UNIVERSITY, BUDAPEST HUNGARY HUNGARY 1993
Internship and Year ALBANY MEDICAL CTR HOSPITAL, ALBANY NY 2001
Residency and Year ALBANY MEDICAL CTR HOSPITAL, ALBANY NY 2004
License Expiration Date **6/30/2009**
Remarks

License Number 13964
License Date 5/7/2008
Name **HUO, ZHIFENG MD**
Address LABCORP OF AMERICA (J TAMEZ), 5610 W LASALLE ST TAMPA, FL, 33607
Specialty PTH
Board Certified PTH
School and Year of Graduation HENAN MEDICAL UNIV/ZHENGZHOU UNIV CHINA 1982
Internship and Year WESTERN RESERVE CARE SYSTEM - YOUNGSTOWN, OH 1996
Residency and Year WESTERN RESERVE CARE SYSTEM - YOUNGSTOWN, OH 1999
License Expiration Date **6/30/2010**
Remarks

License Number 16587
License Date 5/7/2014
Name **HUOT, BRAD R MD**
Address MARTINS POINT HEALTHCARE, 331 VERANDA ST., BLDG 6PORTLAND, ME, 04104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2001
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2002
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14798
License Date 4/7/2010
Name **HUQ, MUHAMMAD M MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 1982
Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1992
Residency and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10585
License Date 6/2/1999
Name **HURLEY, JAMES M MD**
Address MONADNOCK PEDIATRICS, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 8964
License Date 6/2/1993
Name **HURLEY, LIAM J MD**
Address NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
Specialty U
Board Certified U
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1991
Residency and Year LAHEY CLINIC FOUNDATION - BURLINGTON MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 13429
License Date 3/7/2007
Name **HURST, EKATERINA T MD**
Address NHH, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation TEXAS TECH UNIV USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 16757
License Date 9/3/2014
Name **HUSAIN, KHALID M MD**
Address SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RDSRINGFIELD, VT, 05156
Specialty GS
Board Certified GS
School and Year of Graduation NISHTAR MEDICAL COLLEGE, BAHUDDIN ZAKARIA UNIV PAKISTAN 1977
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1981
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13863
License Date 3/5/2008
Name **HUSAIN, SOHAIL N MD**
Address AGILITY ORTHOPEDICS, 92 MONTVALE AVE, SUITE 1400STONEHAM, MA, 02180
Specialty ORS
Board Certified ORS
School and Year of Graduation NORTHWESTERN UNIV USA 2002
Internship and Year NORTHWESTERN UNIV FEINBERG SCHOOL - CHICAGO, IL 2003
Residency and Year NORTHWESTERN UNIV FEINBERG SCHOOL - CHICAGO, IL 2007
License Expiration Date **6/30/2016**
Remarks

License Number 11505
License Date 2/6/2002
Name **HUSARIK, NANCY S MD**
Address ELLIOT PRIMARY CARE RAYMOND, 15 FREETOWN RDRAYMOND, NH, 03077
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEBRASKA - OMAHA, NE USA 1997
Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1998
Residency and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14586
License Date 9/2/2009
Name **HUSE, JACK B MD**
Address NUTFIELD SURGICAL ASSOCIATES, 6 TSIENNETO RD SUITE 203DERRY, NH, 03038
Specialty GS
Board Certified GS
School and Year of Graduation HAHNEMANN UNIVESITY- PHILADELPHIA, PA USA 1973
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1974
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 16714
License Date 8/6/2014
Name **HUSIC, AMILA MD**
Address PARKLAND PHYSICIAN SERVICES, 6 TSIENNETO RDDERRY, NH, 03038
Specialty GS
Board Certified GS
School and Year of Graduation WEILL CORNELL MEDICAL COLLEGE QATAR 2008
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2009
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 9540
License Date 9/6/1995
Name **HUSNEY, ADAM C MD**
Address LAHEY HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1990
Internship and Year UNIV OF MICHIGAN HOSPITAL ANN ARBOR MI 1994
Residency and Year UNIV OF MICHIGAN HOSPITAL ANN ARBOR MI 1994
License Expiration Date **6/30/1999**
Remarks

License Number 13376
License Date 1/3/2007
Name **HUSSAIN, KASHIF MD**
Address WV UNIVERSITY HOSPITAL, ONE MEDICAL DRIVEMORGANTOWN, WV, 26508
Specialty PUD
Board Certified IM
School and Year of Graduation UNIV OF PUNJAB PAKISTAN 1996
Internship and Year MARSHFIELD CLINIC ST JOSIPHS HOSPITAL-MARSHFIELD, WI 2000
Residency and Year MARSHFIELD CLINIC ST JOSEPHS HOSPITAL-MARSHFIELD, WI 2002
License Expiration Date **6/30/2017**
Remarks

License Number 13159
License Date 7/5/2006
Name **HUSSAIN, KHWAJA A MD**
Address UNIVERSITY OF MASS MEDICAL CENTER BENEDICT CLINIC, 55 LAKE AVE NORTHWORCESTER, MA, 0
Specialty FP
Board Certified FP
School and Year of Graduation KASTURBA MEDICAL COLLEGE INDIA 1999
Internship and Year INDIANA UNIV SCHOOL OF MEDICINE-INDIANAPOLIS, IN 2005
Residency and Year INDIANA UNIV SCHOOL OF MEDICINE-INDIANAPOLIS, IN 2006
License Expiration Date **6/30/2014**
Remarks

License Number 13772
License Date 12/5/2007
Name **HUSSAIN, ZAKIR MD**
Address SSMH, 1296 AGVIK STBARROW, AK, 99723
Specialty FP
Board Certified FP
School and Year of Graduation PUNJAB MEDICAL COLLEGE PAKISTAN 1997
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 2002
Residency and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2003
License Expiration Date **6/30/2017**
Remarks **lapsed for non renewal 6/30/11 - reinstated 1/4/12.**

License Number 17061
License Date 5/6/2015
Name **HUSSAIN, ZILLA H MD**
Address 6 CEDARWOOD LN UNIT 207, LEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation SUNY SCHOOL OF MEDICINE USA 2009
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2010
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 11506
License Date 2/6/2002
Name **HUSSIENO, MUHAMMAD A MD**
Address SPEARE MEDICAL ASSOC, 20 HIGHLAND STPLYMOUTH, NH, 03264
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF DAMASCUS - DAMASCUS, SYRIA SYRIA 1994
Internship and Year GUTHRIE HEALTHCARE SYSTEM/ROBERT PACKER HOSPITAL - SAYRE, PA 2000
Residency and Year BROOKDALE UNIV HOSPITAL AND MEDICAL CENTER - BROOKLYN, NY 2001
License Expiration Date **6/30/2006**
Remarks

License Number 5687
License Date 3/1/1977
Name **HUTCHENSON, BELLENDEN R MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation 1947
Internship and Year
Residency and Year
License Expiration Date **6/30/1979**
Remarks

License Number 6044
License Date 5/3/1979
Name **HUTCHINS, RICHARD K MD**
Address 6828 GREYSTONE DR, RALEIGH, NC, 27615
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VIRGINIA SCHOOL MEDICINE-CHARLOTTESVILLE USA 1971
Internship and Year NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH VA 1972
Residency and Year NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH, VA 1976
License Expiration Date **6/30/2015**
Remarks **LAPSED FOR NON RENEWAL 6/30/01--REINSTATED 11/2/05**

License Number 13102
License Date 6/7/2006
Name **HUTCHINSON, JON R MD**
Address 5 EAST SQUIRE DR APT#6, ROCHESTER, NY, 14623
Specialty PD
Board Certified
School and Year of Graduation AMERICAN UNIV OF THE CARIBBEAN NETHERLANDS ANTILLES 2001
Internship and Year UNIV OF NEVADA, LAS VEGAS NV 2004
Residency and Year UNIV OF ROCHESTER, ROCHESTER NY 2005
License Expiration Date **6/30/2008**
Remarks

License Number 15190
License Date 4/6/2011
Name **HUTSON, ALLISON A DO**
Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF MEDICINE USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 16073
License Date 4/3/2013
Name **HUTSON, HAROLD R MD**
Address SOUTHERN NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1980
Internship and Year CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE - LOS ANGELES, CA 1981
Residency and Year CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE - LOS ANGELES, CA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 14456
License Date 6/3/2009
Name **HUTTON LYKLING, ELIZABETH A MD**
Address 1636 KEMPTON ST SE, OLYMPIA, WA, 98501
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2005
Internship and Year TUFTS UNIVERSITY @ CAMBRIDGE HEALTH ALLIANCE - MALDEN , MA 2006
Residency and Year TUFTS UNIVERSITY @ CAMBRIDGE HEALTH ALLIANCE - MALDEN, MA 2008
License Expiration Date **6/30/2013**
Remarks

License Number 16588
License Date 5/7/2014
Name **HUXOL, CHRISTINE E MD**
Address 11518 SPRING HEATH CT, LOUISVILLE, KY, 40223
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1999
Internship and Year ST VINCENT HOSPITAL & HEALTH CARE CENTER - INDIANAPOLIS, IN 2000
Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14872
License Date 6/2/2010
Name **HUYCK, KAREN L MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GPM
Board Certified GPM
School and Year of Graduation UNIVERSITY OF VERMONT USA 2004
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2005
Residency and Year HARVARD SCHOOL OF PUBLIC HEALTH - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15706
License Date 6/6/2012
Name **HYAMS, ELIAS S MD**
Address DARTMOUTH HITCHCOCK MEDICAL CTR - UROLOGY 5B, 1 MEDICAL CENTER DRLEBANON, NH, 037
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 2004
Internship and Year NY & PRESBYTERIAN HOSPITAL - NY, NY 2005
Residency and Year NY UNIVERSITY MEDICAL CENTER - NY, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10903
License Date 5/3/2000
Name **HYATT, JOSEPH T MD**
Address AMOSKEAG ANESTHESIOLOGISTS, ONE ELLIOT WAYMANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS - WORCESTER MA USA 1994
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE MA 1995
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 14799
License Date 4/7/2010
Name **HYDE, CHARLES MD**
Address 10 BARCLAY ST, 24D, NEW YORK, NY, 10007
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1979
Internship and Year RONALD REAGAN UCLE MEDICAL CENTER - LOS ANGELES, CA 1982
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 15623
License Date 4/4/2012
Name **HYDE, ROBERT J MD**
Address DHMC/EMERGENCY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCHOOL USA 2006
Internship and Year ST MARYS HOSPITAL - ROCHESTER, MN 2007
Residency and Year ST MARYS HOSPITAL - ROCHESTER, MN 2009
License Expiration Date **6/30/2016**
Remarks

License Number 12744
License Date 6/1/2005
Name **HYDER, DOUGLAS J MD**
Address 800 WASHINGTON ST #330, BOSTON, MA, 02111
Specialty PN
Board Certified PN
School and Year of Graduation UNIVERSITY OF CHICAGO, CHICAGO IL US 1991
Internship and Year UNIVERSITY OF CHICAGO, CHICAGO IL 1992
Residency and Year UNIVERSITY OF CHICAGO, CHICAGO IL 1993
License Expiration Date **6/30/2013**
Remarks

License Number 16589
License Date 5/7/2014
Name **HYDER, SARAH M MD**
Address 59 MAYFIELD AVE, CRANSTON, RI, 02920
Specialty IM
Board Certified IM
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2007
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2008
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2011
License Expiration Date **6/30/2016**
Remarks

License Number 9231
License Date 7/6/1994
Name **HYER, KIMBERLY A MD**
Address PEDIATRIC ASSOC OF HAMPTON, 55 HIGH ST STE 102HAMPTON, NH, 03842-
Specialty PD
Board Certified PD
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1994
License Expiration Date **6/30/2016**
Remarks

License Number 15127
License Date 2/2/2011
Name **HYETT, BRIAN MD**
Address GASTROENTEROLOGY PA, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2005
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 6068
License Date 6/11/1970
Name **HYLAND, EUGENE P MD**
Address 170 BELKNAP POINT RD, GILFORD, NH, 03246-
Specialty EM
Board Certified EM
School and Year of Graduation MEDIZINISCHE FAKULTAT DER UNIV ZURICH ZURICH 1957
Internship and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1958
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1970
License Expiration Date **6/30/1999**
Remarks

License Number 3971
License Date 10/11/1966
Name **HYLAND, FREDERICK R MD**
Address 25 DICKENS ST, NASHUA, NH, 03062-
Specialty FP
Board Certified
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON USA 1962
Internship and Year STATE UNIV NY UPSTATE MEDICAL CENTER - SYRACUSE, NY 1963
Residency and Year STATE UNIV NY UPSTATE MEDICAL CENTER - SYRACUSE, NY 1964
License Expiration Date **6/30/1998**
Remarks **Deceased 10/26/10**

License Number 9806
License Date 8/7/1996
Name **HYLAND, JANE L MD**
Address 66 LONGMARSH RD, DURHAM, NH, 03824
Specialty EM
Board Certified EM
School and Year of Graduation MT SINAI SCHOOL OF MED OF THE CITY UNIV OF NY USA 1983
Internship and Year TRUMAN MED CENTER WEST - KANSAS CITY, MO 1984
Residency and Year TRUMAN MEDICAL CENTER WEST - KANSAS CITY, MO 1986
License Expiration Date **4/5/2009**
Remarks **DECEASED 4/5/09**

License Number 6203
License Date 5/12/1980
Name **HYMANSON, ALAN S MD**
Address 12 HOSPITAL DR STE 9, YORK, ME, 03909-1030
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF KENTUCKY-LEXINGTON,KY USA 1978
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1979
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 13773
License Date 12/5/2007
Name **HYMEL, KENT P MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation SO ILLINOIS UNIV USA 1980
Internship and Year WILFORD HALL UNITED STATES AIR FORCE MEDICAL CENTER-LACKLAND AFB, TX 1981
Residency and Year WILFORD HALL UNITED STATES AIR FORCE MEDICAL CENTER-LACKLAND AFB, TX 1983
License Expiration Date **6/30/2015**
Remarks

License Number 14873
License Date 6/2/2010
Name **IANOSI-IRIMIE, MONICA R MD**
Address NORDX LABORATORY, 301 A US ROUTE ONESCARBOROUGH, ME, 04074
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE VICTOR BABES ROMANIA 1991
Internship and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2007
Residency and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2009
License Expiration Date **6/30/2016**
Remarks

License Number 16226
License Date 7/3/2013
Name **IANOSCA, AMANDA N DO**
Address DOVER FAMILY PRACTICE, 10 MEMBERS WAY STE 203DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2010
Internship and Year UNIVERSITY OF MASSACHUSETTS - FITCHBURG, MA 2011
Residency and Year UNIVERSITY OF MASSACHUSETTS - FITCHBURG, MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 13208
License Date 8/2/2006
Name **IANUS, VLAD D MD**
Address DARTMOUTH HITCHCOCK, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1995
Internship and Year MONMOUTH MEDICAL CTR-LONG BRANCH, NJ 2001
Residency and Year MONMOUTH MEDICAL CTR-LONG BRANCH, NJ 2003
License Expiration Date **6/30/2008**
Remarks

License Number 9807
License Date 8/7/1996
Name **ICE, AMY C MD**
Address FEES, 3600 JEROME AVE BRONX, NY, 10467-
Specialty P
Board Certified
School and Year of Graduation GEORG WASHINGTON UNIV SCHOOL OF MED HLTH SCI - DC USA 1990
Internship and Year NY HOSPITAL - WESTCHESTER DIVISION - WHITE PLAINS NY 1993
Residency and Year NY HOSPITAL - WESTCHESTER DIVISION - WHITE PLAINS, NY 1994
License Expiration Date **6/30/1998**
Remarks

License Number 6756
License Date 8/4/1983
Name **IDELKOPE, GEORGE A MD**
Address HINSDALE FAMILY HEALTH CENTER, 68 BRATTLEBORO RD PO BOX 11 HINSDALE, NH, 03451-0011
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONN SCH MED FARMINGTON, CT USA 1980
Internship and Year MED COLL WISCONSIN AFFILIATED HOSPITAL - MILWAUKEE, WI 1981
Residency and Year MED COLL WISCONSIN AFFILIATED HOSPITAL - MILWAUKEE, WI 1983
License Expiration Date **6/30/2017**
Remarks

License Number 13542
License Date 6/6/2007
Name **IDJADI, FARHAD MD**
Address , P O BOX 290 SUSSEX, NJ, 07461
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK UNIV USA 1967
Internship and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1969
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1971
License Expiration Date **6/30/2011**
Remarks

License Number 13824
License Date 2/6/2008
Name **IDOIDZE, NINO MD**
Address LAKES REGION GEN HOSP, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation AIETI HIGHEST MEDICAL SCHOOL USA 2003
Internship and Year WESTERN RESERVE CARE SYSTEM FORUM HEALTH NEOUCOM - YOUNGSTOWN, OH 2006
Residency and Year WESTERN RESERVE CARE SYSTEM FORUM HEALTH NEOUCOM - YOUNGSTOWN, OH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16793
License Date 10/1/2014
Name **IDOINE, JOHN D DO**
Address MEMORIAL HOSPITAL, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty ORS
Board Certified
School and Year of Graduation OHIO UNIV COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year OUCOM DOCTORS HOSPITAL - COLUMBUS, OH 2009
Residency and Year OUCOM DOCTORS HOSPITAL - COLUMBUS, OH 2013
License Expiration Date **6/30/2016**
Remarks

License Number 11537
License Date 3/6/2002
Name **IGARI, YUKI MD**
Address ELLIOT GASTROENTEROLOGY, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty GE
Board Certified GE
School and Year of Graduation FUKUSHIMA PREFECTURAL MED COLL - JAPAN JAPAN 1982
Internship and Year ST LUKES HOSPITAL - CHESTERFIELD, MO 1989
Residency and Year ST LUKES HOSPITAL - CHESTERFIELD, MO 1991
License Expiration Date **6/30/2016**
Remarks **8/9/07 - Settlement Agreement**

License Number 11776
License Date 11/6/2002
Name **IHENACHO, NICHOLAS K MD**
Address 3197 DRUMMOND DR, STONE MOUNTAIN, GA, 30087
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NIGERIA - ENUGU STATE, NIGERIA NIGERIA 1983
Internship and Year MEHARRY MEDICAL COLLEGE - NASHVILLE, TN 1992
Residency and Year MOREHOUSE SCHOOL OF MEDICINE - ATLANTA, GA 1994
License Expiration Date **6/30/2003**
Remarks

License Number 11319
License Date 7/11/2001
Name **IHM, PETER S MD**
Address 3 ALUMNI DR STE 302, EXETER, NH, 03833
Specialty OTO
Board Certified OTO
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO USA 1994
Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER MAYWOOD IL 1995
Residency and Year UNIVERSITY OF VERMONT-FLETCHER ALLEN HEALTH CENTER BURLINGTON VT 1999
License Expiration Date **6/30/2017**
Remarks

License Number 8915
License Date 4/7/1993
Name **IJAZ, MOSES S DO**
Address 19 SMUGGLERS COVE RD, CAPE ELIZABETH, ME, 04107-
Specialty P
Board Certified
School and Year of Graduation MICHIGAN STATE COLLEGE OF OSTEOPATHIC MEDICINE USA 1987
Internship and Year MICHIGAN OSTEOPATHIC MEDICAL CENTER - DETROIT MI 1988
Residency and Year CLEVELAND CLINIC EDUCATIONAL FOUNDATION - CLEVELAND OH 1992
License Expiration Date **6/30/1998**
Remarks

License Number 10294
License Date 5/6/1998
Name **IJAZ, TAHIR MD**
Address 1515 HOLCOMBE BLVD, BOX 97HOUSTON, TX, 77030
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MANITOBA CANADA 1991
Internship and Year UNIVERSITY OF MANITOBA AFFILIATED TEACHING HOSPITALS, WINNIPEG, MANITOBA CANADA 19
Residency and Year UNIVERSITY OF MANITOBA AFFILIATED TEACHING HOSPITALS, WINNIPEG, MANITOBA CANADA 19
License Expiration Date **6/30/1999**
Remarks

License Number 6733
License Date 7/7/1983
Name **IKEDA, SHARON K MD**
Address DHMC-ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL UNITED STATES 1981
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER NEW YORK - NEW YORK 1982
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1983
License Expiration Date **6/30/2017**
Remarks

License Number 14457
License Date 6/3/2009
Name **ILASI, JOSEPH A DO**
Address CBLPATH INC, 760 WESTCHESTER AVERYE BROOK, NY, 10573
Specialty PTH
Board Certified PTH
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 1994
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1996
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1998
License Expiration Date **6/30/2017**
Remarks

License Number 15346
License Date 8/3/2011
Name **ILGENFRITZ, RYAN M MD**
Address UNIV OF IA HOSP & CLINICS, 200 HAWKINS DR 01079 JPPIOWA CITY, IA, 52242
Specialty OP
Board Certified
School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 2005
Internship and Year UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL 2002
Residency and Year UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL 2005
License Expiration Date **6/30/2013**
Remarks

License Number 17008
License Date 4/1/2015
Name **IMAM, TOUFIC MD**
Address SURGICAL CARE GRP - CMC, 87 MCGREGOR ST, STE 3100MANCHESTER, NH, 03102
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF TISHREEN SYRIA 2007
Internship and Year DREXEL UNIVERSITY COLLEGE MEDICINE/HAHNEMANN UNIVERSITY HOSP - PHILADELPHIA, PA 200
Residency and Year DREXEL UNIVERSITY COLLEGE MEDICINE/HAHNEMANN UNIVERSITY HOSP - PHILADELPHIA, PA 201
License Expiration Date **6/30/2017**
Remarks

License Number 14732
License Date 2/3/2010
Name **IMANPOUR, JAFAR MD**
Address 8007 3RD AVE #2R, BROOKLYN, NY, 11209
Specialty IM
Board Certified IM
School and Year of Graduation SHAHID BEHESHTI UNIVERSITY IRAN 1996
Internship and Year BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2006
Residency and Year BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2012**
Remarks

License Number 17168
License Date 7/1/2015
Name **IMBRIE, GREGORY A MD**
Address 157 DICKERMAN RD, NEWTON, MA, 02461
Specialty CD
Board Certified CD
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2008
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2010
License Expiration Date **6/30/2017**
Remarks

License Number 7052
License Date 2/28/1985
Name **IMGRUND, STEPHEN P MD**
Address 248 PLEASANT ST, G-100CONCORD, NH, 03301-2952
Specialty PUD
Board Certified IM
School and Year of Graduation AUTONOMOUS UNIVERSITY OF GUADALAJARA - MEXICO MEXICO 1979
Internship and Year UMDNJ-NEW JERSEY MED SCH-NEW MARK,NJ 1981
Residency and Year ALBERT EINSTEIN MED CTR-PHIL,PA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 11959
License Date 6/4/2003
Name **IMPASTATO, ROBERT C MD**
Address NO AMERICAN PARTNERS IN ANES, 68 SOUTH SERVICE RD STE 350MELVILLE, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA NY USA 1985
Internship and Year OVERLOOK HOSPITAL-UMDNJ - SUMMIT NJ 1986
Residency and Year ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 1989
License Expiration Date **6/30/2015**
Remarks

License Number 4020
License Date 4/11/1967
Name **IMRIE, GEORGE G MD**
Address RR #1 PO BOX 300, THORNTON, NH, 03223
Specialty EM
Board Certified
School and Year of Graduation UNIV OF SHEFFIELD ENGLAND 1952
Internship and Year SHEFFIELD CHILDREN'S HOSP - ENGLAND 1953
Residency and Year SHEFFIELD CHILDREN'S HOSP - ENGLAND 1953
License Expiration Date **1/18/2000**
Remarks **SETTLEMENT AGREEMENT (DECEASED) 1/18/00**

License Number 6409
License Date 6/15/1981
Name **INDORF, GERALD S MD**
Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 2200MANCHESTER, NH, 03102
Specialty N
Board Certified N
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1973
Internship and Year MIRIAM HOS-PROVIDENCE,RI 1974
Residency and Year VET ADMIN HOSP-BOSTON,MA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 15191
License Date 4/6/2011
Name **INTEGLIA, MARK J MD**
Address ELLIOT PEDIATRIC GASTROENTEROLOGY, 275 MAMMOTH RD SUITE 1MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1986
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1987
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 13965
License Date 5/7/2008
Name **IONESCU, COSMIN D MD**
Address ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty
Board Certified IM
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 2003
Internship and Year JACOBI MEDICAL CENTER - BRONX, NY 2006
Residency and Year GRIFFIN HOSPITAL - DERBY, CT 2007
License Expiration Date **6/30/2016**
Remarks

License Number 10048
License Date 7/2/1997
Name **IONNO, JOSEPH A MD**
Address 3 CURTISS RD, HANOVER, NH, 03755
Specialty P
Board Certified P
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED - DC USA 1955
Internship and Year DC GENERAL HOSPITAL - WASHINGTON, DC 1958
Residency and Year INSTITUTE OF LIVING HOSPITAL - CT 1978
License Expiration Date **6/30/2009**
Remarks **Deceased 8/10/2012**

License Number 8045
License Date 3/1/1989
Name **IORFINO, ANTONINO MD**
Address 3073 WHITE MOUNTAIN HWY, NORTH CONWAY, NH, 03860
Specialty OPH
Board Certified OPH
School and Year of Graduation MED COLL OF WISCONSIN - MILWAUKEE, WI USA 1984
Internship and Year ST JOSEPH'S HOSPITAL - MILWAUKEE, WI 1985
Residency and Year SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 1988
License Expiration Date **6/30/2017**
Remarks

License Number 13710
License Date 10/3/2007
Name **IP, CHRISTOPHER P MD**
Address NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST STE 1 DN ANDOVER, MA, 01845
Specialty U
Board Certified U
School and Year of Graduation NEW YORK UNIV SCHOOL OF MED USA 2002
Internship and Year MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 2003
Residency and Year MT SINAI MEDICAL CENTER - NEW YORK, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15576
License Date 3/7/2012
Name **IP, IVAN K MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2008
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 16590
License Date 5/7/2014
Name **IPPOLITO, ANTHONY DO**
Address FRISBEE MEMORIAL HOSPITAL, 11 WHITEHALL RD., STE 205 ROCHESTER, NH, 03867
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2004
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 2005
Residency and Year LENOX HILL HOSPITAL - NEW YORK, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13160
License Date 7/5/2006
Name **IQBAL, JABED MD**
Address SINGAPORE GENERAL HOSP, ONE HOSP DR SINGAPORE, , 169608
Specialty PTH
Board Certified PTH
School and Year of Graduation DHAKA MEDICAL COLLEGE BANGLADESH 1986
Internship and Year NORTH SHORE UNIV HOSPITAL-MANHASSET, NY 2005
Residency and Year NORTH SHORE UNIV HOSPITAL-MANHASSET, NY 2006
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14
RENEWED 8/25/14**

License Number 15412
License Date 10/5/2011
Name **IQBAL, NASIR MD**
Address 1603 S NORBURY AVE, LOMBARD, IL, 60148
Specialty DR
Board Certified DR
School and Year of Graduation DOW MEDICAL COLLEGE, UNIV OF KARACHI PAKISTAN 1995
Internship and Year MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1997
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1999
License Expiration Date **6/30/2015**
Remarks

License Number 13400
License Date 2/7/2007
Name **IRFAN, MOHAMMAD MD**
Address VA MEDICAL CENTER TEMPLE TX, 1901 VETERAN MEMORIAL DRIVETEMPLE, TX, 76504
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PUNJAB PAKISTAN 1998
Internship and Year BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2004
Residency and Year BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 17169
License Date 7/1/2015
Name **IRIBARNE, ALEXANDER MD**
Address DHMC-CARDIAC SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty TS
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2005
Internship and Year NY PRESBYTERIAN HOSPITAL(COLUMBIA CAMPUS) - NY, NY 2006
Residency and Year NY PRESBYTERIAN HOSPITAL(COLUMBIA CAMPUS) - NY, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 10177
License Date 12/3/1997
Name **IRVIN, MICHELLE A MD**
Address 16040 PARK VALLEY DR, STE 2222ROUND ROCK, TX, 78681
Specialty OBG
Board Certified OBG
School and Year of Graduation TX TECH UNIV HLTH SCI CT SCH OF MED-TX USA 1988
Internship and Year TX TECH UNIV HLTH SCI CTR 1988
Residency and Year TX TECH UNIV HLTH SCI CTR 1992
License Expiration Date **6/30/2011**
Remarks

License Number 12236
License Date 3/3/2004
Name **IRWIN, BRIAN R DO**
Address TAMWORTH FAMILY MEDICINE, 577 WHITE MTN HWYTAMWORTH, NH, 03886
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year MAINE-DARTMOUTH FAM PRAC, AUGUSTA ME 2002
Residency and Year MAINE-DARTMOUTH FAM PRAC, AUGUSTA ME 2003
License Expiration Date **6/30/2016**
Remarks

License Number 10806
License Date 1/5/2000
Name **ISAACS, CECIL D MD**
Address VA CLINIC, 251 CAUSEWAY STBOSTON, MA, 02114
Specialty P
Board Certified
School and Year of Graduation UNIV OF WALES COLL OF MED - CARDIF UNITED KINGDOM UNITED KINGDOM 1960
Internship and Year HARVARD MEDICAL SCHOOL - BOSTON, MA 1973
Residency and Year HARVARD MEDICAL SCHOOL - BOSTON, MA 1974
License Expiration Date **6/30/2001**
Remarks

License Number 15028
License Date 10/6/2010
Name **ISEN, JEFFREY S MD**
Address 1400 WORCESTER RD, APT 315FRAMINGHAM, MA, 01702
Specialty U
Board Certified U
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1980
Internship and Year SUNY @ BUFFALO - BUFFALO, NY 1982
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1985
License Expiration Date **6/30/2014**
Remarks

License Number 8164
License Date 7/12/1989
Name **ISHAK, NOSHI A MD**
Address 87 SPRING ST, LACONIA, NH, 03246-3156
Specialty NEP
Board Certified IM
School and Year of Graduation UNIV OF CAIRO FAC DE MED -CAIRO EGYPT 1974
Internship and Year BRONX-LEBANON HOSP-BRONX,NY 1983
Residency and Year WORCHESTER CITY HOSP-WORCHESTER,MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 15192
License Date 4/6/2011
Name **ISHMAN, STACEY L MD**
Address 1ST LINE MEDICAL INC, 854 US ROUTE 3HOLDERNESS, NH, 03245
Specialty OTO
Board Certified OTO
School and Year of Graduation RUSH UNIVERSITY USA 2000
Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2001
Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2005
License Expiration Date **6/30/2015**
Remarks

License Number 12133
License Date 11/5/2003
Name **ISLAM, K M SHAHEEN U MD**
Address 2223 QUARRY VALLEY RD, COLUMBUS, OH, 43204
Specialty IM
Board Certified IM
School and Year of Graduation SIR SALIMULLAH, MITFORD DHAKA BANGLADESH 1997
Internship and Year MICHIGAN STATE UNIVERSITY, FLINT MI 1999
Residency and Year MICHIGAN STATE UNIVERSITY, FLINT MI 2001
License Expiration Date **6/30/2009**
Remarks

License Number 14505
License Date 7/1/2009
Name **ISLAM, KAMRUL DO**
Address FOUNDATION MED PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW JERSEY USA 2006
Internship and Year HAHNEMANN UNIVERSITY HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2007
Residency and Year HAHNEMANN UNIVERSITY HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 15961
License Date 12/5/2012
Name **ISLAM, NAHIDA MD**
Address U MASS MEDICAL CTR, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty IM
Board Certified IM
School and Year of Graduation SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 2002
Internship and Year NEW YORK DOWNTOWN HOSPITAL - NY, NY 2007
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 2008
License Expiration Date **6/30/2014**
Remarks

License Number 9642
License Date 2/7/1996
Name **ISLER, ROBERT J MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF PA SCHOOL OF MEDICINE - PHILADELPHIA, PA USA 1974
Internship and Year UNIV OF NC HOSPITALS - CHAPEL HILL, NC 1975
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 5540
License Date 6/25/1976
Name **ISLEY, GARY L MD**
Address ASMG, 3626 RUFFIN RDSAN DIEGO, CA, 92123
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF CALIFORNIA , IRVINE CA COLL OF MED USA 1973
Internship and Year DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1974
Residency and Year DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1974
License Expiration Date **6/30/2014**
Remarks

License Number 11661
License Date 7/3/2002
Name **ISRAEL, MARK A MD**
Address DHMC - PEDIATRICS, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1973
Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 1975
Residency and Year NATIONAL INSTITUTES OF HEALTH- BETHESDA, MD 1982
License Expiration Date **6/30/2016**
Remarks

License Number 14458
License Date 6/3/2009
Name **ISRAEL, STEVEN L MD**
Address MED SOLUTIONS, 730 COOL SPRINGS BLVD #800FRANKLIN, TN, 37067
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY USA 1974
Internship and Year HAHNEMANN UNIVERSITY HOSPITAL/DREXEL UNIV, PHILADELPHIA, PA 1975
Residency and Year
License Expiration Date **6/30/2017**
Remarks

License Number 16368
License Date 11/6/2013
Name **ITALIA, HIRENKUMAR D MD**
Address 706 W KING ST, KINGS MOUNTAIN, NC, 28086
Specialty FP
Board Certified
School and Year of Graduation B J MEDICAL COLLEGE INDIA 2003
Internship and Year MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2009
Residency and Year MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 15921
License Date 11/7/2012
Name **ITENBERG, ALEXANDER MD**
Address SOUTHERN NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation ST PETERSBURG STATE I P PAVLOV MEDICAL UNIV RUSSIA 1972
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1982
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 15577
License Date 3/7/2012
Name **ITENBERG, SARIT J DO**
Address ELLIOT DERMATOLOGY, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty D
Board Certified D
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year ST LUKES ROOSEVELT HOSPITAL CTR - NY, NY 2009
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 8392
License Date 7/11/1990
Name **ITKIN, DAVID J MD**
Address 330 BORTHWICK AVE 210, PORTSMOUTH, NH, 03801
Specialty ID
Board Certified ID
School and Year of Graduation UNIV OF IL COLL OF MED-CHICAGO,IL USA 1980
Internship and Year BRIDGEPORT HOSP-BRIDGEPORT,CT 1981
Residency and Year BRIDGEPORT HOSP-BRIDGEPORT,CT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13966
License Date 5/7/2008
Name **ITTOOP, ASHA MD**
Address 2363 PULLMAN WAY, HUMMELSTOWN, PA, 17036
Specialty PD
Board Certified
School and Year of Graduation TRICHUR MEDICAL COLLEGE INDIA 2001
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2005
Residency and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
License Expiration Date **6/30/2010**
Remarks

License Number 15347
License Date 8/3/2011
Name **IVASHINA, ELENA L MD**
Address FOUNDATION NEUROLOGY, 17 PROSPECT STNASHUA, NH, 03060
Specialty N
Board Certified N
School and Year of Graduation RIGA STRADINS UNIVERSITY LATVIA 1984
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2001
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16715
License Date 8/6/2014
Name **IVATURY, SRINIVAS J MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation VA COMMONWEALTH UNIVERSITY SCHOOL OF MED USA 2006
Internship and Year UNIVERSITY OF TX MEDICAL CENTER - SAN ANTONIO, TX 2008
Residency and Year UNIVERSITY OF TX MEDICAL CENTER - SAN ANTONIO, TX 2013
License Expiration Date **6/30/2016**
Remarks

License Number 6900
License Date 6/7/1984
Name **IVERSON JR, ANDREW P MD**
Address PORTLAND UROLOGICAL ASSOC, 229 VAUGHAN STPORTLAND, ME, 04102-3227
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1966
Internship and Year MAINE MED CTR-PORTLAND,ME 1967
Residency and Year MAINE MED CTR-PORTLAND,ME 1973
License Expiration Date **6/30/2003**
Remarks

License Number 13321
License Date 11/1/2006
Name **IVERSON, MARK R MD**
Address IVERSON EYECARE, 81 RIVER STMONTPELIER, VT, 05602
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF VERMONT USA 1983
Internship and Year UNIV OF LOUISVILLE - LOUISVILLE, KY 1984
Residency and Year UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 1987
License Expiration Date **6/30/2008**
Remarks

License Number 12846
License Date 8/3/2005
Name **IVERSON, SUZY A DO**
Address CONCORD HOSPITAL, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation KIRKSVILLE COLLEGE, KIRKSVILLE MO US 2002
Internship and Year MT CLEMENS GENERAL HOSPITAL, MOUNT CLEMENS MI 2003
Residency and Year MT CLEMENS GENERAL HOSP, MOUNT CLEMENS MI 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10486
License Date 1/6/1999
Name **IYER, SUHASINI R MD**
Address 15 QUAIL HOLLOW DR, SHREWSBURY, MA, 01545
Specialty IM
Board Certified IM
School and Year of Graduation LOKMANYA TILAK MUNICIPAL MED COLL-BOMBAY INDIA 1983
Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1991
Residency and Year LINCOLN MEDICAL AND MENTAL HEALTH CTR - BRONX, NY 1996
License Expiration Date **6/30/2000**
Remarks

License Number 16414
License Date 12/4/2013
Name **IZADI, KAMRON MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2006
Internship and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER - CHICAGO, IL 2007
Residency and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14345
License Date 3/4/2009
Name **JABLONKA, MARCIO MD**
Address ELLIOT BAY MED ASSOC, 4 ELLIOT WAY #102MANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV FEDERAL DO RIO DE JANEIRO BRAZIL 2002
Internship and Year METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2007
Residency and Year METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 14654
License Date 11/4/2009
Name **JACKMAN, DAVID M MD**
Address DANA-FARBER CANCER INSTITUTE, 450 BROOKLINE AVE RMD-1234BOSTON, MA, 02215
Specialty ON
Board Certified ON
School and Year of Graduation WARREN ALPERT MEDICAL SCHOOL USA 2000
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date **6/30/2013**
Remarks

License Number 17062
License Date 5/6/2015
Name **JACKMAN, EDWARD C MD**
Address UMASS FITCHBURG FM PROGRAM, 326 NICHOLS RDFITCHBURG, MA, 01420
Specialty FP
Board Certified FP
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN SAINT MAARTEN 2011
Internship and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA 2013
Residency and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11024
License Date 8/2/2000
Name **JACKSON, BRIAN R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation UNIV OF UTAH SCH - SALT LAKE CITY, UT USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 14587
License Date 9/2/2009
Name **JACKSON, ERIN L DO**
Address 16 NORTHVIEW TERRACE, HOOKSETT, NH, 03106
Specialty PD
Board Certified PD
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC - OLD WESTBURY, NY USA 2004
Internship and Year JERSEY SHORE UNIVERSITY MEDICAL CENTER - NEPUNE, NJ 2005
Residency and Year JERSEY SHORE UNIVERSITY MEDICAL CENTER - NEPUNE, NJ 2007
License Expiration Date **6/30/2011**
Remarks

License Number 8034
License Date 2/1/1989
Name **JACKSON, JOHN D MD**
Address VAMC, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty FP
Board Certified
School and Year of Graduation UNIV OF S ALABAMA COLL OF MED - MOBILE, AL USA 1986
Internship and Year EASTERN MAINE MEDICAL CTR - BANGOR, ME 1987
Residency and Year EASTERN MAINE MEDICAL CTR - BANGOR, ME 1989
License Expiration Date **6/19/2013**
Remarks **Deceased 6/19/13**

License Number 6864
License Date 4/10/1984
Name **JACKSON, MARIANNE MD**
Address 4663 HOPE VALLEY RD, DURHAM, NC, 27707
Specialty OBG
Board Certified OBG
School and Year of Graduation DUKE UNIV SCH MED-DURHAM,NC USA 1977
Internship and Year THE OR HLTH SCH CTR U-HOSP-PORTLAND,OR 1980
Residency and Year UNIV WA AFFIL HOSP-SEATTLE,WA 1983
License Expiration Date **6/30/2012**
Remarks

License Number 12064
License Date 9/3/2003
Name **JACKSON, MARYBETH K MD**
Address PRIMECARE MEDICAL INC, 3940 LOCUST LANEHARRISBURG, PA, 17109
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1989
Internship and Year NATIONAL CAPITAL CONSORTIUM, DEPT OF FAMILY PRACTICE, ANDREWS AFB MD 1990
Residency and Year NATIONAL CAPITAL CONSORTIUM, DEPT OF FAMILY PRACTICE, ANDREWS AFB MD 1992
License Expiration Date **6/30/2005**
Remarks

License Number 13672
License Date 9/5/2007
Name **JACKSON, REBECCA MD**
Address FEMINIST HEALTH CENTER, 559 PORTSMOUTH AVE GREENLAND, NH, 03840
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1973
Internship and Year UNIV OF NEW MEXICO- ALBUQUERQUE, NM 1975
Residency and Year UNIV OF NEW MEXICO-ALBUQUERQUE, NM 1977
License Expiration Date **6/30/2015**
Remarks

License Number 11484
License Date 1/2/2002
Name **JACKSON, RICHARD E MD**
Address 8 CADBURY TURN, AVON, CT, 06001
Specialty P
Board Certified P
School and Year of Graduation SO ILLINOIS UNIV - SPRINGFIELD, IL USA 1980
Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 1981
Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 1984
License Expiration Date **6/30/2006**
Remarks

License Number 13825
License Date 2/6/2008
Name **JACKSON, THOMAS L MD**
Address CONCORD HOSP UROLOGICAL CTR, 246 PLEASANT ST STE G-2 CONCORD, NH, 03301
Specialty U
Board Certified U
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1985
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1986
License Expiration Date **6/30/2016**
Remarks

License Number 8965
License Date 6/2/1993
Name **JACKSON, WILLIAM G MD**
Address 24 MORRILL PLACE, AMESBURY, MA, 01913
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1968
Internship and Year MERCY HOSPITAL PITTSBURGH - PITTSBURGH PA 1969
Residency and Year MERCY HOSPITAL PITTSBURGH - PITTSBURGH PA 1971
License Expiration Date **6/30/2000**
Remarks

License Number 11701
License Date 8/7/2002
Name **JACKSON, WILLIAM P MD**
Address 16 MELODY ISLAND, PO BOX 1313WOLFEBORO, NH, 03894
Specialty EM
Board Certified
School and Year of Graduation NORTHEASTERN OHIO UNIV - ROOTSTOWN, OH USA 1999
Internship and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2000
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2001
License Expiration Date **6/30/2003**
Remarks

License Number 14874
License Date 6/2/2010
Name **JACOB, ABRAHAM MD**
Address IMMEDIATE CARE OF SOUTHER NH, 29 NORTHWEST BLVDNASHUA, NH, 03063-4068
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF KERALA INDIA 1996
Internship and Year NORTH SHORE UNIVRSITY HOSPITAL - MANHASSET, NY 2002
Residency and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 6463
License Date 10/6/1981
Name **JACOBS, BARRY H MD**
Address NH EYE ASSOCIATES PA, 1415 ELM STMANCHESTER, NH, 03101
Specialty OPH
Board Certified OPH
School and Year of Graduation STATE UNIV OF NY DOWNSTATE - BROOKLYN, NY USA 1965
Internship and Year NAVAL HOSPITAL - JAMAICA, NY 1966
Residency and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 1971
License Expiration Date **6/30/2007**
Remarks

License Number 11960
License Date 6/4/2003
Name **JACOBS, DANIEL P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIVERSITY - CHICAGO IL USA 1998
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH, THEN EVANSTON NORTHWESTERN HEAL
Residency and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON IL 2002
License Expiration Date **6/30/2005**
Remarks

License Number 14459
License Date 6/3/2009
Name **JACOBS, DAVID MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation YESHIVA UNIVERSITY USA 1986
Internship and Year MONTEFIORE MEDICAL CENTER-BRONX, NY 1987
Residency and Year MONTEFIORE MEDICAL CENTER-BRONX, NY 1991
License Expiration Date **6/30/2013**
Remarks

License Number 15984
License Date 1/9/2013
Name **JACOBS, JESSICA P MD**
Address NORTH COUNTRY PRIMARY CARE RHC, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF S CAROLINA SCHOOL OF MEDICINE USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 8558
License Date 6/5/1991
Name **JACOBS, JOHN R MD**
Address 1600 CANDIA RD #6, MANCHESTER, NH, 03109
Specialty P
Board Certified P
School and Year of Graduation NEW YORK MEDICAL COLLEGE-VALHALLA NY USA 1987
Internship and Year LONG ISLAND JEWISH MEDICAL CNTR 1988
Residency and Year LONG ISLAND JEWISH MEDICAL CNTR 1991
License Expiration Date **6/30/2017**
Remarks

License Number 16794
License Date 10/1/2014
Name **JACOBS, MARIANNE B DO**
Address 215 CENTERVIEW DR STE 300, BRENTWOOD, TN, 37027
Specialty N
Board Certified N
School and Year of Graduation WESTERN UNIV OF HEALTH SCIENCES-COLLEGE OF OSTEO USA 1986
Internship and Year HILLSIDE HOSPITAL - SAN DIEGO, CA 1987
Residency and Year UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 1990
License Expiration Date **6/30/2016**
Remarks

License Number 9159
License Date 5/4/1994
Name **JACOBS, MARK I MD**
Address LAHEY CARDIOLOGY PORTSMOUTH, 333 BORTHWICK AVE STE 401PORTSMOUTH, NH, 03801
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1981
Internship and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1982
Residency and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16041
License Date 3/6/2013
Name **JACOBS, MELISSA S MD**
Address UNIV OF KANSAS, 3901 RAINBOW BLVDKANSAS CITY, MO, 66160
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF MO SCHOOL OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2010
Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2013
License Expiration Date **6/30/2015**
Remarks

License Number 11373
License Date 9/5/2001
Name **JACOBS, ROBYN W MD**
Address HYGEIA, 24 HANOVER ST STE 11LEBANON, NH, 03766
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1993
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1994
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1997
License Expiration Date **6/30/2017**
Remarks

License Number 5635
License Date 10/13/1976
Name **JACOBS, STANLEY P MD**
Address 1 PARK WAY, HAVERHILL, MA, 01830
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIV SCHOOL OF MED BOSTON USA 1974
Internship and Year BAYLOR UNIV AFFIL HOSPITAL 1975
Residency and Year BAYLOR UNIV AFFIL HOSPITAL 1975
License Expiration Date **6/30/2010**
Remarks

License Number 8619
License Date 8/7/1991
Name **JACOBS, THEODORE R MD**
Address THEODORE R JACOBS MD PLLC, 12 WRIGHT ACRES RDBEDFORD, NH, 03110
Specialty NS
Board Certified NS
School and Year of Graduation BROWN UNIV PROGRAM IN MED-PROVIDENCE, RI USA 1984
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1985
Residency and Year BROWN UNIV HOSPITAL - PROVIDENCE, RI 1988
License Expiration Date **6/30/2017**
Remarks

License Number 6636
License Date 12/6/1982
Name **JACOBS, WALTER H MD**
Address 795 TURNPIKE RD, N ANDOVER, MA, 01845
Specialty FP
Board Certified
School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1974
Internship and Year AKRON GEN MED CTR - AKRON, OH 1977
Residency and Year AKRON GEN MED CTR - AKRON,OH 1977
License Expiration Date **6/30/2010**
Remarks **2/2/12 - Settlement Agreement**

License Number 9677
License Date 4/3/1996
Name **JACOBSON, ALAN C MD**
Address SOUTHERN NH INTERNAL MEDICINE, 44 BIRCH ST STE 300DERRY, NH, 03038-
Specialty RHU
Board Certified IM
School and Year of Graduation SUNY HEALTH SCIENCE CENTER BROOKLYN COLLEGE - NY USA 1991
Internship and Year WINTHROP UNIV HOSPITAL - MINEOLA, NY 1992
Residency and Year GEORGE WASHINGTON UNIV SCHOOL MEDICINE - WASHINGTON, DC 1996
License Expiration Date **6/30/2000**
Remarks

License Number 16866
License Date 12/3/2014
Name **JACOBSON, BRENT R DO**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 2006
Internship and Year SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - SPRINGFIELD, IL 2007
Residency and Year SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - SPRINGFIELD, IL 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16396
License Date 11/6/2013
Name **JACOBSON, LEAH B MD**
Address 43 BROOK FARD RD, BEDFORD, NY, 10506
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2004
Internship and Year LEHIGH VALLEY HEALTH NETWORK-UNIVERSITY OF SOUTH F 2005
Residency and Year TRIDENT FAMILY MEDICINE RESIDENCY PROGRAM - CHARLESTON, SC 2007
License Expiration Date **6/30/2015**
Remarks **ADMINISTRATIVE LICENSE**

License Number 13626
License Date 8/1/2007
Name **JACOBSON, LESLIE S MD**
Address ARIS TELERADIOLOGY, 5655 HUDSON DR STE 210HUDSON, OH, 44236
Specialty FPS
Board Certified R
School and Year of Graduation UNIV OF MIAMI USA 1992
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1993
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 8753
License Date 7/1/1992
Name **JACOBS-REBHUN, SCOTT D MD**
Address VA MEDICAL CENTER, WHITE RIVER JCT, VT, 05009
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER NH 1991
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER NH 1992
License Expiration Date **6/30/2006**
Remarks

License Number 13067
License Date 5/3/2006
Name **JACOBY, MARK E MD**
Address WEST MICHIGAN HEART, 2900 BRADFORD ST NEGRAND RAPIDS, MI, 49525
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MICHIGAN USA 1999
Internship and Year BRIGHAM & WOMENS HOSPITAL, BOSTON MA 2002
Residency and Year UNIV OF MICHIGAN HOSPITALS, ANN HARBOR MI 2005
License Expiration Date **6/30/2012**
Remarks

License Number 9062
License Date 10/6/1993
Name **JACUCH, MICHAEL R MD**
Address CLIPPER CARDIOVASCULAR ASSOC, 333 BORTHWICK AVE STE 402PORTSMOUTH, NH, 03801
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE USA 1984
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE MA 1985
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE MA 1987
License Expiration Date **6/30/2015**
Remarks

License Number 7542
License Date 4/1/1987
Name **JAEGER, DAVID S MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC, 220 SUTTON STN ANDOVER, MA, 01845-1640
Specialty PM
Board Certified PM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1984
Internship and Year NY UNIVERSITY MED CTR 1985
Residency and Year NY UNIVERSITY MED CTR 1987
License Expiration Date **6/30/1999**
Remarks

License Number 9160
License Date 5/4/1994
Name **JAEGER, LAWRENCE J MD**
Address DARTMOUTH-HITCHCOCK- KEENE, 590 COURT STKEENE, NH, 03431-
Specialty OPH
Board Certified OPH
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1983
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND NY 1984
Residency and Year MT SINAI MEDICAL - NEW YORK NY 1987
License Expiration Date **6/30/2016**
Remarks

License Number 7084
License Date 5/2/1985
Name **JAFFE, ANDREW M MD**
Address CONCORD EMERGENCY MEDICAL ASSO, 250 PLEASANT STCONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation NY UNIV SCHOOL OF MED NY NY USA 1981
Internship and Year MCGAW MC/NW UNIV MED SCHOOL CHICAGO IL 1981
Residency and Year MCGAW MC/NW UNIV MED SCHOO CHICAGO IL 1985
License Expiration Date **6/30/2017**
Remarks

License Number 7226
License Date 11/7/1985
Name **JAFFE, JACK MD**
Address , 15 MAIN STWATERTOWN, MA, 02472
Specialty GP
Board Certified
School and Year of Graduation UNIV OF MIAMI SCH MED - MIAMI, FL USA 1978
Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1979
Residency and Year BRIGHAM-WOMEN'S HOSPITAL - BOSTON, MA 1983
License Expiration Date **6/30/2011**
Remarks

License Number 5775
License Date 7/7/1977
Name **JAFFE, JONATHAN H MD**
Address DDS, 21 FRUIT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE USA 1974
Internship and Year MACNEAL MEMORIAL HOSPITAL 1975
Residency and Year MACNEAL MEMORIAL HOSPITAL 1977
License Expiration Date **6/30/2017**
Remarks

License Number 16170
License Date 6/5/2013
Name **JAFRI, AQEEL MD**
Address 6351 ACER CT, MANASSAS, VA, 20112
Specialty FP
Board Certified
School and Year of Graduation BAQAI MEDICAL AND DENTAL COLLEGE PAKISTAN 2002
Internship and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - TULSA, OK 2006
Residency and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - ODESSA, TX 2009
License Expiration Date **6/30/2015**
Remarks

License Number 15348
License Date 8/3/2011
Name **JAFRI, ZAINUB H MD**
Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2006
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2009
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 15922
License Date 11/7/2012
Name **JAGAIT, RINKU P MD**
Address 2 TIMBERWOOD DR APT 407, LEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation NY MEDICAL COLLEGE USA 2009
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2010
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2012
License Expiration Date **6/30/2014**
Remarks

License Number 14024
License Date 6/4/2008
Name **JAGINI, JANARDHAN R MD**
Address CHILDRENS HOSP OF MICHIGAN, 3901 BEAUBIEN STDETROIT, MI, 48201
Specialty PDO
Board Certified
School and Year of Graduation OSMANIA MEDICAL COLLEGE INDIA 1978
Internship and Year CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT, MI 2006
Residency and Year CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT, MI 2007
License Expiration Date **6/30/2010**
Remarks

License Number 10049
License Date 7/2/1997
Name **JAHNIG, PAUL W MD**
Address DESERT REGIONAL HOSPITAL, 1150 NORTH CANYON DRPALM SPRINGS, CA, 92262
Specialty P
Board Certified
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE-MIAMI, FL USA 1959
Internship and Year GOOD SAMARITAN HOSPITAL - FL 1960
Residency and Year UNIV MIAMI/JACKSON MEMORIAL MEDICAL CENTER - FL 1968
License Expiration Date **6/30/2009**
Remarks

License Number 4128
License Date 9/12/1967
Name **JAIN, PREM L MD**
Address 2909 MAIN ST, DICKINSON, TX, 77539-5101
Specialty FP
Board Certified FP
School and Year of Graduation LADY HARDING MEDICAL COLLEGE - NEW DELHI INDIA 1959
Internship and Year KALAVATI SARAN CHILDREN'S HOSPITAL 1960
Residency and Year LADY HARDINGE MEDICAL COLLEGE HOSPITAL 1961
License Expiration Date **6/30/2000**
Remarks **3/2/99 - DECISION AND ORDER**
Deceased 10/20/2007

License Number 3986
License Date 12/12/1966
Name **JAIN, ROSHAN L MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **11/2/1987**
Remarks **LICENSE REVOKED 11/2/87**
DECEASE 4/21/08

License Number 15154
License Date 3/2/2011
Name **JAIN, SHELLY MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1996
Internship and Year LOUIS A WEISS MEMORIAL HOSPITAL - CHICAGO, IL 1998
Residency and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2002
License Expiration Date **6/30/2017**
Remarks

License Number 16826
License Date 11/6/2014
Name **JAIN, VANITA K DO**
Address 54 CANDLEWOOD DR, ENFIELD, CT, 06082
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2008
Internship and Year NORWALK HOSPITAL-YALE UNIVERSITY - NORWALK, CAT 2011
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 16478
License Date 2/5/2014
Name **JAIPAL, FNU MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified
School and Year of Graduation DOW MEDICAL COLLEGE PAKISTAN 2006
Internship and Year SAINT JOHNS EPISCOPAL HOSPITAL SOUTH SHORE - FAR ROCKAWAY, NY 2012
Residency and Year SAINT JOHNS EPISCOPAL HOSPITAL SOUTH SHORE - FAR ROCKAWAY, NY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 11627
License Date 6/5/2002
Name **JAKOMIN, BERNADETTE V MD**
Address SPECTRUM MEDICAL GROUP PA, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH' USA 1986
Internship and Year CLEVELAND CLINIC FOUNDATION- CLEVELAND, OH 1987
Residency and Year CLEVELAND CLINIC FOUNDATION- CLEVELAND, OH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 2717
License Date 1/6/1949
Name **JALBERT, EUGENE O MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks **DECEASED 2/1/12**

License Number 15985
License Date 1/9/2013
Name **JALEEL, MOHAMMED A MD**
Address NEW ENGLAND INPATIENT SPECIALISTS, 120 WATER ST STE 404NORTH ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 1989
Internship and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1996
Residency and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14418
License Date 5/6/2009
Name **JAMES II, RUSSELL E MD**
Address WYOMING VALLEY HEALTHCARE, 575 N RIVER STWILKES-BARRE, PA, 18764
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSIDAD DEL NORESTE MEXICO 1985
Internship and Year UNITED HEALTH & HOSPITAL SERVICES INC - KINGSTON, PA 1988
Residency and Year UNITED HEALTH & HOSPITAL SERVICES INC - KINGSTON, PA 1989
License Expiration Date **6/30/2013**
Remarks

License Number 4253
License Date 6/5/1968
Name **JAMES, DOUGLAS H MD**
Address DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1960
Internship and Year UNIV HOSPITAL - CLEVELAND, OH 1961
Residency and Year UNIV HOSPITAL - CLEVELAND, OH 1964
License Expiration Date **6/30/2016**
Remarks

License Number 14965
License Date 8/4/2010
Name **JAMES, EDWARD J MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1991
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 1992
Residency and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD, CA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 9837
License Date 9/4/1996
Name **JAMES, JEREMY B MD**
Address LAMPREY HEALTH CARE, 128 ROUTE 27RAYMOND, NH, 03077
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF WASHINGTON SCHOOL OF MEDICINE SEATTLE, WA USA 1989
Internship and Year HIGHLAND HOSPITAL - NY 1992
Residency and Year HIGHLAND HOSPITAL - NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 14708
License Date 1/6/2010
Name **JAMES, JIM A MD**
Address DHMC - DEPT OF NEUROLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified
School and Year of Graduation OREGON HEALTH & SCIENCE UNIVERSITY USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 15707
License Date 6/6/2012
Name **JAMES, RUTH E MD**
Address FAMILIES FIRST OF THE GREATER SEACOAST, 100 CAMPUS DR STE 12PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 2008
Internship and Year FRANKLIN SQUARE HOSPITAL CENTER, BALTIMORE, MD 2010
Residency and Year FRANKLIN SQUARE HOSPITAL CENTER, BALTIMORE, MD 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12745
License Date 6/1/2005
Name **JAMES, STEPHEN C MD**
Address MEMORIAL BEHAVIORAL HEALTH, 1340 BROAD AVENUE SUITE 410GULFPORT, MS, 39501-2459
Specialty P
Board Certified AN
School and Year of Graduation NORTHWESTERN UNIVERSITY, CHICAGO IL US 1988
Internship and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 1989
Residency and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 1992
License Expiration Date **6/30/2013**
Remarks

License Number 12494
License Date 10/6/2004
Name **JAMESON, JENNIFER E MD**
Address URGENT CARE AT BEDFORD, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1999
Internship and Year BEVERLY HOSPITAL, DANVERS MA 2000
Residency and Year BEVERLY HOSPITAL, DANVERS MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16670
License Date 7/2/2014
Name **JAMIL, RODNEY M MD**
Address 1926 PICKERING TRL, LANCASTER, PA, 17601
Specialty HO
Board Certified HO
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE USA 2005
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 6214
License Date 6/9/1980
Name **JAMISON, JERRY D MD**
Address , PO BOX 487CANDIA, NH, 03034
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIV SCH MED -PHILA, PA USA 1973
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1974
Residency and Year ST VINCENT/TOLEDO HOSPITAL - TOLEDO, OH 1980
License Expiration Date **6/30/2006**
Remarks

License Number 17063
License Date 5/6/2015
Name **JAMISON, WALLACE G MD**
Address 460 PARRISH RD, HONEOYE FALLS, NY, 14472
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1970
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1971
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 12603
License Date 2/2/2005
Name **JAMPANI, SUSHAMA MD**
Address INTERNAL MEDICINE ASSOC OF NASHUA, 280 MAIN ST., STE 210NASHUA, NH, 03060
Specialty
Board Certified IM
School and Year of Graduation OSMANIA UNIVERSITY, INDIA INDIA 1998
Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2002
Residency and Year SOUND SHORE MED CTR OF WESTCHESTER, NEW ROCHELLE NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 5237
License Date 9/12/1974
Name **JANARDHANA, MODUR L MD**
Address VA MED CTR DEPT OF PATHOLOGY, 1400 VFW PARKWAYWEST ROXBURY, MA, 02132-4992
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MYSORE INDIA 1965
Internship and Year MERCY HOSPITAL - BUFFALO, NY 1967
Residency and Year TEMPLE UNIV HOSPITAL - PHILA, PA 1971
License Expiration Date **6/30/2016**
Remarks

License Number 7280
License Date 3/6/1986
Name **JANAS III, JOHN J MD**
Address CLINICAL CONTENT CONSULTANTS L, 6 FOGG STCONCORD, NH, 03301-
Specialty PD
Board Certified PD
School and Year of Graduation CREIGHTON UNIV SCH MED - OMAHA, NE USA 1983
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1984
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 14625
License Date 10/7/2009
Name **JANAS, JO ANN S MD**
Address AMERICAN RED CROSS, 825 JOHN STW HENRIETTA, NY, 14586
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1974
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1978
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1981
License Expiration Date **6/30/2013**
Remarks

License Number 13014
License Date 3/1/2006
Name **JANEC, EILEEN M MD**
Address DEPARTMENT OF VETERANS AFFAIRS, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009-000
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY, PORTSMOUTH DOMINICA DOMINICA 1998
Internship and Year STATE UNIVERSITY OF NY, BROOKLYN NY 1999
Residency and Year STATE UNIVERSITY OF NY, BROOKLYN NY 2001
License Expiration Date **6/30/2008**
Remarks

License Number 7543
License Date 4/1/1987
Name **JANEIRO JR, JOHN J MD**
Address LAHEY UROLOGY@ NASHUA, 17 RIVERSIDE ST STE 201NASHUA, NH, 03062
Specialty U
Board Certified U
School and Year of Graduation UNIV OF MASS SCH OF MED-WORCHESTER USA 1982
Internship and Year UNIV MA HOSP-MED CTR-WORCHSTER,MA 1983
Residency and Year LAHEY CLINIC FNDN-BURLINGTON,MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 13248
License Date 9/6/2006
Name **JANES, KENNETH A MD**
Address NASHOBA SURGICAL ASSOC, 190 GROTON RDAYER, MA, 01432
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV USA 1968
Internship and Year NEW ENGLAND MEDICAL CTR-BOSTON MA 1970
Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON MA 1974
License Expiration Date **6/30/2008**
Remarks

License Number 15708
License Date 6/6/2012
Name **JANIZEK, DAVID B MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 1990
Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16450
License Date 1/8/2014
Name **JANJUA, KAMRAN R MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN., STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TEXAS USA 1999
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2000
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 16042
License Date 3/6/2013
Name **JANKOWSKA, EWA J MD**
Address DARTMOUTH-HITCHCOCK MERRIMACK, 294 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation AKADEMIA MEDYCZNA POLAND 1999
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2011
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16827
License Date 11/6/2014
Name **JANNE D'OTHEE, BERTRAND MD**
Address UMMC-RADIOLOGY DEPT, 22 S GREENE ST N2W74BALTIMORE, MD, 21201
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITE CATHOLIQUE DE LOUVAIN BELGIUM 1992
Internship and Year CLINIQUES UNIVERSITAIRES SAINT-LUC - BRUSSELS, BELGIUM 1993
Residency and Year CLINIQUES UNIVERSITAIRES SAINT-LUC - BRUSSELS, BELGIUM 1997
License Expiration Date **6/30/2016**
Remarks

License Number 10122
License Date 9/10/1997
Name **JANSON, MICHAEL MD**
Address CENTER FOR PREVENTIVE MED, 3 OVERLOOK DR STE 3AMHERST, NH, 03031
Specialty GP
Board Certified
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1970
Internship and Year MT AUBURN HOSPITAL - MA 1971
Residency and Year MT AUBURN HOSPITAL - MA 1974
License Expiration Date **6/30/2015**
Remarks

License Number 13498
License Date 5/9/2007
Name **JANSSEN, MICHAEL E MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF WASHINGTON USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 11025
License Date 8/2/2000
Name **JANSUJWICZ, ALAN MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CONNECTICUT SCH - FARMINGTON CT USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2006**
Remarks

License Number 12994
License Date 2/1/2006
Name **JANUARIO, JENNIFER A MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1995
Internship and Year LAHEY CLINIC, BURLINGTON MA 1996
Residency and Year TUFTS UNIVERSITY, BOSTON MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 12166
License Date 12/3/2003
Name **JANUARIO, JOHN J MD**
Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACE BEDFORD, NH, 03110
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1990
Internship and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1991
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 15578
License Date 3/7/2012
Name **JAQUA, PATRICIA I MD**
Address 368 COVERED BRIDGE RD, STOWE, VT, 05672
Specialty GS
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MED USA 1979
Internship and Year UNIVERSITY OF VT-FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1980
Residency and Year UNIVERSITY OF VT-FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 7763
License Date 1/6/1988
Name **JARAMILLO, MARTHA C MD**
Address DOWNTOWN MEDICAL ASSOC, 280 MAIN ST NASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TX MED SCH SAN ANTONIO TX USA 1980
Internship and Year MAIMONIDES MED CTR BROOKLYN NY 1981
Residency and Year MAIMONIDES MED CTR BROOKLYN NY 1983
License Expiration Date **6/30/2016**
Remarks

License Number 15251
License Date 6/1/2011
Name **JARELL, ABEL D MD**
Address NORTHEAST DERMATOLOGY, 155 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty D
Board Certified D
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1998
Internship and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 1999
Residency and Year UNIVERSITY OF WASHINGTON, HARBORVIEW MEDICAL CENTER - SEATTLE, WA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 7949
License Date 8/10/1988
Name **JARMOC, LAURA M MD**
Address CONCORD ALLERGY, 280 PLEASANT STCONCORD, NH, 03301
Specialty AI
Board Certified AI
School and Year of Graduation ST LOUIS UNIV-ST LOUIS,MO USA 1983
Internship and Year UNIV OF MASS-WORCHESTER,MA 1984
Residency and Year UNIV OF MASS-WORCHESTER,MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 5948
License Date 7/12/1978
Name **JAROS, ROBERT H MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102-3770
Specialty NM
Board Certified NM
School and Year of Graduation STATE UNIV OF NY DOWNSTATE MEDICAL CTR BROOKLYN,NY USA 1968
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1969
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1974
License Expiration Date **6/30/2016**
Remarks

License Number 11195
License Date 3/7/2001
Name **JARRETT, ROBERT A MD**
Address DHMC-ANESTHESIOLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty AN
Board Certified AN
School and Year of Graduation MED COLL OG GEORGIA- AUGUSTA, GA USA 1992
Internship and Year GEORGIA BAPIST MEDICAL CENTER - ATLANTA, GA 1993
Residency and Year GEORGIA BAPTIST MEDICAL CENTER - ATLANTA, GA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 13967
License Date 5/7/2008
Name **JARVIS, LESLEY A MD**
Address NCCC - DEPT OF RAD ONCOLOGY, ONE MED CTR DRLEBANON, NH, 03756-0001
Specialty RO
Board Certified RO
School and Year of Graduation STANFORD UNIV USA 2003
Internship and Year ALAMEDA COUNTY MEDICAL CENTER-HIGHLAND HOSPITAL - OAKLAND, CA 2004
Residency and Year STANFORD UNIV MEDICAL CENTER - STANFORD, CA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16043
License Date 3/6/2013
Name **JARVIS, WINGROVE T MD**
Address COMMUNITY HEALTH ASSOC LLC, 37 PRATT AVENUE TOWANDA, PA, 18848
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF THE WEST INDIES BARBADOS 1993
Internship and Year UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 2007
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2008
License Expiration Date **6/30/2017**
Remarks

License Number 5870
License Date 3/9/1978
Name **JAUCH, ROBERT J MD**
Address 575 COTTON RD, LYNDONVILLE, VT, 05851
Specialty OTO
Board Certified OTO
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE - OH USA 1970
Internship and Year HOSPITAL UNIV OF PITTSBURGH HEALTH CENTER - PITTSBURGH, PA 1971
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1978
License Expiration Date **6/30/2014**
Remarks

License Number 15381
License Date 9/7/2011
Name **JAVED, LUBNA MD**
Address 1050 MLK DR, SUITE 105 CENTRALIA, IL, 62801
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2001
Internship and Year UPMC MCKEESPORT HOSPITAL - MCKEESPORT, PA 2005
Residency and Year UPMC MCKEESPORT HOSPITAL - MCKEESPORT, PA 2007
License Expiration Date **6/30/2013**
Remarks

License Number 16313
License Date 9/4/2013
Name **JAVERY, THOMAS E MD**
Address EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1990
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGE, CA 1991
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGE, CA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 11563
License Date 4/3/2002
Name **JAWDI, SAAD J MD**
Address , PO BOX 12127CHICAGO, IL, 60612
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF LINKOPING - LINKO, SWEDEN SWEDEN 1991
Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1995
Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1997
License Expiration Date **6/30/2012**
Remarks

License Number 9161
License Date 5/4/1994
Name **JAYNE, JOHN E MD**
Address DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty CD
Board Certified IM
School and Year of Graduation VANDERBILT UNIV SCHOOL OF MEDICINE - NASHVILLE, TN USA 1985
Internship and Year UNIV MINNEAPOLIS AFFILIATED HOSPITAL - MINNEAPOLIS, MN 1986
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10027
License Date 6/4/1997
Name **JAYNES, SCOTT C MD**
Address NORTH MEADOW FAMILY HEALTH, 154 HANCOCK RDPETERBOROUGH, NH, 03458
Specialty FPS
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT-VT USA 1993
Internship and Year UNIVERSITY OF UTAH MEDICAL CENTER - UT 1994
Residency and Year UNIVERSITY OF UTAH MEDICAL CENTER-UT 1996
License Expiration Date **6/30/2017**
Remarks

License Number 12342
 License Date 6/2/2004
 Name **JBARA, MARLENA E MD**
 Address MAIMONIDES MEDICAL CTR, 4802 TENTH AVE BROOKLYN, NY, 11219
 Specialty R
 Board Certified R
 School and Year of Graduation UNIVERSITY OF NY, BROOKLYN NY US 1996
 Internship and Year STATEN ISLAND UNIVERSITY HOSP, STATEN ISLAND NY 1997
 Residency and Year SUNY, BROOKLYN NY 2001
 License Expiration Date **6/30/2006**
 Remarks

License Number 11320
 License Date 7/11/2001
 Name **JEALOUS, JAMES S DO**
 Address , PO BOX 28 NORTH WOODSTOCK, NH, 03262
 Specialty N
 Board Certified OS
 School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHY & SURGERY USA 1970
 Internship and Year MAINE MEDICAL CENTER PORTLAND ME 1971
 Residency and Year MAINE MEDICAL CENTER PORTLAND ME 1971
 License Expiration Date **2/3/2005**
 Remarks **OK TO GIVE OUT HOME TEL # PER DOC**
10/8/04 Order of Emergency License Suspension and Notice of Hearing
Board Certified in Osteopathic Manipulative Medicine (Neuromusculoskeletal Medicine)
2/3/05 - Consent Order (license revoked)

License Number 12495
 License Date 10/6/2004
 Name **JEAN, WENNY MD**
 Address URBANDALE FAMILY PHYS, 2901 86TH STURBAN DALE, IA, 50322
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIVERSITY OF MISSOURI, KANSAS CITY MO US 2000
 Internship and Year MASSACHUSETTS GENERAL HOSP, BOSTON MA 2001
 Residency and Year MASSACHUSETTS GENERAL HOSP, BOSTON MA 2003
 License Expiration Date **6/30/2016**
 Remarks

License Number 7425
 License Date 8/14/1986
 Name **JEANBLANC, WILLIAM D MD**
 Address 22 BRAMHALL ST, PORTLAND, ME, 04102
 Specialty P
 Board Certified P
 School and Year of Graduation STATE UNIV OF NY SYRACUSE NY USA 1984
 Internship and Year DARTMOUTH HITCHCOCK MED HANOVER NH 1985
 Residency and Year DARTMOUTH HITCHCOCK MED HANOVER NH 1988
 License Expiration Date **6/30/2012**
 Remarks

License Number 16758
License Date 9/3/2014
Name **JEAN-PIERRE, PATRICK MD**
Address 215 MOUNT JOY AVE, FREEPORT, NY, 11520
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NY UPSTATE MEDICAL UNIV USA 2007
Internship and Year NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 2008
Residency and Year NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13543
License Date 6/6/2007
Name **JEDLOVSZKY, VERONIKA MD**
Address NORTH COUNTRY HOSPITAL, 189 PROUTY DRNEWPORT, VT, 05855
Specialty IM
Board Certified IM
School and Year of Graduation SEMMEWEIS UNIV HUNGARY 1994
Internship and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 1997
Residency and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 17111
License Date 6/3/2015
Name **JEE, SUNG BAE MD**
Address 5 STONEBRIDGE CIR APT 527, LITTLE ROCK, AR, 72223
Specialty FP
Board Certified
School and Year of Graduation CATHOLIC UNIVERSITY OF KOREA SOUTH KOREA 2002
Internship and Year LEONARD M MILLER SOM AT THE UNIV OF MIAMI - MIAMI, FL 2013
Residency and Year LITTLE ROCK FAMILY MEDICINE RESIDENCY PROGRAM - LITTLE ROCK, AR 2015
License Expiration Date **6/30/2017**
Remarks

License Number 5712
License Date 5/5/1977
Name **JEFFERY, BRIAN J MD**
Address LAKE REGION GENERAL HOSPITAL, HIGHLAND STLACONIA, NH, 03246
Specialty EM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ADELAIDE-SOUTH AUSTRALIA SOUTH AUSTRALIA 1971
Internship and Year MOUNT SINAI HOSPITAL-HARTFORD CT 1972
Residency and Year ST FRANCIS HOSPITAL-HARTFORD CT 1973
License Expiration Date **6/30/2017**
Remarks

License Number 3460
License Date 7/31/1961
Name **JEFFERY, ROBERT F MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation MCGILL UNIVERSITY- MONTREAL CANADA 1960
Internship and Year SAN FRANCISCO HOSPITAL 1961
Residency and Year SAN FRANCISCO HOSPITAL 1961
License Expiration Date **6/30/2005**
Remarks **DECEASED 9/17/03**

License Number 14506
License Date 7/1/2009
Name **JEFFREY, ARON M DO**
Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty PM
Board Certified PM
School and Year of Graduation WESTERN UNIVERSITY USA 2004
Internship and Year ST VINCENTS MIDTOWN - PORT EWEN, NY 2005
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10123
License Date 9/10/1997
Name **JEFFRIES, JENNIFER F MD**
Address NORWICH MEDICAL CENTER, 32 S COURT ST ENORWICH ON CANADA, , N0J1P0
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1994
Internship and Year HEALTH ALLIANCE HOSPITAL - LEOMINSTER, MA 1995
Residency and Year HEALTH ALLIANCE HOSPITAL - LEOMINSTER, MA 1997
License Expiration Date **6/30/2015**
Remarks

License Number 3855
License Date 11/5/1965
Name **JEFFRIES, PETER F MD**
Address , PO BOX 933WALPOLE, NH, 03608-0933
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1960
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1961
Residency and Year GARRISBURG POLYCLINIC - HARRISBERG, PA 1962
License Expiration Date **6/30/2001**
Remarks

License Number 11564
License Date 4/3/2002
Name **JEFFRYES, VIRGINIA A MD**
Address LITTLETON OUTPATIENT VETERANS CLINIC, 685 MEADOW ST #4LITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC, CANADA CANADA 1999
Internship and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2000
Residency and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6045
License Date 5/3/1979
Name **JEHL, JOHN J MD**
Address SPEARE MEMORIAL HOSPITAL, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty IM
Board Certified IM
School and Year of Graduation PENN STATE UNIV MILTON S HERSHEY MED CTR-HERSHEY USA 1975
Internship and Year UNIV HOSPITAL - CLEVELAND, OH 1976
Residency and Year M S HERSEY MEDICAL CENTER - HERSHEY, PA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14655
License Date 11/4/2009
Name **JELNOV, VLADIMIR MD**
Address GENESIS, 111 CHURCH STLACONIA, NH, 03246
Specialty P
Board Certified P
School and Year of Graduation NOVOSIBIRSK STATE MEDICAL ACADEMY RUSSIA 1978
Internship and Year MT SINAI SCHOOL OF MEDICINE - ELMHURST HOSPITAL CENTER - ELMHURST, NY 2004
Residency and Year MT SINAI SCHOOL OF MEDICINE - ELMHURST HOSPITAL CENTER - ELMHURST, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16227
License Date 7/3/2013
Name **JENIS, ANDREW D MD**
Address 115 CAYUGA HEIGHTS RD, ITHACA, NY, 14850
Specialty EM
Board Certified EM
School and Year of Graduation SUNY @ BUFFALO USA 1994
Internship and Year STATE UNIVERSITY OF NEW YORK @ BUFFALO - BUFFALO, NY 1996
Residency and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 16277
License Date 8/7/2013
Name **JENKINS, DEREK R MD**
Address ORTHOPAEDICS DEPT. - BROWN UNIV, 100 BUTLER DRPROVIDENCE, RI, 02906
Specialty ORS
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 2007
Internship and Year LENOX HILL HOSPITAL - NY, NY 2008
Residency and Year LENOX HILL HOSPITAL - NY, NY 2013
License Expiration Date **6/30/2015**
Remarks

License Number 16591
License Date 5/7/2014
Name **JENKINS, JAMES M MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA SCHOOL OF MED USA 1982
Internship and Year SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 1984
Residency and Year SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 1987
License Expiration Date **6/30/2016**
Remarks

License Number 8966
License Date 6/2/1993
Name **JENKINS, NIGEL R MD**
Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty NS
Board Certified NS
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1988
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9278
License Date 9/7/1994
Name **JENKINS, PAMELA C MD**
Address DHMC - PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation CHAPEL HILL SCHOOL OF MEDICINE USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9625
License Date 1/3/1996
Name **JENKUSKY, STEVEN M MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation SOUTH ILLINOIS UNIVERSITY USA 1994
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 6517
License Date 4/1/1982
Name **JENKYN, LAWRENCE R MD**
Address 252 MECHANIC ST, LEBANON, NH, 03766
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1976
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1977
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1980
License Expiration Date **6/30/2016**
Remarks **5/8/02 Settlement Agreement**

License Number 12532
License Date 11/3/2004
Name **JENSEN, CHRISTOPHER J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PS
Board Certified
School and Year of Graduation UNIVERSITY OF MINNESOTA, ST PAUL MN US 2002
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2008**
Remarks

License Number 11249
License Date 5/2/2001
Name **JENSEN, GORDON D MD**
Address 414 CALEDONIA ST, SANTA CRUZ, CA, 95062
Specialty PD
Board Certified PD
School and Year of Graduation YALE UNIVERSITY USA 1949
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN CT 1950
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN CT 1951
License Expiration Date **6/30/2002**
Remarks

License Number 7198
License Date 9/10/1985
Name **JENSEN, KAREN C MD**
Address 14 ADAMS RD, PO BOX 482JACKSON, NH, 03846
Specialty R
Board Certified R
School and Year of Graduation PRITZKER SCH MED OF UNIV CHICAGO.IL USA 1977
Internship and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1978
Residency and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1979
License Expiration Date **6/30/2011**
Remarks

License Number 13826
License Date 2/6/2008
Name **JENSON, CYNTHIA L MD**
Address 434 MAIN ST, WATERVILLE, ME, 04901
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIV OF NEW YORK USA 1992
Internship and Year KALEIDA HEALTH SYSTEM(MILLARD FILLMORE HOSPITALS)-SUNY - BUFFALO, NY 1993
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1996
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/14-reinstated 4/1/15**

License Number 15756
License Date 7/11/2012
Name **JERVIS, KARINNE M MD**
Address EXETER HOSPITAL/CORE PHYSICIANS, 7 HOLLAND WAYEXETER, NH, 03823
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 2003
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16795
License Date 10/1/2014
Name **JEVSEVAR, DAVID S MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE USA 1988
Internship and Year UPMC MEDICAL EDUCATION(MERCY) - PITTSBURGH, PA 1989
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10178
License Date 12/3/1997
Name **JEWELL, EDWARD R MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VT SCH OF MED-BURLINGTON,VT USA 1975
Internship and Year NEW ENGLAND MED CTR-MA 1975
Residency and Year NEW ENGLAND MED CTR-MA 1980
License Expiration Date **6/30/2001**
Remarks

License Number 15382
License Date 9/7/2011
Name **JI, JING MD**
Address DARTMOUTH-HITCHCOCK, 87 MCGREGOR ST STE 1300MANCHESTER, NH, 03102
Specialty N
Board Certified N
School and Year of Graduation BETHUNE MEDICAL UNIVERSITY CHINA 1992
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12905
License Date 10/5/2005
Name **JI, NINA MD**
Address 87 BRAUNBLE BUSH RD, CORENTRY, RI, 02816
Specialty AN
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY, W INDIES W INDIES 2001
Internship and Year ST BARNABAS MED CTR, LIVINGSTON NJ 2002
Residency and Year ST BARNABAS MED CTR, LIVINGSTON NJ 2005
License Expiration Date **6/30/2007**
Remarks

License Number 17009
License Date 4/1/2015
Name **JI, YONGLI MD**
Address EXETER HOSPITAL, FIVE ALUMINI AVEEXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation TIANJIN MEDICAL UNIVERSITY CHINA 1998
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2009
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12879
License Date 9/7/2005
Name **JIANG, LEI MD**
Address VA WORCESTER OUTPATIENT CLINIC, 605 LINCOLN STWORCESTER, MA, 01605
Specialty IM
Board Certified IM
School and Year of Graduation INDIANA UNIVERSITY, INDIANAPOLIS IN US 2001
Internship and Year UNIVERSITY OF TEXAS, DALLAS TX 2002
Residency and Year UNIVERSITY OF TEXAS, DALLAS TX 2004
License Expiration Date **6/30/2017**
Remarks

License Number 11777
License Date 11/6/2002
Name **JIANU, DOINA R MD**
Address 816 TROTTER CIR, LAS VEGAS, NV, 89107
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF BUCHAREST, BUCHAREST, ROMANIA USA 1993
Internship and Year ST JOSEPH MERCY OAKLAND - PONTIAC, MI 1997
Residency and Year ST JOSEPH MERCY OAKLAND - PONTIAC, MI 1999
License Expiration Date **6/30/2006**
Remarks

License Number 13401
License Date 2/7/2007
Name **JIBRIN, ISMAILA M MD**
Address ST AGNES HEALTHCARE, 900 S CATON AVEBALTIMORE, MD, 21229
Specialty IM
Board Certified
School and Year of Graduation AHMADU BELLO UNIV NIGERIA 1990
Internship and Year ST AGNES HOSPITAL - BALTIMORE, MD 2005
Residency and Year ST AGNES HOSPITAL - BALTIMORE, MD 2006
License Expiration Date **6/30/2009**
Remarks

License Number 16545
License Date 4/2/2014
Name **JILLELLAMUDI, SURESH MD**
Address UNIVERSITY MEDICINE FOUNDATION, 17 VIRGINIA AVEPROVIDENCE, RI, 02903
Specialty IM
Board Certified IM
School and Year of Graduation JAGADGURU JAYADEVA MURUGARAJENDRA MEDICAL COLLEGE INDIA 2005
Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2009
Residency and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2011
License Expiration Date **6/30/2016**
Remarks

License Number 14709
License Date 1/6/2010
Name **JIMENEZ, LUIS R MD**
Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT ST NORTH II SPECNASHUA, NH, 03060-3925
Specialty GS
Board Certified GS
School and Year of Graduation UNIV NACIONAL PEDRO HENRIQUES URENA DOMINICAN REPUBLIC 1981
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1993
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16911
License Date 1/21/2015
Name **JIMENEZ, RACHEL B MD**
Address 100 BLOSSOM ST, BOSTON, MA, 02116
Specialty RO
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2009
Internship and Year HARVARD RADIATION ONCOLOGY PROGRAM-BOSTON, MA 2011
Residency and Year HARVARD RADIATION ONCOLOGY PROGRAM-BOSTON, MA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 12460
License Date 9/1/2004
Name **JINDANI, SHILPA S MD**
Address 28 CENTER DR, MILTON, VT, 05468
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF RAJASTHAN, INDIA INDIA 1992
Internship and Year UNIVERSITY OF VERMONT, MILTON VT 2002
Residency and Year UNIVERSITY OF VERMONT, MILTON VT 2003
License Expiration Date **6/30/2006**
Remarks

License Number 10683
License Date 9/1/1999
Name **JO, BENG-HOEY MD**
Address CAPE BRETON HLTH CARE COMPLEX, 1482 GEORGE STSYDNEY, NS, B1P 1P3
Specialty R
Board Certified R
School and Year of Graduation FAC OF HUMAN MED PHILLIPPS UNIV OF MARBURG GERMANY 1973
Internship and Year UNIV OF ALBERTA - EDMONTON AB CANADA 1981
Residency and Year UNIV OFALBERTA - EDMONTON AB CANADA 1984
License Expiration Date **6/30/2000**
Remarks

License Number 15252
 License Date 6/1/2011
 Name **JO, SUNILA MD**
 Address PORTSMOUTH INTERNAL MEDICINE, 330 BORTHWICK AVE STE 205PORTSMOUTH, NH, 03801
 Specialty IM
 Board Certified IM
 School and Year of Graduation KOTTAYAM MEDICAL COLLEGE INDIA 2001
 Internship and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER-BRONX, NY 2004
 Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER-BRONX, NY 2006
 License Expiration Date **6/30/2017**
 Remarks

License Number 14530
 License Date 7/1/2009
 Name **JOACHIM, DAN W MD**
 Address INTRA-OP MONITORING SER, 76 STARBRUSH CIRCOVINGTON, LA, 70433
 Specialty IM
 Board Certified
 School and Year of Graduation LOUISIANA STATE UNIV USA 1986
 Internship and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1987
 Residency and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1989
 License Expiration Date **6/3/2011**
 Remarks **6/3/11- Preliminary Agreement for Practice Restrictions. 4/8/13 - Final Decision & Order**

License Number 12621
 License Date 3/2/2005
 Name **JOBBAGY, ZSOLT MD**
 Address JOHNS HOPKINS MED UNIVERSITY, PARK SB 202 600 N WOLFE STBALTIMORE, MD, 21287
 Specialty PTH
 Board Certified
 School and Year of Graduation UNIVERSITY OF SZEGED, SZEGED HUNGARY HUNGARY 1989
 Internship and Year JOHN HOPKINS UNIVERSITY, BALTIMORE MD 2001
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
 License Expiration Date **6/30/2007**
 Remarks

License Number 11026
 License Date 8/2/2000
 Name **JOBIN, GARY C MD**
 Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, CA USA 1967
 Internship and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1968
 Residency and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1969
 License Expiration Date **6/30/2001**
 Remarks

License Number 10865
License Date 4/5/2000
Name **JOBST, BARBARA C MD**
Address DHMC-NEUROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation MEDICAL FACULTYFRIEDRICH ALEXANDER GERMANY 1995
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON,NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON,NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15664
License Date 5/2/2012
Name **JOCSON, COLLEEN D MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 2006
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2010
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16592
License Date 5/7/2014
Name **JOFFE, SAMUEL W MD**
Address NE HEART INSTITUTE - CATHOLIC MEDICAL CTR., 100 MacGREGOR ST.MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 12303
License Date 5/5/2004
Name **JOGLEKAR, AMIT MD**
Address 21 WHITEHALL RD STE 302, ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DELHI, INDIA INDIA 1997
Internship and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1999
Residency and Year UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 2003
License Expiration Date **6/30/2016**
Remarks

License Number 8967
License Date 6/2/1993
Name **JOHANSEN, SARAH G MD**
Address DHMC-EMERGENCY MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12995
License Date 2/1/2006
Name **JOHANSSON, RICHARD C MD**
Address HAMPSTEAD HOSPITAL, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA, BERKELEY CA US 1995
Internship and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1996
Residency and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1998
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/22/14

License Number 16546
License Date 4/2/2014
Name **JOHAR, KARAN MD**
Address 245 E 54TH APT 25G, NEW YORK, NY, 10022
Specialty PM
Board Certified PM
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2007
Internship and Year STATE UNIVERSITY OF NY @ STONY BROOK - STONY BROOK, NY 2008
Residency and Year STATE UNIVERSITY OF NY @ STONY BROOK - STONY BROOK, NY 2011
License Expiration Date **6/30/2016**
Remarks

License Number 12461
License Date 9/1/2004
Name **JOHN, REBECCA B MD**
Address STRONG MEMORIAL HOSPITAL, 601 ELMWOOD AVE BOX 693ROCHESTER, NY, 14642
Specialty IM
Board Certified IM
School and Year of Graduation MYSORE UNIVERSITY, INDIA INDIA 1996
Internship and Year SPECTRUM HEALTH-DOWNTOWN CAMPUS, GRAND RAPIDS MI 1997
Residency and Year MICHIGAN STATE UNIVERSITY, GRAND RAPIDS MI 2000
License Expiration Date **6/30/2008**
Remarks

License Number 9733
License Date 6/5/1996
Name **JOHN, ROY M MD**
Address BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS ST BOSTON, MA, 02115
Specialty ICE
Board Certified IM
School and Year of Graduation UNIVERSITY OF KERALA-TRIVANDRUM KERALA INDIA 1979
Internship and Year BROCKTON/WEST ROXBURY VA MED CTR-MASS 1993
Residency and Year BROCKTON-WEST ROXBURY VA MED CTR - MA 1993
License Expiration Date **6/30/2010**
Remarks

License Number 12792
License Date 7/6/2005
Name **JOHN, SUNIL C MD**
Address DARTMOUTH-HITCHCOCK, 21 EAST HOLLIS ST NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF JOS, JOS, PLATEAU NIGERIA 1988
Internship and Year FRANKFORD HOSPITAL, PHILADELPHIA PA 1993
Residency and Year HAHNEMANN UNIVERSITY HOSPITAL, PHILADELPHIA PA 1996
License Expiration Date **6/30/2009**
Remarks

License Number 12343
License Date 6/2/2004
Name **JOHNS, JOSEPH B MD**
Address MILLENNIUM WOMEN'S HEALTHCARE, 705 SOUTH FRY RD STE 325 KATY, TX, 77450
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1998
Internship and Year CHRISTUS ST JOSEPH HOSP, HOUSTON TX 1999
Residency and Year CHRISTUS ST JOSEPH HOSP, HOUSTON TX 2002
License Expiration Date **6/30/2006**
Remarks

License Number 15878
License Date 10/3/2012
Name **JOHNS, MARTIN C MD**
Address 4 RANDOLPH AVE, RANDOLPH, VT, 05060
Specialty IM
Board Certified IM
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS 2001
Internship and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 2003
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 13590
 License Date 7/11/2007
 Name **JOHNSON III, RALEIGH F MD**
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
 Specialty R
 Board Certified R
 School and Year of Graduation UNIV OF TEXAS USA 1997
 Internship and Year GUNDERSEN LUTHERAN MEDICAL FOUNDATION - LA CROSSE, WI 1998
 Residency and Year UNIV OF TEXAS MEDICAL BRANCH HOSPITALS-GALVESTON, TX 2002
 License Expiration Date **6/30/2009**
 Remarks

License Number 11280
 License Date 6/6/2001
 Name **JOHNSON, BLAIR R MD**
 Address LAHEY CLINIC MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805
 Specialty IM
 Board Certified IM
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1996
 Internship and Year LAHEY CLINIC- BURLINGTON, MA 1997
 Residency and Year LAHEY CLINIC- BURLINGTON,MA 1999
 License Expiration Date **6/30/2002**
 Remarks

License Number 4113
 License Date 7/28/1967
 Name **JOHNSON, BRIAN L MD**
 Address 6344 GROVE POINT DR SE, WINTER HAVEN, FL, 33884-2724
 Specialty OBG
 Board Certified
 School and Year of Graduation KING'S COLLEGE HOSPITAL - LONDON UNIV LONDON 1957
 Internship and Year WEST SUFFOLK GENERAL HOSPITAL - SUFFOLK, ENGLAND 1958
 Residency and Year GOVERNING BODY OF VICTORIA HOSPITAL - ENGLAND 1960
 License Expiration Date **6/30/1999**
 Remarks **deceased 7/16/2010**

License Number 8755
 License Date 7/1/1992
 Name **JOHNSON, DAVID S MD**
 Address HITCHCOCK CLINIC CONCORD, 253 PLEASANT STCONCORD, NH, 03301
 Specialty IM
 Board Certified IM
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 1984
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1985
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1987
 License Expiration Date **6/30/2016**
 Remarks

License Number 14554
License Date 8/5/2009
Name **JOHNSON, E WILLIAM MD**
Address ATLANTIC UROLOGY ASSOCIATES, 3 ALUMNI DR #204EXETER, NH, 03833
Specialty U
Board Certified U
School and Year of Graduation JOHN A BURNS SCHOOL OF MEDICINE, UNIV OF HI USA 2003
Internship and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2006
Residency and Year UNIVERSITY OF WASHINGTON - SEATTLE, WA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11090
License Date 10/4/2000
Name **JOHNSON, ELLEN D MD**
Address L & M RADIOLOGY, PO BOX 615W ACTON, MA, 01720
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1996
Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 6028
License Date 4/5/1979
Name **JOHNSON, GLENN D MD**
Address 43 SCHOOL ST, HANOVER, NH, 03755
Specialty OTO
Board Certified OTO
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL MEDICINE - DC USA 1975
Internship and Year M S HERSHEY MEDICAL CENTER - HERSHEY, PA 1976
Residency and Year M S HERSHEY MEDICAL CENTER - HERSHEY, PA 1979
License Expiration Date **6/30/2011**
Remarks

License Number 9345
License Date 1/11/1995
Name **JOHNSON, GREGORY K MD**
Address 288 GROVELAND ST, HAVERHILL, MA, 01830-
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1984
Internship and Year STANFORD UNIVERSITY HOSPITAL - STANFORD CA 1985
Residency and Year STANFORD UNIVERSITY HOSPITAL - STANFORD CA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 8779
License Date 8/5/1992
Name **JOHNSON, JEANNE M MD**
Address BEDFORD WOMEN'S CARE ASSOC, 160 SOUTH RIVER RD STE 100BEDFORD, NH, 03110
Specialty
Board Certified OBG
School and Year of Graduation STATE UNIVERSITY OF NEW YORK AT STONY BROOK USA 1988
Internship and Year STRONG MEMORIAL HOSPITAL - UNIVERSITY OF ROCHESTER-ROCHESTER - NEW YORK 1992
Residency and Year STRONG MEMORIAL HOSPITAL - UNIVERSITY OF ROCHESTER - ROCHESTER, NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10082
License Date 8/6/1997
Name **JOHNSON, JEFFREY J MD**
Address WEEKS MEMORIAL HOSPITAL, MIDDLE ST RR 1 BOX 8LANCASTER, NH, 03584
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DI ROMA LA SAPIENZA FAC DI MED E CHIRURGIA RO ITALY 1983
Internship and Year NEW BRITAIN GENERAL HOSPITAL - CT 1984
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - CT 1987
License Expiration Date **6/30/2017**
Remarks

License Number 13402
License Date 2/7/2007
Name **JOHNSON, JEFFREY R MD**
Address SUNY BUFFALO, 219 BRYANT STBUFFALO, NY, 14222
Specialty MFM
Board Certified MFM
School and Year of Graduation BOSTON UNIV USA 1993
Internship and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1995
Residency and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 7841
License Date 5/4/1988
Name **JOHNSON, KENNETH A MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation BOSTON UNIVERSITY - BOSTON, MA USA 1983
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 10621
 License Date 7/7/1999
 Name **JOHNSON, KRISTA M MD**
 Address SJ FAMILY MED CTR, 387 E DUNSTABLE RD STE 1NASHUA, NH, 03062
 Specialty FP
 Board Certified FP
 School and Year of Graduation MCGILL UNIV OF MED -MONTREAL QUEBEC CANADA 1997
 Internship and Year MCGILL UNIV MEDICAL CTR - MONTREAL QUEBEC, CANADA 1998
 Residency and Year MCGILL UNIV MEDICAL CTR - MONTREAL QUEBEC, CANADA 1999
 License Expiration Date **6/30/2009**
 Remarks

License Number 16113
 License Date 5/1/2013
 Name **JOHNSON, MATTHEW T MD**
 Address 17 RIVERSIDE ST, STE 201NASHUA, NH, 03062
 Specialty U
 Board Certified
 School and Year of Graduation UNIVERSITY OF IOWA CARVER COLLEGE OF MED USA` 2008
 Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2009
 Residency and Year OHIO STATE UNIVERSITY - COLUMBUS, OH 2013
 License Expiration Date **6/30/2017**
 Remarks

License Number 15709
 License Date 6/6/2012
 Name **JOHNSON, MELISSA R MD**
 Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
 Specialty DR
 Board Certified DR
 School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2001
 Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2002
 Residency and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2006
 License Expiration Date **6/30/2016**
 Remarks

License Number 8819
 License Date 10/7/1992
 Name **JOHNSON, NANCY E MD**
 Address DARTMOUTH HITCHCOCK CLINIC, 580 COURT STKEENE, NH, 03431
 Specialty PM
 Board Certified PM
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1984
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1985
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1987
 License Expiration Date **6/30/2016**
 Remarks **LAPSED FOR NON-RENEWAL 6/30/03..REINSTATED ON 7/9/08**

License Number 17266
License Date 9/2/2015
Name **JOHNSON, NATHANIEL T MD**
Address 4500 N LEWIS AVE, SIOUX FALLS, SD, 57104
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE- SD USA 2006
Internship and Year MSU/KALAMAZOO CENTER FOR MEDICAL STUDIES- KALAMAZOO, MI 2007
Residency and Year MSU/KALAMAZOO CENTER FOR MEDICAL STUDIES- KALAMAZOO, MI 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11538
License Date 3/6/2002
Name **JOHNSON, REBECCA L MD**
Address SPEC PROG UNIT VA HOSPITAL, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CINCINNATI - CINCINNATI, OH USA 1988
Internship and Year UNIV OF CONNECTICUT HLTH CENTER - FARMINGTON, CT 1989
Residency and Year UNIV OF CONNECTICUT HLTH CENTER - FARMINGTON, CT 1992
License Expiration Date **6/30/2016**
Remarks

License Number 14588
License Date 9/2/2009
Name **JOHNSON, REIKO K MD**
Address SKY HAVEN CLINIC, 235 ROCHESTER HILL ROADROCHESTER, NH, 03867
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF HAWAII - HONOLULU, HI USA 2003
Internship and Year UNIVERSITY OF WASHINGTON -SEATTLE, WA 2004
Residency and Year UNIVERSITY OF WASHINGTON -SEATTLE, WA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 4703
License Date 6/12/1972
Name **JOHNSON, RICHARD E MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty
Board Certified GS
School and Year of Graduation UNIV OF COLORADO - DENVER,CO USA 1971
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
License Expiration Date **6/30/2016**
Remarks

License Number 5779
License Date 7/7/1977
Name **JOHNSON, ROBERT M MD**
Address COMMUNITY MED ASSOC, 60 COMMERCIAL ST STE 401CONCORD, NH, 03301-7529
Specialty IM
Board Certified IM
School and Year of Graduation JEFFERSON MED COLLOGE OF THOMAS JEFFERSON UNIV USA 1974
Internship and Year HARTFORD HOSPITAL HARTFORD 1975
Residency and Year HARTFORD HOSPITAL HARTFORD 1977
License Expiration Date **6/30/2011**
Remarks

License Number 15224
License Date 5/4/2011
Name **JOHNSON, RYAN C MD**
Address DOVER PEDIATRICS, 17 OLD ROLLINSFORD ROAD SUITE 5DOVER, NH, 03820
Specialty PD
Board Certified PD
School and Year of Graduation WAKE FOREST UNIVERSITY USA 2008
Internship and Year CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2009
Residency and Year CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12134
License Date 11/5/2003
Name **JOHNSON, SANDRA M MD**
Address UVA EYES, PO BOX 800715CHARLOTTESVILLE, VA, 22908
Specialty OPH
Board Certified OPH
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1989
Internship and Year ST ELIZABETHS MED CTR, BOSTON MA 1990
Residency and Year U OF SOUTH CAROLINA, COLUMBIA SC 1994
License Expiration Date **6/30/2009**
Remarks

License Number 16228
License Date 7/3/2013
Name **JOHNSON, SHAWN M MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year BALL MEMORIAL HOSPITAL - MUNCIE, IN 2002
Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11757
License Date 10/2/2002
Name **JOHNSON, STEVEN A DO**
Address MEMORIAL HOSPITAL, WHITE MTN HWY PO BOX 5001NORTH CONWAY, NH, 03860
Specialty IM
Board Certified IM
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA USA 1997
Internship and Year PHILADELPHIA COLLEGE, PHILADELPHIA PA 1998
Residency and Year FRANKFORD HOSPITAL, PHILADELPHIA PA 2002
License Expiration Date **6/30/2010**
Remarks

License Number 17064
License Date 5/6/2015
Name **JOHNSON, STEVEN E MD**
Address HEAD & NECK SPECIALTY GRP OF NH, 361 HIGH STSOMERSWORTH, NH, 03878-1407
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1997
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1998
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 16278
License Date 8/7/2013
Name **JOHNSON, TATUM S MD**
Address PO BOX 103, NO THETFORD, VT, 05054
Specialty DR
Board Certified DR
School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 2000
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12135
License Date 11/5/2003
Name **JOHNSON, THOMAS B MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PDC
School and Year of Graduation UNIVERSITY OF MD, BALTIMORE MD US 1985
Internship and Year ALBERT EINSTEIN MED CTR, PHILADELPHIA PA 1986
Residency and Year ALBERT EINSTEIN MED CTR, PHILADELPHIA PA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 5844
 License Date 12/5/1977
 Name **JOHNSON, THOMAS F MD**
 Address 555 TURNPIKE ST, N ANDOVER, MA, 01845-5923
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIV OF TORONTO FACULTY OF MEDICINE - TORONTO USA 1966
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1967
 Residency and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1975
 License Expiration Date **6/30/2017**
 Remarks

License Number 15413
 License Date 10/5/2011
 Name **JOHNSON, WILLARD C MD**
 Address VA HOSPITAL, 49 PETERSON RDHONOLULU, HI, 96819
 Specialty GS
 Board Certified GS
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF OF MEDICINE USA 1964
 Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1965
 Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1970
 License Expiration Date **6/30/2017**
 Remarks

License Number 10469
 License Date 12/2/1998
 Name **JOHNSON, WILLIAM L MD**
 Address PRINCE EDWARD SQUAREMALL, 289 UNION ST ST JOHN CANADANEW BRUNSWICK, , E2H 2K6
 Specialty FP
 Board Certified FP
 School and Year of Graduation DALHOUSIE UNIV FACULTY OF MED - NOVA SCOTIA CANADA 1963
 Internship and Year DALHOUSIE UNIV/VICTORIA GENERAL HOSPITAL - NOVA SCOTIA, CANADA 1963
 Residency and Year DALHOUSIE UNIV /VICTORIA GENERAL HOSPITAL - NOVA SCOTIA, CANADA 1963
 License Expiration Date **6/30/2001**
 Remarks

License Number 8768
 License Date 7/1/1992
 Name **JOHNSTON, EMERY J MD**
 Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
 Specialty EM
 Board Certified EM
 School and Year of Graduation UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 1990
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NEW HAMPSHIRE 1991
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NEW HAMPSHIRE 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 14733
License Date 2/3/2010
Name **JOHNSTON, JAMES G MD**
Address DHMC-DEPT FAMILY MEDICINE, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 1988
Internship and Year MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 1989
Residency and Year MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 1991
License Expiration Date **6/30/2016**
Remarks

License Number 6934
License Date 7/23/1984
Name **JOHNSTON, JAMES R MD**
Address SALEM RADIOLOGY, 31 STILES RDSALEM, NH, 03079-2859
Specialty R
Board Certified DR
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH USA 1979
Internship and Year UNIV UTAH MED CTR-SALT LAKE CITY,UT 1980
Residency and Year UNIV UTAH MED CTR- SALT LAKE CITY,UT 1983
License Expiration Date **6/30/2016**
Remarks

License Number 16515
License Date 3/5/2014
Name **JOHNSTON, JULIE A MD**
Address JOAN G LOVERING HEALTH CENTER, PO BOX 456, 559 PORTSMOUTH AVEGREENLAND, NH, 03840-
Specialty FP
Board Certified FP
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2004
Internship and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2005
Residency and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9868
License Date 11/6/1996
Name **JOHNSTON, MARK E MD**
Address NEBRASKA LASER EYE ASSOC, 4909 S 118TH STOMAHA, NE, 68137
Specialty OPH
Board Certified OPH
School and Year of Graduation DALHOUSIE UNIV FAC OF MEDICINE HALIFAX NS CANADA 1980
Internship and Year THE TORONTO WESTERN HOSPITAL - CANADA 1983
Residency and Year THE TORONTO WESTERN HOSPITAL - CANADA 1983
License Expiration Date **6/30/2010**
Remarks

License Number 6925
License Date 7/5/1984
Name **JOHNSTON, MARK R MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation NORTHWESTERN UNIVERSITY ILLINOIS USA 1980
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 2385
License Date 1/2/1945
Name **JOHNSTON, WILLIAM L DO**
Address MSU-COM DEPT FAM MED, 216 W FEEE LANSING, MI, 48824'
Specialty OS
Board Certified OS
School and Year of Graduation CHICAGO COLLEGE OF OSTEOPATHY USA 1943
Internship and Year MASSACHUSETTS OSTEOPATHIC HOSPITAL - BOSTON, MA 1944
Residency and Year MASSACHUSETTS OSTEOPATHIC HOSPITAL - BOSTON, MA 1944
License Expiration Date **6/30/1998**
Remarks **Deceased 6/10/2003**

License Number 12427
License Date 8/4/2004
Name **JOHNSTONE, DAVID W MD**
Address DHMC- CARDIOTHORACIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty TS
Board Certified TS
School and Year of Graduation NORTHWESTERN UNIVERSITY, CHICAGO IL US 1984
Internship and Year NY & PRESBYTERIAN HOSP, NEW YORK NY 1985
Residency and Year NY & PRESBYTERIAN HOSP, NEW YORK NY 1989
License Expiration Date **6/30/2012**
Remarks

License Number 15304
License Date 7/6/2011
Name **JOKONYA, CHIEDZA G MD**
Address SOUTH BERWICK FAMILY PRACTICE, 31 COLCORD STREETSOUTH BERWICK, ME, 03908
Specialty FP
Board Certified FP
School and Year of Graduation ADDIS ABABA UNIVERISTY ETHIOPIA 1989
Internship and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2004
Residency and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2006
License Expiration Date **6/30/2017**
Remarks

License Number 7318
License Date 5/8/1986
Name **JONAKIN, WILLIAM L MD**
Address , , ,
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ALABAMA USA 1979
Internship and Year
Residency and Year
License Expiration Date **6/30/1990**
Remarks

License Number 6346
License Date 3/5/1981
Name **JONAS, JEFFREY M MD**
Address 725 CHESTERBROOK BLVD, WAYNE, PA, 19087
Specialty P
Board Certified P
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1979
Internship and Year MC LEAN HOSP-BELMONT,MA 1980
Residency and Year MC LEAN HOSPITAL - BELMONT, MA 1980
License Expiration Date **6/30/2013**
Remarks

License Number 15710
License Date 6/6/2012
Name **JONES, ANDREW G MD**
Address DEPT OF FAMILY & PREVENTIVE MED - UNIV SC, 3209 COLONIAL DR COLUMBIA, SC, 29203
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16716
License Date 8/6/2014
Name **JONES, ANGELA L DO**
Address 231 SPECTRUM AVE UNIT 331, GAITHERSBURG, MD, 20879
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF PIKEVILLE-KENTUCKY COLLEGE OF OSTEOP USA 2005
Internship and Year PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2006
Residency and Year ST JOSEPH MERCY HEALTH SYSTEM - PONTIAC, MI 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15580
License Date 3/7/2012
Name **JONES, ANNE C DO**
Address VA MEDICAL CENTER, 215 N MAIN STWRJ, VT, 05009
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2008
Internship and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2009
Residency and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2011
License Expiration Date **6/30/2014**
Remarks

License Number 11539
License Date 3/6/2002
Name **JONES, BLAKE A MD**
Address RAPID CITY MEDICAL CENTER, 2820 MT. RUSHMORE RDRAPID CITY, SD, 57701
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF TORONTO - TORONTO, ONTARIO CANADA 1990
Internship and Year UNIV OF TORONTO - TORONTO ONTARIO, CANADA 1991
Residency and Year MAYO GRADUATE SCH - ROCHESTER, MN 1004
License Expiration Date **6/30/2016**
Remarks

License Number 7166
License Date 7/17/1985
Name **JONES, CAMILLA D MD**
Address 450 US ROUTE 3, HOLDERNESS, NH, 03245
Specialty PD
Board Certified
School and Year of Graduation MED COLL OF PA-PHILADELPHIA,PA USA 1962
Internship and Year LONG ISLAND COLL HOSP-BROOKLYN NY 1963
Residency and Year LONG ISLAND COLL -BROOKLYN,NY 1965
License Expiration Date **6/30/2017**
Remarks

License Number 14076
License Date 7/9/2008
Name **JONES, CLAYTON T MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIV USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 15349
License Date 8/3/2011
Name **JONES, COURTNEY B MD**
Address CONCORD OB/GYN, 189 NORTH MAIN STCONCORD, NH, 03301
Specialty OBG
Board Certified
School and Year of Graduation MICHIGAN STATE UNIVERSITY 2007 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14842
License Date 5/5/2010
Name **JONES, DANIEL F MD**
Address UPPER VALLEY PATHOLOGY, PLLC, 243 ELM STCLAREMONT, NH, 03743
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 2002
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2003
Residency and Year WESTERN RESERVE CARE SYSTEM - YOUNGSTOWN, OH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10996
License Date 7/5/2000
Name **JONES, DAVID P DO**
Address 216 VAUGHN ST, PORTLAND, ME, 04102
Specialty P
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO - BIDDEFORD, ME USA 1996
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON,MA 1997
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **6/30/2001**
Remarks

License Number 3556
License Date 10/3/1962
Name **JONES, ELLYN P MD**
Address 1384 MERIDIAN RD, VICTOR, MT, 59875
Specialty PD
Board Certified PD
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NEW YORK, NY USA 1959
Internship and Year UNIV HOSPITAL - COLUMBIA, OH 1960
Residency and Year BABIES HOSPITAL - NEW YORK, NY 1963
License Expiration Date **6/30/2008**
Remarks

License Number 14555
License Date 8/5/2009
Name **JONES, EMILY M MD**
Address 253 PLEASANT ST, CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2005
Internship and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX, VA 2006
Residency and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX, VA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15579
License Date 3/7/2012
Name **JONES, FREDERICK N MD**
Address CENTRAL NH ER ASSOC, 80 HIGHLAND STLAACONIA, NH, 03246
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1998
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 6531
License Date 5/6/1982
Name **JONES, GARY S MD**
Address 50 THAYER POND RD, CONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR USA 1975
Internship and Year MED CTR HOSPITAL-BURLINGTON,VT 1976
Residency and Year MED CTR HOSPITAL-BURLINGTON,VT 1979
License Expiration Date **6/30/2016**
Remarks

License Number 6262
License Date 8/7/1980
Name **JONES, HARVEY R MD**
Address LAHEY CLINIC MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805-0001
Specialty N
Board Certified N
School and Year of Graduation NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL USA 1962
Internship and Year PHILA GENERAL HOSPITAL - PHILA, PA 1963
Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1972
License Expiration Date **6/30/2008**
Remarks **Deceased 6/4/13**

License Number 13544
License Date 6/6/2007
Name **JONES, JENNIFER L MD**
Address CORE PHYSICIANS LLC - EXETER REGIONAL HEALTH CTR, 212 CALEF HIGHWAYEPPING, NH, 03042
Specialty PD
Board Certified PD
School and Year of Graduation YALE UNIV USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10558
License Date 5/5/1999
Name **JONES, JENNIFER T DO**
Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF OSTEOPATHIC MED - DES MOINES, IA USA 1995
Internship and Year NYCOM/SISTERS OF CHARITY HOSP - BUFFALO, NY 1996
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 14346
License Date 3/4/2009
Name **JONES, JONATHAN D MD**
Address DHMC/DEPT OF RHEUMATOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF UTAH USA 2002
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10334
License Date 7/1/1998
Name **JONES, MATTHEW S MD**
Address 240 SOUTH MAIN ST, WOLFEBORO, NH, 03894
Specialty GS
Board Certified GS
School and Year of Graduation EASTERN VIRGINIA MED SCH - NORFOLK, VA USA 1993
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1994
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1995
License Expiration Date **6/30/2012**
Remarks

License Number 9926
License Date 2/5/1997
Name **JONES, MICHAEL A MD**
Address MAINE MEDICAL CTR - PATHOLOGY, 22 BRAMHALL STPORTLAND, ME, 04101
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED CINCINNATI,OH USA 1983
Internship and Year MEDICAN CENTER HOSPITAL OF VERMONT - VT 1984
Residency and Year YALE NEW HAVEN CHILDREN CENTER - CT 1988
License Expiration Date **6/30/2017**
Remarks

License Number 11250
License Date 5/2/2001
Name **JONES, MICHAEL W MD**
Address ANTHEM, 300 GOFFS FALL RDMANCHESTER, NH, 03111
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MANCHESTER UNITED KINGDOM 1992
Internship and Year UNIVERSITY OF MASSACHUSETTS - FITCHBURG MA 2000
Residency and Year UNIVERSITY OF MASSACHUSETTS - FITCHBURG MA 2001
License Expiration Date **6/30/2013**
Remarks

License Number 11321
License Date 7/11/2001
Name **JONES, PAMELA L MD**
Address ASSOCIATES IN ORTHOPAEDICS, 288 GROVELAND STHAVERHILL, MA, 01830
Specialty HSO
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1995
Internship and Year UNIVERSITY OF VERMONT-FLETCHER ALLEN HEALTH CENTER BURLINGTON VT 1996
Residency and Year UNIVERSITY OF VERMONT DEPT OF ORTHO BURLINGTON VT 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15350
License Date 8/3/2011
Name **JONES, REBECCA K MD**
Address 272 GRUBB RD, POTTSTOWN, PA, 19465
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1991
Internship and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 1992
Residency and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9808
License Date 8/7/1996
Name **JONES, REBECCA M MD**
Address 138 ELLIOTST, STE 1BRATTLEBORO, VT, 05301
Specialty D
Board Certified D
School and Year of Graduation UNIV OF MA MED SCH - WORCHESTER, MA USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - LEBANON, NH 1996
License Expiration Date **6/30/2008**
Remarks

License Number 6816
License Date 11/10/1983
Name **JONES, RUSSELL C MD**
Address PO BOX 2573, EUGENE, OR, 97402
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON-PA USA 1977
Internship and Year MEMORIAL HOSPITAL - PAWTUCKET, RI 1980
Residency and Year MEMORIAL HOSPITAL-PAWTUCKET,RI 1980
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/15 - Renewed 7/22/15.**

License Number 4659
License Date 2/16/1971
Name **JONES, SAMUEL B DO**
Address 234 HOWEVILLE RD, FITZWILLIAM, NH, 03447
Specialty FP
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHY USA 1936
Internship and Year MARIETTA OSTEOPATHIC HOSPITAL - MARIETTA, OH 1937
Residency and Year MASS OSTEOPATHIC HOSPITAL - BOSTON, MA 1938
License Expiration Date **6/30/2000**
Remarks

License Number 10559
License Date 5/5/1999
Name **JONES, STEVEN C MD**
Address LAMPREY HEALTH CARE, RTE 27RAYMOND, NH, 03077
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CALIFORNIA - DAVIS, CA USA 1996
Internship and Year UNIV OF MASS - WORCESTER, MA 1997
Residency and Year UNIV OF MASS - WORCESTER, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12496
License Date 10/6/2004
Name **JONES, THOMAS B MD**
Address 411 WALNUT STREET 2766, GREEN COVE SPRINGS, FL, 32403
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF TENNESSEE, MEMPHIS TN US 1971
Internship and Year UNIVERSITY OF TENNESSEE, MEMPHIS TN 1972
Residency and Year VANDERBILT UNIVERSITY, NASHVILLE TN 1979
License Expiration Date **6/30/2014**
Remarks

License Number 3873
License Date 1/14/1966
Name **JONES, WARNER E MD**
Address SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RDSRINGFIELD, VT, 05156-2003
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1961
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1962
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1966
License Expiration Date **6/30/2010**
Remarks **Deceased 10/11/10**

License Number 15107
License Date 1/5/2011
Name **JORDAAN, MARC R MD**
Address DR LEONIE SCHOLTZ & PARTNERS, RADIOLOGISTS, PO BOX 73400FAIRLAND, SA, 0076
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF PRETORIA SOUTH AFRICA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 16114
License Date 5/1/2013
Name **JORDAN, ALISTAIR C DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation MIDWESTERN UNIVERSITY USA 2009
Internship and Year KALAMAZOO CENTER FOR MEDICAL STUDIES - KALAMAZOO, MI 2010
Residency and Year UNIVERSITY OF SOUTH ALABAMA MEDICAL CENTER - MOBILE, AL 2012
License Expiration Date **6/30/2015**
Remarks

License Number 11565
License Date 4/3/2002
Name **JORDAN, RACHEL E MD**
Address PARKLAND HOSPITAL, ONE PARKLAND DRDERRY, NH, 03038
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1999
Internship and Year UNIV HOSPITAL - SYRACUSE, NY 2000
Residency and Year UNIV HOSPITAL - SYRACUSE, NY 2002
License Expiration Date **6/30/2016**
Remarks

License Number 5183
License Date 6/10/1974
Name **JORDAN, STEPHEN MD**
Address 273 COUNTY RD, NEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV - MA USA 1970
Internship and Year STATE UNIV OF NY HOSPITAL - BUFFALO, NY 1971
Residency and Year STATE UNIV OF NY HOSPITAL - BUFFALO, NY 1974
License Expiration Date **6/30/2016**
Remarks

License Number 7086
License Date 5/2/1985
Name **JORGENSEN, KEITH D MD**
Address 44 BIRCH ST STE 304, DERRY, NH, 03038-2752
Specialty OTO
Board Certified OTO
School and Year of Graduation RUSH MEDICAL COLLEGE-CHICAGO, IL USA 1980
Internship and Year ST ELIZABETHS HOSPITAL-BOSTON, MA 1981
Residency and Year VETERANS ADMIN MEDICAL CTR-BOSTON, MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 9363
License Date 2/1/1995
Name **JORGENSEN, NATHAN H MD**
Address WENTWORTH-DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820-
Specialty AN
Board Certified PMD
School and Year of Graduation UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCI USA 1984
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO CA 1985
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA MD 1989
License Expiration Date **6/30/2017**
Remarks

License Number 7053
License Date 2/28/1985
Name **JOSELOW, STEVE A MD**
Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NO ANDOVER, MA, 01845
Specialty D
Board Certified D
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MED NY USA 1979
Internship and Year UNIVERSITY HOSPITAL SEATTLE WASH 1980
Residency and Year UNIVERSITY HOSPITAL SEATTLE WASH 1982
License Expiration Date **6/30/2017**
Remarks

License Number 7122
License Date 6/6/1985
Name **JOSELOW, WANE G MD**
Address SOUTHERN NH RADIOLOGY, 703 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty DR
Board Certified DR
School and Year of Graduation SUNY AT STONY BROOK-STONY BROOK, NY USA 1984
Internship and Year LENOX HILL HOSPITAL-NEW YORK, NY 1981
Residency and Year LENOX HILL HOSPITAL-NEW YORK, NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 6252
License Date 7/8/1980
Name **JOSEPH, DOUGLAS M MD**
Address NH ORTHOPAEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-1358
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF KENTUCKY COLL MED -LEXINGTON, KY USA 1974
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1975
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1979
License Expiration Date **6/30/2016**
Remarks

License Number 15029
License Date 10/6/2010
Name **JOSEPH, ELIZABETH H DO**
Address AUTUMN RECOVERY, PLLC, PO BOX 663, 73A COURT STKEENE, NH, 03431
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2005
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2006
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/12 - reinstated 7/2/14**

License Number 14684
License Date 12/2/2009
Name **JOSEPH, MARY L MD**
Address EXETER HOSPITAL, 5 ALLUMINI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF JAFFNA SRI LANKA 1998
Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2003
Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16547
License Date 4/2/2014
Name **JOSEPHS, JOHN D MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MEDICAL CTR USA 1990
Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1991
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1995
License Expiration Date **6/30/2016**
Remarks

License Number 5767
License Date 6/28/1977
Name **JOSEPHS, MARK MD**
Address 540 WASHINGTON RD, RYE, NH, 03870
Specialty EM
Board Certified EM
School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PHILADELPHIA PA USA 1972
Internship and Year HEALTH HOSPITALS U OF PITTSBURGH-PITTSBURGH PA 1973
Residency and Year HEALTH HOSPITAL U OF PITTSBURGH- PA 1973
License Expiration Date **6/30/2017**
Remarks

License Number 17170
License Date 7/1/2015
Name **JOSHI, ADITI U MD**
Address 77 W 24TH ST APT 18E, NEW YORK, NY, 10010
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 2006
Internship and Year EARL K LONG MEDICAL CENTER - BATON ROUGE, LA 2007
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10210
License Date 1/7/1998
Name **JOSHI, GIRISH C MD**
Address FAMILY PRACTICE OF SANFORD, 25 A JUNE STREET SUITE 119SANFORD, ME, 04073
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF SOUTHAMPTON - ENGLAND ENGLAND 1984
Internship and Year MANOR HOSPITAL - WEST MIDLANDS 1987
Residency and Year MANOR HOSPITAL - WEST MIDLANDS 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15305
License Date 7/6/2011
Name **JOSHI, SUCHARIT S MD**
Address SEACOAST KIDNEY & HYPERTENSION, 875 GREENLAND RD C-10PORTSMOUTH, NH, 03801
Specialty NEP
Board Certified NEP
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 2005
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2006
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11851
License Date 3/5/2003
Name **JOSLYN, MATTHEW I MD**
Address 55 SOUTH ST APT 4, CONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation UNIV OF KANSAS - KANSAS CITY, KS USA 1999
Internship and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2000
Residency and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2002
License Expiration Date **6/30/2005**
Remarks

License Number 13249
License Date 9/6/2006
Name **JOSPITRE, JOSEPH-MARIE L MD**
Address COOS COUNTY FAMILY HEALTH SER, 133 PLEASANT STBERLIN, NH, 03570-2006
Specialty IM
Board Certified IM
School and Year of Graduation UNIV D'ETAT D'HAITI HAITI 1991
Internship and Year CARNEY HOSPITAL-DORCHESTER MA 2002
Residency and Year CARNEY HOSPITAL-DORCHESTER MA 2004
License Expiration Date **6/30/2010**
Remarks

License Number 11961
License Date 6/4/2003
Name **JOVENTINO, LILIAN P MD**
Address WENTWORTH-DOUGLASS PHYS CORP, 19 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER - CHICAGO IL USA 1996
Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA PA 1997
Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA PA 1999
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/07 - reinstated 2/1/12**

License Number 14077
License Date 7/9/2008
Name **JOYCE, ANN M MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF IRELAND IRELAND 1997
Internship and Year LAHEY CLINIC - BURLINGTON, MA 1999
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 10317
License Date 6/3/1998
Name **JOYCE, ELLEN M MD**
Address DARTMOUTH HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRIVE EBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation HAHNEMANN UNIV SCH OF MED - PHILIA, PA USA 1988
Internship and Year LEHIGH VALLEY HOSP - PA 1989
Residency and Year LEHIGH VALLEY HOSP - PA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 15443
License Date 11/2/2011
Name **JOYCE, KATHLEEN M MD**
Address ADRIENNE SANDLAND, 526 MAIN ST ACTON, MA, 01720
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE USA 2000
Internship and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2001
Residency and Year WILFORD HALL MED CENTER-LACKLAND AFB, TX 2005
License Expiration Date **6/30/2017**
Remarks

License Number 8165
License Date 7/12/1989
Name **JOYCE, MARY K MD**
Address MT ASCUTNEY PHYS PRACTICE, 289 COUNTY RD WINDSOR, VT, 05089
Specialty FP
Board Certified FP
School and Year of Graduation LOYOLA UNIV OF CHICAGO STRITCH SCH OF MED USA 1982
Internship and Year COOK COUNTY HOSP-CHICAGO, IL 1983
Residency and Year COOK COUNTY HOSP-CHICAGO, IL 1985
License Expiration Date **6/30/2017**
Remarks

License Number 15923
License Date 11/7/2012
Name **JOYCE, RYAN R MD**
Address FRISBIE MEMORIAL HOSP - N AMERICAN PRTS ANESTHESIA, 11 WHITEHALL RD ROCHESTER, NH, 03
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2009
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 10394
License Date 9/2/1998
Name **JUDD, BROOKE G MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03755
Specialty IM
Board Certified CCM
School and Year of Graduation FINCH UNIV HLTH SCI CHICAGO MED SCH - IL USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 8901
License Date 3/3/1993
Name **JUDD, DON R MD**
Address 454 OLD ST RD #206, PETERBOROUGH, NH, 03458-
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1966
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1967
Residency and Year UNIVERSITY OF MICHIGAN HOSPITAL - ANN ARBOR MI 1973
License Expiration Date **6/30/1998**
Remarks

License Number 10997
License Date 7/5/2000
Name **JUDELSON, ANDREW L MD**
Address REHAB HOSPITAL OF THE CAPE, 311 SERVICE ROADEAST SANDWICH, MA, 02537
Specialty PM
Board Certified
School and Year of Graduation UNIV OF CONN SCH OF MED - FARMINGTON, CT USA 1996
Internship and Year UNIV OF CONN SCH OF MED - FARMINGTON, CT 1997
Residency and Year SPAULDING REHAB HOSP - BOSTON, MA 1999
License Expiration Date **6/30/2002**
Remarks

License Number LT760
License Date 6/7/1993
Name **JUDEN JR, ALEXANDER G MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **8/13/1993**
Remarks

License Number 15697
License Date 6/6/2012
Name **JUDKINS, ALLISON J MD**
Address DHMC - PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF MISSOURI- KANSAS CITY SCHOOL OF MED USA 2009
Internship and Year PRIMARY CHILDRENS MEDICAL CENTER - SALT LAKE CITY, UT 2010
Residency and Year PRIMARY CHILDRENS MEDICAL CENTER - SALT LAKE CITY, UT 2012
License Expiration Date **6/30/2014**
Remarks

License Number 12996
License Date 2/1/2006
Name **JUDKINS, JENNIFER H MD**
Address UPPER VALLEY NEUROLOGY, 106 HANOVER STLEBANON, NH, 03766
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF OHIO, TOLEDO OH US 1992
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1993
Residency and Year FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 1994
License Expiration Date **6/30/2014**
Remarks

License Number 16415
License Date 12/4/2013
Name **JUDSON, KARA MD**
Address QUEST DIAGNOSTICS, 3 STERLING DRWALLINGFORD, CT, 06492
Specialty PTH
Board Certified PTH
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year JOHNS HOPKINS HOSPITALS-JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 2003
Residency and Year JOHNS HOPKINS HOSPITALS-JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 2006
License Expiration Date **6/30/2017**
Remarks

License Number 16369
License Date 11/6/2013
Name **JUDSON, PATRICK H MD**
Address AUGUSTA HEALTH & MEDICAL CENTER, 78 MEDICAL CENTER DRFISHERVILLE, VA, 22939
Specialty ON
Board Certified ON
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 1981
Residency and Year TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 1983
License Expiration Date **6/30/2017**
Remarks

License Number 13499
License Date 5/9/2007
Name **JUHL, ELLEN L MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF WASHINGTON USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 5161
License Date 4/16/1974
Name **JUKES, MICHAEL A MD**
Address TOGAS VA MED CTR, 1 WA CENTERAUGUSTA, ME, 04330
Specialty FP
Board Certified
School and Year of Graduation UNIV COLLEGE HOSPITAL LONDON 1967
Internship and Year HAROLD WOOD HOSPITAL - LONDON 1968
Residency and Year PRINCESS MARGARET HOSPITAL - NASSAU, BAHAMAS 1969
License Expiration Date **6/30/2016**
Remarks

License Number 5543
License Date 7/1/1976
Name **JULIAN, WILLIAM A MD**
Address , , ,
Specialty U
Board Certified
School and Year of Graduation UNIVERSITY OF KENTUCKY USA 1969
Internship and Year
Residency and Year
License Expiration Date **4/1/1991**
Remarks

License Number 13209
License Date 8/2/2006
Name **JULIEN, PAUL M MD**
Address 637 UNION ST, PO BOX 808NEWPORT, VT, 05855
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF MONTREAL CANADA 1973
Internship and Year UNIV OF MONTREAL- MONTREAL, QUEBEC CANADA 1974
Residency and Year UNIV OF MONTREAL-MONTREAL, QUEBEC CANADA 1977
License Expiration Date **6/30/2014**
Remarks

License Number 14800
License Date 4/7/2010
Name **JUMPER, CULLEN M MD**
Address ATLANTIC UROLOGY ASSOCIATES, 3 ALUMNI DR STE 204EXETER, NH, 03833
Specialty U
Board Certified
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 13103
License Date 6/7/2006
Name **JUNKER, CAESAR A MD**
Address 1075 W PERIMETER RD (89TH MDG), ANDREWS AFB, MD, 20331
Specialty FP
Board Certified FP
School and Year of Graduation UNIFORMED SERVICES UNIV USA 1991
Internship and Year MALCOLM GROW MEDICAL CTR-ANDREWS AFB, MD 1992
Residency and Year MALCOLM GROW MEDICAL CTR-ANDREWS AFB, MD 1994
License Expiration Date **6/30/2010**
Remarks

License Number 11172
License Date 2/7/2001
Name **JURADO, MIGUEL A MD**
Address QUEEN CITY MED ASSOC, 769 S MAIN ST 3RD FL MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SO FLORIDA COLL OF MED - TAMPA, FL USA 1993
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1994
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1995
License Expiration Date **6/30/2007**
Remarks

License Number 8414
License Date 8/8/1990
Name **JURAVSKY, LOUIS I MD**
Address THE MONCTON HOSPITAL, 135 MACBEATH AVENUE MONCTON NB CANADA, , E1C-6Z8
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MANITOBA/WINNIPEG MONITOBA 1984
Internship and Year MT SINAI HOSPITAL UNIV OF TORONTO 1985
Residency and Year DEPT OF RADIOLOGY UNIV OF TORONTO HOSPITAL 1989
License Expiration Date **6/30/2016**
Remarks

License Number 17171
License Date 7/1/2015
Name **JURUS, DEREK DO**
Address 704 GRASON LN, FRUITLAND, MD, 21826
Specialty OBG
Board Certified OBG
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2009
Residency and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 14203
License Date 10/1/2008
Name **JUSSEAUME, SCOTT A MD**
Address UNIVERSAL MOBIL SERVICE, 26B MAIN ST PLAINSTOW, NH, 03865
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT USA 2001
Internship and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2002
Residency and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2004
License Expiration Date **6/30/2010**
Remarks

License Number 13210
License Date 8/2/2006
Name **JUSTICE, LEDRO R MD**
Address 2023 PARK RIDGE DR, VAN BUREN, AR, 72956
Specialty P
Board Certified P
School and Year of Graduation MEHARRY MEDICAL COLLEGE USA 1969
Internship and Year MEHARRY MEDICAL COLLEGE, NASHVILLE, TN 1970
Residency and Year MEHARRY MEDICAL COLLEGE, NASHVILLE, TN 1973
License Expiration Date **6/30/2014**
Remarks

License Number 15351
License Date 8/3/2011
Name **JUSTIN, ERIC P MD**
Address AMERICAN IMAGING MANAGEMENT, 8600 W BRYN MAWR STE 800CHICAGO, IL, 60631
Specialty NM
Board Certified NM
School and Year of Graduation UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE USA 1986
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1988
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1990
License Expiration Date **6/30/2013**
Remarks

License Number 14381
License Date 4/1/2009
Name **K C, DIPAK B MD**
Address 108 ST NICHOLAS AVE #3R, BROOKLYN, NY, 11237
Specialty IM
Board Certified
School and Year of Graduation COLLEGESOF MEDICAL SCIENCES - NEPAL NEPAL 2004
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2011**
Remarks

License Number 14460
License Date 6/3/2009
Name **KABASAKALIAN, ANAHID MD**
Address MONTEFIORE MED CTR-PSYCH & BEHAV SCIENCE, 111 EAST 210TH STBRONX, NY, 10467
Specialty N
Board Certified N
School and Year of Graduation TEMPLE UNIVERSITY USA 2003
Internship and Year LANKENAU HOSPITAL - WYNNEWOOD, PA 2004
Residency and Year TEMPLE UNIVERITY HOSPITAL - PHILADELPHIA, PA 2007
License Expiration Date **6/30/2011**
Remarks

License Number 13905
License Date 4/2/2008
Name **KABAWAT, SALIM E MD**
Address QUEST DIAGNOSTICS, 415 MASSACHUSETTS AVE
CAMBRIDGE, MA, 02139
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF DAMASCUS SYRIA 1976
Internship and Year BOSTON UNIV MEDICAL CTR - BOSTON, MA 1978
Residency and Year BOSTON UNIV MEDICAL CTR - BOSTON, MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 8057
License Date 3/29/1989
Name **KACHAVOS, PETER G MD**
Address PO BOX 3884, MANCHESTER, NH, 03105
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1986
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1987
Residency and Year FAULKNER HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 3546
License Date 9/12/1962
Name **KACOYANIS, GEORGE J MD**
Address 20 PULPIT ROCK RD, PO BOX 428
RYE, NH, 03870-
Specialty IM
Board Certified
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1961
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1962
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1962
License Expiration Date **6/30/2001**
Remarks

License Number 13968
License Date 5/7/2008
Name **KACZANOWSKI, MICHAEL R MD**
Address FOUNDATION GASTROENTEROLOGY, 8 PROSPECT ST, NORTH 11
NASHUA, NH, 03060
Specialty GE
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV GRENADA 2001
Internship and Year NORWALK HOSPITAL - NORWALK, CT 2002
Residency and Year NORWALK HOSPITAL - NORWALK, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13211
License Date 8/2/2006
Name **KADIQI, KLEVIS J MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TIRANES ALBANIA 1995
Internship and Year UNIV OF VT-FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2004
Residency and Year UNIV OF VT-FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8591
License Date 7/17/1991
Name **KADISH, REBECCA E MD**
Address DHMC - MCH, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty AN
Board Certified AN
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1987
Internship and Year HOSPITAL UNIV OF PENNSYLVANIA-PHIL,PA 1991
Residency and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 12065
License Date 9/3/2003
Name **KADRMAS-IANNUZZI, TANYA L DO**
Address RIVER ROAD PEDIATRICALS, 601 RIVERWAY PLACEBEDFORD, NH, 03110-6747
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF NJ, STRATFORD NJ US 1999
Internship and Year KENNEDY MEMORIAL HOSPITAL, STRATFORD NJ 2000
Residency and Year CROZER-CHESTER MEDICAL CTR, UPLAND PA 2003
License Expiration Date **6/30/2005**
Remarks

License Number 14226
License Date 11/5/2008
Name **KAFLE, MAHESHWOR MD**
Address 46-19 88TH ST #2A, ELMHURST, NY, 11373
Specialty PD
Board Certified
School and Year of Graduation NEPAL MEDICAL COLLEGE NEPAL 2003
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
Residency and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2008
License Expiration Date **6/30/2010**
Remarks

License Number 11281
License Date 6/6/2001
Name **KAHAN, STEVEN E MD**
Address GRIFFIN PROFESSION PARK, 200 GRIFFIN RD UNIT 14PORTSMOUTH, NH, 03801
Specialty U
Board Certified U
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1995
Internship and Year CASE WESTERN RESERVE UNIV - CLEVELAND, OH 1997
Residency and Year CASE WESTERN RESERVE UNIV- CLEVELAND, OH 2000
License Expiration Date **6/30/2017**
Remarks

License Number 14227
License Date 11/5/2008
Name **KAHANE, HILLEL MD**
Address BOSTWICK LABORATORIES, 100 CHARLES LINDBERGH BLVDUNIONDALE, NY, 11553
Specialty PTH
Board Certified PTH
School and Year of Graduation ROSS UNIV USA 1986
Internship and Year UPMC SHADYSIDE HOSPITAL-PITTSBURGH,PA 1988
Residency and Year UPMC SHADYSIDE HOSPITAL-PITTSBURGH,PA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10083
License Date 8/6/1997
Name **KAHN, CYNTHIA A MD**
Address 129 PLEASANT ST, CONCORD, NH, 03301
Specialty PD
Board Certified
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year WALTER REED ARMY MED CTR - WASHINGTON, DC 1991
Residency and Year MADIGAN ARMY MEDICAL CENTER - WA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 7726
License Date 10/7/1987
Name **KAHN, EDGAR M MD**
Address MAIN ST PROFESSIONAL BLDG, PO BOX 2325N CONWAY, NH, 03860-
Specialty P
Board Certified P
School and Year of Graduation DUKE UNIV SCH MED-DURHAM,NC USA 1979
Internship and Year DUKE UNIV MED CTR-SOUTH HOSP-DURHAM,NC 1980
Residency and Year DUKE UNIV MED CTR-SOUTH HOSP-DURHAM,NC 1983
License Expiration Date **6/30/2017**
Remarks

License Number 5275
License Date 12/13/1974
Name **KAHN, JAMES B MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation HARVARD UNIVERSITY USA 1967
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 13906
License Date 4/2/2008
Name **KAHN, NATAN D MD**
Address MAINE EYE CENTER, 15 LOWELL STPORTLAND, ME, 04102
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF TEXAS USA 1988
Internship and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER-DALLAS, TX 1990
Residency and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER-DALLAS, TX 1993
License Expiration Date **6/30/2012**
Remarks

License Number 14507
License Date 7/1/2009
Name **KAHN, RICHARD M MD**
Address 29 COUNTY CREEK RD, N YARMOUTH, ME, 04097
Specialty PCC
Board Certified PCC
School and Year of Graduation STATE UNIVERSTIY OF NEW YORK USA 1988
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1989
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 5934
License Date 6/20/1978
Name **KAIRYS, STEVEN W MD**
Address JERSEY SHORE MEDICAL CTR, RTE 33NEPTUNE, NJ, 07754
Specialty PD
Board Certified PD
School and Year of Graduation TEMPLE UNIV SCHOOL OF MEDICINE PHILADELPHIA, PA USA 1969
Internship and Year UNIV OF CHICAGO CLINICS - CHICAGO, IL 1970
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
License Expiration Date **6/30/2006**
Remarks

License Number 7199
License Date 9/10/1985
Name **KAISER, C WILLIAM MD**
Address 8 MIDDLE ST, CONCORD, MA, 01742
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1965
Internship and Year CHARITY HOSP OF LA-NEW ORLEANS.LA 1966
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1972
License Expiration Date **6/30/2015**
Remarks

License Number 13347
License Date 12/6/2006
Name **KAISER, TIMOTHY F MD**
Address VETERANS HOSP ASSOC-GERIATRIC MED, 200 SPRINGS RD BLDG 2BEDFORD, MA, 01730
Specialty FPG
Board Certified FP
School and Year of Graduation UNIV OF MICHIGAN MEDICAL SCHOOL USA 1972
Internship and Year AKRON CITY HOSPITAL-AKRON, OH 1973
Residency and Year AKRON CITY HOSPITAL-AKRON, OH 1975
License Expiration Date **6/30/2012**
Remarks

License Number 7616
License Date 6/3/1987
Name **KAITZ, STEVEN H MD**
Address PEMBROKE WELLNESS CENTER, 48 GLASS STPEMBROKE, NH, 03275
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MED SCH - BOSTON,MA USA 1984
Internship and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1985
Residency and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 17217
License Date 8/5/2015
Name **KAKIMOTO, CHARLENE V MD**
Address 6020 CORNERSTONE CT W, STE 340SAN DIEGO, CA, 92121
Specialty D
Board Certified D
School and Year of Graduation TUFTS UNIVERSITY USA 2001
Internship and Year NAVAL MEDICAL CTR - SAN DIEGO, CA 2002
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 8842
 License Date 11/4/1992
 Name **KALADISH, ROBERT R MD**
 Address 82-A PONEMAH RD, AMHERST, NH, 03031
 Specialty CHP
 Board Certified CHP
 School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1983
 Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE FARMINGTON - CONNECTICUT 1984
 Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE FARMINGTON - CONNECTICUT 1987
 License Expiration Date **6/30/2016**
 Remarks

License Number 15798
 License Date 8/1/2012
 Name **KALAPURAKAL, SINI J MD**
 Address SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03060
 Specialty IM
 Board Certified IM
 School and Year of Graduation TRICHUR MEDICAL COLLEGE INDIA 2006
 Internship and Year SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - SPRINGFIELD, IL 2009
 Residency and Year SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - SPRINGFIELD, IL 2011
 License Expiration Date **6/30/2016**
 Remarks

License Number 15253
 License Date 6/1/2011
 Name **KALAVA, KALYAN MD**
 Address LA STATE UNIV HEALTH SCIENCE CTR, 1501 KINGS HWYSHREVEPORT, LA, 71130
 Specialty AN
 Board Certified AN
 School and Year of Graduation OSMANIA MEDICAL COLLEGE INDIA 2001
 Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2005
 Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2008
 License Expiration Date **6/30/2013**
 Remarks

License Number 9626
 License Date 1/3/1996
 Name **KALE, SANDHYA S MD**
 Address MONADNOCK COMMUNITY HOSP, 452 OLD STREET RDPETERBOROUGH, NH, 03458
 Specialty EM
 Board Certified EM
 School and Year of Graduation B J MEDICAL COLLEGE UNIV OF PUNE, PUNE, MAHARASHTR INDIA 1962
 Internship and Year RARITAN BAY MEDICAL CENTER -PERTH AMBOY, NJ 1970
 Residency and Year RARITAN BAY MEDICAL CENTER - PERTH AMBOY, NJ 1972
 License Expiration Date **6/30/2008**
 Remarks

License Number 9869
License Date 11/6/1996
Name **KALIDINDI, VIJAY AKR MD**
Address MULITCARE MEDICAL GROUP, 222 NORTH STATE AVE KENT, WA, 98031
Specialty PD
Board Certified PD
School and Year of Graduation OSMANIA MEDICAL COLLEGE-OSMAINIA UNIV HYDERABAD, AP INDIA 1980
Internship and Year WAYNE ST UNIV SCHOOL OF MEDICINE RESIDENT - MICHIGAN 1992
Residency and Year WAYNE STATE UNIV SCHOOL OF MEDICINE - MICHIGAN 1995
License Expiration Date **6/30/2003**
Remarks

License Number 14875
License Date 6/2/2010
Name **KALKBRENNER, KATHY J MD**
Address CT CHILDRENS MEDICAL CENTER, 282 WASHINGTON ST HARTFORD, CT, 06106
Specialty CCP
Board Certified PD
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2003
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2004
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12604
License Date 2/2/2005
Name **KALLEN, ALEXANDER J MD**
Address VA MEDICAL CTR-VA OUTCOMES GRO, WHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND VA US 1992
Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1993
Residency and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1995
License Expiration Date **6/30/2009**
Remarks

License Number 10786
License Date 12/1/1999
Name **KALLEN, LOWELL H MD**
Address CHILD AND ADOLESCENT PSYCH/ DAY KIMBALL HLTHCR, 320 POMFRET ST PUTNAM, CT, 06260-183
Specialty P
Board Certified P
School and Year of Graduation JOHN HOPKINS UNIV SCH OF MED- BALTIMORE, MD USA 1968
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1969
Residency and Year NAVAL SCHOOL OF HEALTH SCIENCE - BETHESDA, MD 1972
License Expiration Date **6/30/2017**
Remarks

License Number 7573
License Date 5/6/1987
Name **KALLIEL, JOHN N MD**
Address 765 S MAIN ST STE 203, MANCHESTER, NH, 03102-5141
Specialty AI
Board Certified AI
School and Year of Graduation TUFTS MEDICAL SCHOOL - BOSTON, MA USA 1982
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1983
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 7574
License Date 5/6/1987
Name **KALLMERTEN, DANIEL H MD**
Address LAKES REGION GENERAL HOSP, 80 HIGHLAND AVELACONIA, NH, 03246
Specialty EM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CINCINNATI - CINCINNATI, OH USA 1984
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1985
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11702
License Date 8/7/2002
Name **KALMADI, SAHANA R MD**
Address DHMC-HEMATOLOGY/ONCOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation MANIPAL UNIV - MANGALORE, KARNATAKA-INDIA INDIA 1990
Internship and Year MAIMONIDE MEDICAL CENTER - BROOKLYN, NY 1997
Residency and Year MAIMONIDE MEDICAL CENTER - BROOKLYN, NY 2000
License Expiration Date **6/30/2006**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03 - REINSTATED 6/2/04**

License Number 14734
License Date 2/3/2010
Name **KALMAR, TANYA R MD**
Address WOMENS CARE CTR@ALICE PECK DAY, 141 MASCOMA STLEBANON, NH, 03766
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1996
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1998
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2000
License Expiration Date **6/30/2014**
Remarks

License Number 12462
License Date 9/1/2004
Name **KALPAKIAN, BASILIO MD**
Address CHESHIRE D H M C, 590 COURT STKEENE, NH, 03431
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1985
Internship and Year WHITE MEMORIAL MEDICAL CTR, LOS ANGELES CA 1986
Residency and Year UNIVERSITY OF CALIFORNIA, IRVINE CA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 12213
License Date 2/4/2004
Name **KALRA, DINESH K MD**
Address UNIVERSITY OF MI HEALTH SYSTEM, 1500 EAST MEDICAL CENTER DRANN ARBOR, MI, 48109-5853
Specialty IM
Board Certified IM
School and Year of Graduation ALL INDIA INSTITUTE, NEW DELHI, KELHI INDIA INDIA 1994
Internship and Year BAYLOR COLLEGE OF MEDICINE, HOUSTON TX 1996
Residency and Year BAYLOR COLLEGE OF MEDICINE, HOUTON TX 1999
License Expiration Date **6/30/2008**
Remarks

License Number 15799
License Date 8/1/2012
Name **KALRA-MALHOTRA, AASTHA DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year NORTH SHORE-LONG ISLAND JEWISH (NYU SOM) MANHASSET, NY 2009
Residency and Year NORTH SHORE-LONG ISLAND JEWISH (NYU SOM) MANHASSET, NY 2011
License Expiration Date **6/30/2014**
Remarks

License Number 8467
License Date 12/5/1990
Name **KALTER, ANNE H MD**
Address DOVER PROFESSIONAL CENTER, 15 OLD ROLLINSFORD RD SUITE 102DOVER, NH, 03820-2868
Specialty OBG
Board Certified OBG
School and Year of Graduation ALBANY MED COLL - ALBANY, NY USA 1983
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1984
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1987
License Expiration Date **6/30/2016**
Remarks

License Number 8256
License Date 12/6/1989
Name **KALTER, MITCHELL E MD**
Address 16 LAUREL LN, DURHAM, NH, 03824
Specialty ORS
Board Certified
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY, NY USA 1983
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1984
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY,NY 1988
License Expiration Date **6/30/2015**
Remarks

License Number 12136
License Date 11/5/2003
Name **KALYANPUR, ARJUN MD**
Address TELERADIOLOGY SOLUTIONS, 900 CHAPEL ST STE 620NEW HAVEN, CT, 06510
Specialty R
Board Certified R
School and Year of Graduation ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI INDIA 1989
Internship and Year JERSEY CITY MEDICAL CTR, JERSEY CITY NJ 1993
Residency and Year NEW YORK & PRESBYTERIAN HOSP (CORNELL CAMPUS), NEW YORK NY 1994
License Expiration Date **6/30/2009**
Remarks

License Number 9890
License Date 12/4/1996
Name **KAM, FREDERICK A MD**
Address AUBURN UNIV HEALTH CENTER, 307 W MAGNOLIA AVEAUBURN UNIV, AL, 36849
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL USA 1986
Internship and Year UNIV MIAMI/JACKSON MEMORIAL MEDICAL CENTER - FL 1987
Residency and Year UNIF MIAMI/JACKSON MEMORIAL MEDICAL CENTER - FL 1989
License Expiration Date **6/30/2001**
Remarks

License Number 13673
License Date 9/5/2007
Name **KAMEN, GEOFFREY L MD**
Address AVENAL STATE PRISON, AVENAL, CA, 93204
Specialty FP
Board Certified FP
School and Year of Graduation TEL AVIV UNIV ISRAEL 2001
Internship and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 2002
Residency and Year MONTEFIORE MEDICAL CENTER-BRONX, NY 2003
License Expiration Date **6/30/2015**
Remarks

License Number 15383
License Date 9/7/2011
Name **KAMESAN, JANANI MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF COLUMBO SRI LANKA 1992
Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1999
Residency and Year HACKENSACK UNIVERSITY MEDICAL CENTER - HACKENSACK, NJ 2003
License Expiration Date **6/30/2013**
Remarks

License Number 12997
License Date 2/1/2006
Name **KAMIL, MATTHEW F MD**
Address DIABETES AND ENDOCRINE CENTER AT FRISBEE MEMORIAL, 245 ROCHESTER HILL RD, STE 1BROCH
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF NEW YORK, BROOKLYN NY US 1998
Internship and Year BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2000
Residency and Year BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11628
License Date 6/5/2002
Name **KAMINS, PAUL MD**
Address WEEKS MEDICAL CENTER, 173 MIDDLE STLANCASTER, NH, 03584
Specialty ORS
Board Certified ORS
School and Year of Graduation CREIGHTON UNIV SCH OF MED - OMEHA, NE USA 1991
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 7319
License Date 5/8/1986
Name **KAMINSKI JR, JOHN J MD**
Address 23 STICKNEY TER, HAMPTON, NH, 03842-1915
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIVERSITY USA 1983
Internship and Year CENTRAL MAINE MED CTR - LEWISTON 1984
Residency and Year CENTRAL MAINE MED CTR - LEWISTON 1986
License Expiration Date **6/30/2016**
Remarks

License Number 11251
License Date 5/2/2001
Name **KAMINSKY, ALLAN L MD**
Address 9 BARTLET ST #354, ANDOVER, MA, 01810
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF COLORADO USA 1976
Internship and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD CA 1977
Residency and Year UNIVERSITY OF UTAH HEALTH SCIENCE CENTER - SALT LAKE CITY UT 1979
License Expiration Date **6/30/2017**
Remarks

License Number 12385
License Date 7/7/2004
Name **KAMIREDDI, MADHAVI MD**
Address NE CTR FOR MENTAL HEALTH, 119 RUSSELL ST STE 30LITTLETON, MA, 01460
Specialty CHP
Board Certified
School and Year of Graduation UNIVERSITY OF DELHI, DELHI INDIA INDIA 1990
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2016**
Remarks **LAPSED ON 6/30/08 - REINSTATED 2/1/12**

License Number 17218
License Date 8/5/2015
Name **KAMMANN, STEVEN E MD**
Address 38 HAWTHORNE DR, APT G308, BEDFPRD, NH, 03110
Specialty DR
Board Certified
School and Year of Graduation WAYNE STATE UNIVERSITY USA 2009
Internship and Year DETROIT MEDICAL CENTER/ WAYNE STATE UNIVERSITY - DETROIT, MI 2010
Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2014
License Expiration Date **6/30/2017**
Remarks

License Number 17219
License Date 8/5/2015
Name **KAMMANN, TRISHA J MD**
Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03101
Specialty U
Board Certified
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 2010
Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2011
Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2015
License Expiration Date **6/30/2017**
Remarks

License Number 12033
License Date 8/6/2003
Name **KAMMILA, SUNEETHA MD**
Address 8 PROSPECT ST, NASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation ANDHRA MED COLLEGE, VISAKHAPATNAM INDIA 1998
Internship and Year CARNEY HOSPITAL, BOSTON MA 2001
Residency and Year CARNEY HOSPITAL, BOSTON MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 11173
License Date 2/7/2001
Name **KAMRAN, MUHAMMAD MD**
Address 56 SUN LAKE DR, BELMONT, NH, 03220
Specialty CHP
Board Certified
School and Year of Graduation DOW MEDICAL COLL UNIV OF KARACHI-SINDH PAKISTAN 1991
Internship and Year UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1999
Residency and Year UNIV OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16973
License Date 3/4/2015
Name **KANAGALINGAM, SIVASHAKTHI MD**
Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF LIVERPOOL UNITED KINGDOM 2006
Internship and Year JEWISH HOSPITAL OF CINCINNATI - CINCINNATI, OH 2011
Residency and Year VANDERBILT EYE INSTITUTE - NASHVILLE, TN 2014
License Expiration Date **6/30/2017**
Remarks

License Number 10752
License Date 11/3/1999
Name **KANAYJORN NA AYUTHAYA, ESTHER G MD**
Address 33-12 86TH ST, JACKSON HEIGHTS, NY, 11372
Specialty IM
Board Certified IM
School and Year of Graduation CEBU INSTITUTE OF MEDICINE-PHILIPPINES PHILIPPINES 1986
Internship and Year HARLEM HOSPITAL-NEW YORK,NY 1996
Residency and Year HARLEM HOSPITAL-NEW YORK ,NY 1999
License Expiration Date **6/30/2001**
Remarks

License Number 15306
License Date 7/6/2011
Name **KANCHARLA, RAJANI MD**
Address KAISER PERMANENTE MEDICAL CTGR, 7141 SECURITY BLVDBALTIMORE, MD, 21244
Specialty OBG
Board Certified
School and Year of Graduation RAJAH MUTHIAH MEDICAL COLLEGE/ANNAMALAI UNIV INDIA 1996
Internship and Year ST PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2008
Residency and Year ST PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2011
License Expiration Date **6/30/2015**
Remarks

License Number 13104
License Date 6/7/2006
Name **KANDALA, JAGDESH MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation OSMANIA UNIV INDIA 1999
Internship and Year QUEENS HOSPITAL CTR-JAMAICA, NY 2004
Residency and Year QUEENS HOSPITAL CTR-JAMAICA, NY 2006
License Expiration Date **6/30/2014**
Remarks

License Number 16947
License Date 2/4/2015
Name **KANDARAJ, JEYAKUMAR MD**
Address 930 MAIN ST STE 103, ACTON, MA, 01720
Specialty IM
Board Certified IM
School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 1987
Internship and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 1997
Residency and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 1999
License Expiration Date **6/30/2017**
Remarks

License Number 17010
License Date 4/1/2015
Name **KANDASAMY, SRITHARANI MD**
Address 9 WARREN AVE, READING, MA, 01867
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF TORONTO CANADA 2005
Internship and Year ST MICHAELS HOSPITAL/TORONTO GENERAL HOSPITAL - TORONTO, CANADA 2006
Residency and Year ST MICHAELS HOSPITAL/TORONTO GENERAL HOSPITAL - TORONTO, CANADA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 9891
License Date 12/4/1996
Name **KANDASWAMY, SHANKAR MD**
Address 5727 KILRUSH COURT A, RICHMOND, VA, 23228
Specialty IM
Board Certified
School and Year of Graduation THANJAVUR MEDICAL COLLEGE UNIV MADRAS THANJAVUR TN INDIA 1989
Internship and Year WESTERN RESERVE VARE SYSTEM - OH 1996
Residency and Year WESTERN RESERVE VARE SYSTEM - OH 1997
License Expiration Date **6/30/1998**
Remarks

License Number 8393
License Date 7/11/1990
Name **KANE, ANDREW P B MD**
Address LAKE REGION GENERAL HOSP, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED -BOSTON,MA USA 1986
Internship and Year UNITED HOSP CTR -CLARKSBURG,WV 1987
Residency and Year UNITED HOSP CTR -CLARKSBURG,WV 1990
License Expiration Date **10/22/2013**
Remarks **Deceased 10/22/2013**

License Number 7876
License Date 6/8/1988
Name **KANE, GEOFFREY P MD**
Address BRATTLEBORO RETREAT, ANNA MARSH LANE BRATTLEBORO, VT, 05301
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV SCH MED -NEW HAVEN,CT USA 1971
Internship and Year MONTEFIORE HOSP MED CTR-BRONX,NY 1972
Residency and Year MONTEFIORE HOSP MED CTR-BRONX,NY 1974
License Expiration Date **6/30/2016**
Remarks

License Number 5971
License Date 8/22/1978
Name **KANE, LAWRENCE R MD**
Address 501 CUSHING RD, NEWMARKET, NH, 03857
Specialty DR
Board Certified DR
School and Year of Graduation STATE UNIV OF NY DOWNSTATE MEDICAL CTR BROOKLYN,NY USA 1970
Internship and Year LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO, CA 1971
Residency and Year LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO, CA 1974
License Expiration Date **6/30/2016**
Remarks **SETTLEMENT AGREEMENT**

License Number 10179
License Date 12/3/1997
Name **KANE, MICHAEL A MD**
Address MIT MEDICAL DEPT, 77 MASS AVECAMBRIDGE, MA, 02139
Specialty RHU
Board Certified IM
School and Year of Graduation BOSOTN UNIV SCH OF MED-BOSTON,MA USA 1968
Internship and Year BOSTON CITY HOSP-MA 1969
Residency and Year BOSTON CITY HOSP-MA 1970
License Expiration Date **6/30/2001**
Remarks

License Number 15924
License Date 11/7/2012
Name **KANE, SUNANDA V MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL RUSH COLLEGE USA 1993
Internship and Year RUSH-PRESBYTERIAN-ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1994
Residency and Year RUSH-PRESBYTERIAN-ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11994
License Date 7/2/2003
Name **KANEKO, THOMAS M MD**
Address D H M C/NEPHROLOGY, ONE MEDICAL CT DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF WASHINGTON - SEATTLE, WA USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2017**
Remarks

License Number 14253
License Date 12/3/2008
Name **KANESHIRO, ALAN Y MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF SO CALIFORNIA USA 2002
Internship and Year LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER-TORRANCE, CA 2003
Residency and Year LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER-TORRANCE, CA 2007
License Expiration Date **6/30/2010**
Remarks

License Number 14228
License Date 11/5/2008
Name **KANNLER, CHRISTINE MD**
Address 39 E BARE HILL RD, HARVARD, MA, 01451
Specialty D
Board Certified D
School and Year of Graduation BOSTON UNIV SCHOOL USA 2000
Internship and Year BOSTON UNIV MEDICAL CENTER- BOSTON, MA 2001
Residency and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11703
License Date 8/7/2002
Name **KANTER, ALYSE K MD**
Address GENERATIONS OB/GYN, 10 PROSPECT ST STE 402 NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation MT SINAI SCH -UNIV OF NEW YORK - NEW YORK, NY USA 1994
Internship and Year MT SINAI MEDICAL CENTER - NEW YORK, NY 1995
Residency and Year MT SINAI MEDICAL CENTER - NEW YORK, NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12344
License Date 6/2/2004
Name **KANTOR, STEPHEN R MD**
Address DHMC - ORTHOPAEDIC SURGERY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA CANADA 1996
Internship and Year MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA 1998
Residency and Year MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 13545
License Date 6/6/2007
Name **KANTROWITZ, JOSHUA D MD**
Address ST JOHNSBURY PEDIATRICS, 97 SHERMAN DR ST JOHNSBURY, VT, 05819
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIV USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2011**
Remarks

License Number 14461
License Date 6/3/2009
Name **KAO, YANG-EN MD**
Address 751 ULUMAIIKA ST, HONOLULU, HI, 96816
Specialty NR
Board Certified NR
School and Year of Graduation UNIVERSITY OF HAWAII USA 2002
Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2003
Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16171
License Date 6/5/2013
Name **KAPADIA, ALISON P MD**
Address DHMC, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation JOHNS HOPKINS UNIVERSITY SCHOOL OF MED USA 2009
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2010
Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2013
License Expiration Date **6/30/2017**
Remarks

License Number 13864
License Date 3/5/2008
Name **KAPADIA, MITESH K MD**
Address TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843-1740
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2001
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 2002
Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 16115
License Date 5/1/2013
Name **KAPADIA, NIRAV S MD**
Address DHMC - RADIATION ONCOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03745
Specialty RO
Board Certified RO
School and Year of Graduation JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2009
Residency and Year UNIVERSITY OF LMICHIGAN SCHOOL OF MEDICINE - ANN ARBOR, MI 2013
License Expiration Date **6/30/2017**
Remarks

License Number 9464
License Date 6/7/1995
Name **KAPER, BERTRAND P MD**
Address 1050 GAIL GARDNER WAY 100, PRESCOTT, AZ, 86305
Specialty ORS
Board Certified
School and Year of Graduation NORTHWESTERN UNIV USA 1992
Internship and Year MARY-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1994
Residency and Year MARY-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1998
License Expiration Date **6/30/2000**
Remarks

License Number 13161
License Date 7/5/2006
Name **KAPHAN, RUSSELL A MD**
Address RUSSELL A KAPHAN MD, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CALIFORNIA USA 1984
Internship and Year MT SINAI MEDICAL CTR-NY, NY 1985
Residency and Year DARTMOUTH MED CENTER - LEBANON, NH 1991
License Expiration Date **6/30/2016**
Remarks

License Number 11796
License Date 12/4/2002
Name **KAPLAN, AARON V MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation WAKE FOREST UNIV - WINSTON-SALEM, NC USA 1985
Internship and Year NORTHWESTRN UNIV MEDICAL SCHOOL - CHICAGO, IL 1986
Residency and Year NORTHWESTRN UNIV MEDICAL SCHOOL - CHICAGO, IL 1987
License Expiration Date **6/30/2016**
Remarks

License Number 4706
License Date 6/12/1972
Name **KAPLAN, ALAN D MD**
Address 220 OAK STREET, MANCHESTER, NH, 03104
Specialty CD
Board Certified CD
School and Year of Graduation LOYOLA-STRITCH SCHOOL OF MEDICINE, IL USA 1968
Internship and Year CHICAGO WESLEY MEMORIAL HOSPITAL - CHICAGO, IL 1969
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER,NH 1971
License Expiration Date **6/30/2016**
Remarks

License Number 16479
License Date 2/5/2014
Name **KAPLAN, ANDREW P DO**
Address MAINE MED CTR, 66 BRAMHALL STPORTLAND, ME, 04102
Specialty P
Board Certified P
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2009
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2012
License Expiration Date **6/30/2016**
Remarks

License Number 9734
License Date 6/5/1996
Name **KAPLAN, DONALD H MD**
Address , PO BOX 62ANDOVER, NH, 03216
Specialty OPH
Board Certified OPH
School and Year of Graduation NEW YORK MEDICAL COLLEGE-VALHALLA, NY USA 1955
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1956
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1960
License Expiration Date **6/30/1999**
Remarks

License Number 13105
License Date 6/7/2006
Name **KAPLAN, ELLIOT MD**
Address , PO BOX 7GILSUM, NH, 03448
Specialty TRS
Board Certified TRS
School and Year of Graduation UNIV OF VT USA 1984
Internship and Year NEW ENGLAND MEDICAL CTR-BOSTON, MA 1985
Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON, MA 1991
License Expiration Date **6/30/2008**
Remarks

License Number 6283
License Date 9/4/1980
Name **KAPLAN, ELVIN MD**
Address DHMC PEDIATRICS, 289 COUNTY RDWINDSOR, VT, 05089
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIV.SCH OF MED. BOSTON,MA USA 1961
Internship and Year BRONX MUNICIPAL HOSP.CTR,NY 1962
Residency and Year BRONX MUNICIPAL HOSP. CTR,NY 1967
License Expiration Date **6/30/2008**
Remarks

License Number 5713
License Date 5/5/1977
Name **KAPLAN, EMORY J MD**
Address KAPLAN & MCNAMEE PEDIATRICS, 280 MAIN ST STE 410 NASHUA, NH, 03060-2921
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1974
Internship and Year UNIVERSITY HOSPITAL-ANN ARBOR MI 1975
Residency and Year UNIVERSITY HOSPITAL-ANN ARBOR MI 1977
License Expiration Date **6/30/2013**
Remarks

License Number 11995
License Date 7/2/2003
Name **KAPLAN, IRA E MD**
Address 10346 CROSSBEAM CR, COLUMBIA, MD, 21044
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW YORK - BROOKLYN, NY USA 1976
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1977
Residency and Year VA MEDICAL CENTER - NORTHPORT, NY 1978
License Expiration Date **6/30/2017**
Remarks

License Number 8442
License Date 10/10/1990
Name **KAPLAN, JAMES A MD**
Address 1800 ROUNDHILL RD, APT 305 CHARLESTOWN, WV, 25314
Specialty FOP
Board Certified FOP
School and Year of Graduation MED UNIV OF S CAROLINA COLL OF MED - SC USA 1984
Internship and Year MT SINAI HOSPITAL - NY, NY 1985
Residency and Year MT SINAI HOSPITAL - NY, NY 1985
License Expiration Date **6/30/1998**
Remarks

License Number 16867
License Date 12/3/2014
Name **KAPLAN, JUDITH L MD**
Address 3625 10TH ST N UNIT 408, ARLINGTON, VA, 22201
Specialty DR
Board Certified DR
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 2007
Internship and Year ALBERT EINSTEIN COM AT BETH ISRAEL MEDICAL CENTER - NY, NY 2008
Residency and Year MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 10998
License Date 7/5/2000
Name **KAPLAN, LAWRENCE C MD**
Address 111 GREEHILL, PRINCE ARTHUR RDLONDON NW3 5TY, UK,
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT USA 1981
Internship and Year CHILDREN'S HOSPITAL - BOSTON MA 1982
Residency and Year CHILDREN'S HOSPITAL - BOSTON MA 1984
License Expiration Date **6/30/2010**
Remarks

License Number 12578
License Date 1/5/2005
Name **KAPLAN, LIAT J MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation CORNELL UNIVERSITY, NEW YORK NY US 1998
Internship and Year MOUNT SINAI HOSPITAL, NEW YORK NY 1999
Residency and Year NEW YORK AND PRESBYTERIAN HOSP, NEW YORK NY 2003
License Expiration Date **6/30/2017**
Remarks

License Number 11214
License Date 4/4/2001
Name **KAPLAN, PAUL E MD**
Address NEW ERA MEDICINE, 700 LAKE STREETMANCHESTER, NH, 03103
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF CALIFORNIA - LOS ANGELES USA 1966
Internship and Year OHIO STATE UNIV SCH - COLUMBUS, OH 1967
Residency and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1970
License Expiration Date **12/8/2001**
Remarks **Requested inactive status beginning date of his letter - 12/8/01.**

License Number 3714
License Date 8/7/1964
Name **KAPLAN, RICHARD N MD**
Address 6 SANDSTONE WAY, EXETER, NH, 03833-4425
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1958
Internship and Year MASSACHUSETTS MEMORIAL HOSPITAL BOSTON, MA 1959
Residency and Year NEW ENGLAND CENTER HOSPITAL BOSTON, MA 1960
License Expiration Date **6/30/2010**
Remarks

License Number 7764
License Date 1/6/1988
Name **KAPLAN, ROBERT M MD**
Address 1090 WALNUT ST, NEWTON, MA, 02161
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MARYLAND SCH MED - BALTIMORE, MD USA 1956
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1957
Residency and Year UNIV HOSPITAL INC - BOSTON, MA 1960
License Expiration Date **6/30/1998**
Remarks **Deceased 11/5/2000**

License Number 11566
License Date 4/3/2002
Name **KAPLAN, ROBIN L MD**
Address 16 CUSHING AVE, ANNAPOLIS, MD, 21403-4409
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1974
Internship and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1975
Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1977
License Expiration Date **6/30/2006**
Remarks

License Number 3527
License Date 7/10/1962
Name **KAPLAN, SEYMOUR H MD**
Address 22 CHAPEL PL, GREAT NECK, NY, 11021-1428
Specialty AI
Board Certified AI
School and Year of Graduation CHICAGO MEDICAL SCHOOL USA 1949
Internship and Year HARLEM HOSPITAL - NEW YORK, NY 1950
Residency and Year CONEY ISLAND - BROOKLYN, NY 1951
License Expiration Date **6/30/2004**
Remarks **DECEASED 3/9/2009**

License Number 14229
License Date 11/5/2008
Name **KAPLOE, MICHAEL D DO**
Address DH MILFORD FAMILY PRACTICE, 14 ARMORY RDMILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation DES MOINES UNIV USA 1996
Internship and Year METROHEALTH CENTER - ERIE, PA 1997
Residency and Year COLUMBIA ST MARYS FAMILY HEALTH CENTER - MILWAUKEE, WI 2003
License Expiration Date **6/30/2016**
Remarks

License Number 7842
License Date 5/4/1988
Name **KAPLON, CHARLOTTE A MD**
Address 258 BUCKMINSTER WAY, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified
School and Year of Graduation OHIO STATE UNIV COLL MED - COLUMBUS, OH USA 1982
Internship and Year SHADYSIDE HOSPITAL - PITTSBURGH, PA 1983
Residency and Year SHADYSIDE HOSPITAL - PITTSBURGH, PA 1985
License Expiration Date **6/30/2006**
Remarks **LAPSED FOR NON-RENEWAL 6/30/01 - REINSTATED 10/6/04**

License Number 16044
License Date 3/6/2013
Name **KAPOOR, MUKESH MD**
Address 1612 HAZEL DRIVE, APT ECLEVELAND, OH, 44106
Specialty FP
Board Certified FP
School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 2001
Internship and Year ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2006
Residency and Year ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13546
License Date 6/6/2007
Name **KAPOOR, SUDHIR MD**
Address ALTON MEMORIAL HOSPITAL, 1 MEMORIAL DRALTON, IL, 62002
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF DELHI INDIA 1997
Internship and Year BROOKDALE UNIV HOSPITAL & MEDICAL CENTER-BROOKLYN, NY 2003
Residency and Year INDIANA UNIV SCHOOL OF MEDICINE-INDIANAPOLIS, IN 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11567
License Date 4/3/2002
Name **KARABANOW, ANTHONY B MD**
Address DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED - FARMINGTON,CT USA 1999
Internship and Year UNIV OF WISCONSIN HOSPITAL - MADISON, WI 2000
Residency and Year UNIV OF WISCONSIN HOSPITAL - MADISON, WI 2002
License Expiration Date **6/30/2006**
Remarks

License Number 11507
License Date 2/6/2002
Name **KARAGEORGE, KRYSTIE M MD**
Address MWV HEALTHCARE ASSOC INC, PO BOX 2540NORTH CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation MICHIGAN STATE UNIV - EAST LANSING, MI USA 1997
Internship and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 1998
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2000
License Expiration Date **6/30/2006**
Remarks

License Number 6926
License Date 7/5/1984
Name **KARAGIANNIS, EMILIANOS N MD**
Address 757 CHESTNUT ST, MANCHESTER, NH, 03104-3011
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF THESSALONIKI FAC OF MED GREECE 1970
Internship and Year CASE WESTERN RES U AFFIL HOSP - CLEVELAND, OH 1984
Residency and Year CASE WESTERN RES U AFFIL HOSP-CLEVELAND,OH 1984
License Expiration Date **6/30/2016**
Remarks

License Number 12386
License Date 7/7/2004
Name **KARAGOSIAN, ELIZABETH A MD**
Address SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 2001
Internship and Year ALBANY MEDICAL COLLEGE, ALBANY NY 2003
Residency and Year ALBANY MEDICAL COLLEGE, ALBANY NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 8195
License Date 7/12/1989
Name **KARAJGI, BHARAT M MD**
Address GRANITE STATE ANESTHESIA, 168 KINSLEY ST STE 4NASHUA, NH, 03060-3676
Specialty AN
Board Certified
School and Year of Graduation KARNATAK MED COLL -KARNATAK-INDIA INDIA 1970
Internship and Year KINGS COUNTY HOSP-BROOKLYN,NY 1978
Residency and Year KINGS COUNTY HOSP-BROOKLYN,NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15482
License Date 12/7/2011
Name **KARAM, NICOLAS M MD**
Address STRAFFORD CARDIOLOGY ASSOC, 21 WHITEHALL RD STE 301 ROCHESTER, NH, 03867
Specialty ICE
Board Certified ICE
School and Year of Graduation LEBANESE UNIVERSITY BEIRUT 1999
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2003
Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11871
License Date 4/2/2003
Name **KARAM, RACHID B MD**
Address 23 STILES RD, STE 214 SALEM, NH, 03079
Specialty IM
Board Certified IM
School and Year of Graduation ST JOSEPHS UNIV - BEIRUT, LEBANON BEYROUTH-LIBAN 1989
Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1993
Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1995
License Expiration Date **11/1/2005**
Remarks **DECEASED 11/1/05**

License Number 13458
License Date 4/4/2007
Name **KARANOUH, MUSTAPHA D MD**
Address CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation BEIRUT ARAB UNIV BEIRUT 2003
Internship and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2005
Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 16074
License Date 4/3/2013
Name **KARANTH, KOTA S MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC., 354 MERRIMACK ST LAWRENCE, MA, 01810
Specialty NS
Board Certified
School and Year of Graduation KASTURBA MEDICAL COLLEGE INDIA 1992
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2007
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15063
License Date 11/3/2010
Name **KARAVAS, ALEXANDROS N MD**
Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty CTS
Board Certified GS
School and Year of Graduation HUMBOLDT UNIV ZU BERLIN GERMANY 1997
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2002
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2014**
Remarks

License Number 13162
License Date 7/5/2006
Name **KARAVASILIS, ANGELA L DO**
Address ST JOSEPHS FAMILY MEDICAL CENTER, 460 AMHERST STREETNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NE COLLEGE OF OSTEOPATHIC MED USA 1995
Internship and Year ST CLARES HOSPITAL - SCHENECTADY, NY 1996
Residency and Year ST CLARES HOSPITAL - SCHENECTADY, NY 1998
License Expiration Date **6/30/2016**
Remarks **1998 - Order of Denial of license issued to Dr. Karavasilis.**

License Number 12497
License Date 10/6/2004
Name **KARDELL, RICHARD G DO**
Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty FPS
Board Certified FPS
School and Year of Graduation UNIVERSITY OF NEW JERSEY, STRATFORD NJ US 1988
Internship and Year KENNEDY MEMORIAL HOSP, STRATFORD NJ 1989
Residency and Year KENNEDY MEMORIAL HOSP, STRATFORD NJ 1992
License Expiration Date **6/30/2016**
Remarks

License Number 15757
License Date 7/11/2012
Name **KAREORES, CHRISTOPHER DO**
Address ANNA JAQUES HOSP, 25 HIGHLAND AVENEWBURYPORT, MA, 01950
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 1993
Internship and Year ST VINCENT HOSPITAL- WORCESTER, MA 1994
Residency and Year LAHEY CLINIC - BURLINGTON, MA 1996
License Expiration Date **6/30/2014**
Remarks

License Number 4478
License Date 9/9/1969
Name **KARETZKY, MONROE S MD**
Address 441 EAST TREMONT AVE, BRONX, NY, 10457
Specialty PUD
Board Certified PUD
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE - NY USA 1963
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERTOWN, NY 1964
Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERTOWN, NY 1965
License Expiration Date **6/30/2015**
Remarks

License Number 10236
License Date 2/4/1998
Name **KARIM-JETHA, ZAHEER S MD**
Address LONGMEADOW ANES CONSULTANTS, PO BOX 60724LONGMEADOW, MA, 01116
Specialty AN
Board Certified AN
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE - NY, NY USA 1980
Internship and Year NY HOSPITAL, CORNELL MEDICAL CENTER - NY, NY 1983
Residency and Year NY HOSPITAL, CORNELL MEDICAL CENTER - NY, NY 1983
License Expiration Date **6/30/2008**
Remarks

License Number 11062
License Date 9/6/2000
Name **KARKOS, KENNETH R DO**
Address 130 CENTRAL AVE, DOVER, NH, 03820
Specialty P
Board Certified
School and Year of Graduation MICHIGAN STATE UNIV COLL - E LANSING, MI USA 1994
Internship and Year MUNSON MEDICAL CENTER - TRAVERSE CITY, MI 1995
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **6/30/2001**
Remarks

License Number 4570
License Date 6/1/1970
Name **KARL, RICHARD C MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks **Deceased 6/24/2012**

License Number 7950
License Date 8/10/1988
Name **KARL, STEPHEN R MD**
Address PEDIATRIC SURGICAL ASSOCIATES, 10016 21ST ST STE 012 SIOUX FALLS, SD, 57105-9999
Specialty PDS
Board Certified GS
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1974
Internship and Year UNIVERSITY OF VIRGINIA HOSPITAL - CHARLOTTESVILLE VA 1975
Residency and Year ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1981
License Expiration Date **6/30/2006**
Remarks

License Number 10084
License Date 8/6/1997
Name **KARLSON, KRISTINE A MD**
Address COMMUNITY & FAMILY MEDICINE, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty FSM
Board Certified FP
School and Year of Graduation UNIV OF CT SCHOOL OF MED - FARMINGTON, CT USA 1990
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - CT 1994
Residency and Year UNIV OF MICHIGAN HOSPITAL - MI 1999
License Expiration Date **6/30/2017**
Remarks

License Number RT771
License Date 6/24/1999
Name **KARLSSON, GUDBJORN A DO**
Address DHMC, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date **7/9/2003**
Remarks **2/13/2002 - Settlement Agreement**

License Number 11282
License Date 6/6/2001
Name **KARLSSON, JULIA ANN deFOREST W MD**
Address SEBASTICOOK VALLEY HOSP, 99 GROVE ST PITTSFIELD, ME, 04967
Specialty PS
Board Certified
School and Year of Graduation UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2007**
Remarks

License Number 10180
License Date 12/3/1997
Name **KARN, CIELETTE M MD**
Address RIVERTON MEM HOSP, 2100 W SUNSET DRRIVERTON, WY, 82501
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF NM SCH OF MED-ALBUQUERQUE,NM MEXICO 1990
Internship and Year FLETCHER ALLEN HLTH CARE-VT 1990
Residency and Year UNIV OF NM SCH OF MED-NEW MEXICO 1995
License Expiration Date **6/30/2011**
Remarks

License Number 13212
License Date 8/2/2006
Name **KARNA, ARTI MD**
Address 172 KINSLEY ST, NASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV GRENADA 2002
Internship and Year SOUND SHORE MEDICAL CTR OF WESTCHESTER-NEW ROCHELLE, NY 2003
Residency and Year SOUND SHORE MEDICAL CTR OF WESTCHESTER-NEW ROCHELLE, NY 2005
License Expiration Date **6/30/2012**
Remarks

License Number 15538
License Date 2/1/2012
Name **KARNE, RAJARAM J MD**
Address 9874 MACDONALD DR, DUBLIN, OH, 43017
Specialty END
Board Certified END
School and Year of Graduation SHIVAJI UNIVERSITY INDIA 1986
Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2000
Residency and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2002
License Expiration Date **6/30/2014**
Remarks

License Number 12657
License Date 4/6/2005
Name **KAROUNI, GHALEB M MD**
Address PRH-HOSPITALIST PROGRAM LLC, 333 BORTHWICK AVENUEPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation KURSK STATE MEDICAL UNIVERSITY, KURSK RUSSIA 2000
Internship and Year TEXAS STATE UNIVERSITY, AMARILLO TX 2003
Residency and Year TEXAS STATE UNIVERSITY, AMARILLO TX 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10502
License Date 2/3/1999
Name **KARPICZ JR, JOSEPH P MD**
Address BEVERLY HOSPITAL, 85 HERRICK ST BEVERLY, MA, 01915
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1990
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1991
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1992
License Expiration Date **6/30/2005**
Remarks

License Number 9003
License Date 7/7/1993
Name **KARPOVSKY, BORIS MD**
Address COMMONWEALTH HEMA/ONCO, 41 MONTVALE AVE STE 450 STONEHAM, MA, 02180
Specialty ON
Board Certified ON
School and Year of Graduation FIRST MOSKOWSKIJ MEDICAL INSTITUTE RUSSIA 1971
Internship and Year BETH ISRAEL HOSPITAL - BOSTON MA 1979
Residency and Year N I H-W G MAGNUSON CLINIC CENTER - BETHESDA MD 1984
License Expiration Date **6/30/2005**
Remarks

License Number 10622
License Date 7/7/1999
Name **KARRENBAUER, CAMTU N DO**
Address BACKUS HEALTH CTR/CONN CARE, 163 BROADWAY ST COLCHESTER, CT, 06415
Specialty FP
Board Certified FP
School and Year of Graduation SOUTHEASTERN COLL OSTEO MED-FT LAUDERDALE, FL USA 1996
Internship and Year NSUCOM/SUN COAST HOSPITAL - LARGO, FL 1997
Residency and Year NHSUCOM/SUN COAST HOSPITAL - LARGO, FL 1998
License Expiration Date **6/30/2002**
Remarks

License Number 16347
License Date 10/2/2013
Name **KARSEN, ETHAN F MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03576
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2015**
Remarks

License Number 12200
License Date 1/7/2004
Name **KARSHBAUM, STEPHEN H MD**
Address THE MRI CENTERS OF NEW ENGLAND, 800 WEST CUMMINGS PARKWOBURN, MA, 01801
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1991
Internship and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1992
Residency and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5263
License Date 11/7/1974
Name **KARTELL, JAMES P MD**
Address 76 ALLDS ST, NASHUA, NH, 03060-4758
Specialty PS
Board Certified PS
School and Year of Graduation CHICAGO MEDICAL SCHOOL - IL USA 1966
Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1967
Residency and Year NASSAU HOSPITAL - MINEOLA, NY 1974
License Expiration Date **3/18/1999**
Remarks **3/18/99 - Voluntary Surrender**
3/12/99 - Order Approving Interim Stipulation
4/4/01 - Settlement Agreement
1/7/09 - Order of License Denial
5/5/10 - Decision and Order

License Number 10807
License Date 1/5/2000
Name **KASALES, CLAUDIA J MD**
Address DHMC-DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation PA STATE UNIV COLL OF MED-HERSHEY, PA USA 1986
Internship and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 1987
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1991
License Expiration Date **6/30/2006**
Remarks

License Number 4096
License Date 7/3/1967
Name **KASCHUB, ROBERT W MD**
Address RWK ECT, PMB 216 4319 MEDICAL DR #131SAN ANTONIO, TX, 78229-
Specialty IM
Board Certified
School and Year of Graduation MC GILL UNIV USA 1965
Internship and Year DARTMOUTH AFFILIATED HOSPITALS 1971
Residency and Year DARTMOUTH AFFILIATED HOSPITALS 1971
License Expiration Date **6/30/2005**
Remarks

License Number 12793
License Date 7/6/2005
Name **KASIBHATLA, MOHIT S MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty RO
Board Certified
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC USA 2000
Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 2001
Residency and Year DUKE UNIVERSITY, DURHAM NC 2004
License Expiration Date **6/30/2007**
Remarks

License Number 14420
License Date 5/6/2009
Name **KASIYAN, VASYL MD**
Address THE ELLIOT SENIOR HEALTH CTR, 138 WEBSTER STMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation VINNICA MEDICAL UNIVERSITY UKRAINE 1998
Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2006
Residency and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2008
License Expiration Date **6/30/2015**
Remarks

License Number 6205
License Date 5/15/1980
Name **KASPER, LLOYD H MD**
Address 128 UPPER PASTURE RD, NORWICH, VT, 05055
Specialty N
Board Certified
School and Year of Graduation RUSH MEDICAL COLLEGE - CHICAGO, IL USA 1975
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1976
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
License Expiration Date **4/3/2015**
Remarks **4/3/15 - Voluntary Permanent Surrender of License.**

License Number 8906
License Date 3/3/1993
Name **KASPRISIN, DUKE O MD**
Address 8 DEERFIELD RD, S BURLINGTON, VT, 05403-
Specialty PD
Board Certified PD
School and Year of Graduation MT SIANI SCHOOL OF MEDICINE USA 1972
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK NY 1973
Residency and Year MT SINAI MEDICAL CENTER - NEW YORK NY 1974
License Expiration Date **6/30/1999**
Remarks

License Number 8646
License Date 11/6/1991
Name **KASS, NEAL S MD**
Address 91 MAIN ST, CONCORD, MA, 01742-2527
Specialty P
Board Certified P
School and Year of Graduation TEMPLE UNIVERSITY UNITED STATES 1989
Internship and Year LEMUEL SHATTUCK HOSPITAL - TUFTS MEDICAL SCHOOL BOSTON - MASSACHUSETTS 1990
Residency and Year HARVARD MEDICAL SCHOOL BOSTON - MASSACHUSETTS 0000
License Expiration Date **6/30/2000**
Remarks

License Number 16828
License Date 11/6/2014
Name **KASS, ROBIN M MD**
Address 389 SE SAINT LUCIE BLVD, STUART, FL, 34996
Specialty N
Board Certified N
School and Year of Graduation UB SUNY SCHOOL OF MED & BIOMEDICAL SCIENCE USA 1993
Internship and Year FAULKER HOSPITAL - BOSTON, MA 1994
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL-COLUMBIA CAMPUS - NEW YORK, NY 1997
License Expiration Date **6/30/2016**
Remarks

License Number 9927
License Date 2/11/1997
Name **KASSAB, CHARLOTTE A MD**
Address MEDICAL PRACTICE WOMENS HLTH, 168 KINSLEY STNASHUA, NH, 03061
Specialty OBG
Board Certified
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON USA 1991
Internship and Year ST PETER HOSPITAL - WASHINGTON, DC 1993
Residency and Year MAINE MEDICAL CENTER - ME 1996
License Expiration Date **6/30/2000**
Remarks

License Number 13287
License Date 10/4/2006
Name **KASSCHAU, MICHAEL F MD**
Address CHESHIRE MEDICAL CTR, 590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF TEXAS, DALLAS TX US 1999
Internship and Year JOHN PETER SMITH HOSP, FORT WORTH TX 2000
Residency and Year JOHN PETER SMITH HOSP, FORT WORTH TX 2002
License Expiration Date **6/30/2016**
Remarks

License Number 10715
License Date 10/6/1999
Name **KASSELS, STEVEN J MD**
Address C/O HEALTH CARE RESOURCES, 125 NORTH ELM ST, 3RD FLWESTFIELD, MA, 01085
Specialty ADM
Board Certified ADM
School and Year of Graduation WAYNE STATE UNIVERSITY SCHL OF MEDICINE DETROIT MI USA 1975
Internship and Year TRUMAN MEDICAL CENTER DEPT OF EM 1977
Residency and Year TRUMAN MEDICAL CENTER DEPT OF EM 1979
License Expiration Date **6/30/2017**
Remarks

License Number 10716
License Date 10/6/1999
Name **KASSLER, WILLIAM J MD**
Address CTR FOR MEDICARE AND MEDICAID, JFK FEDERAL BLDGBOSTON, MA, 02203
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL BOSTON USA 1984
Internship and Year RHODE ISLAND HOSPITAL DAPT OF IM 1986
Residency and Year RHODE ISLAND HOSPITAL DEPT OF IM 1988
License Expiration Date **6/30/2017**
Remarks

License Number 11451
License Date 11/7/2001
Name **KASTURI, VIJAY K MD**
Address DARTMOUTH HITCHCOCK CLI KEENE, 580 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation RUSH MEDICAL COLL OF RUTH UNIV-CHICAGO,IL USA 1992
Internship and Year RUSH-PRESBYTERIAN - ST LUKES MEDICAL CENTER - CHICAGO, IL 1993
Residency and Year RUSH-PRESBYTERIAN - ST LUKES MEDICAL CENTER - CHICAGO, IL 1995
License Expiration Date **6/30/2005**
Remarks

License Number 9162
License Date 5/4/1994
Name **KATES, JAMES R MD**
Address SEACOAST MENTAL HEALTH, 30 PROSPECT STEXETER, NH, 03833
Specialty P
Board Certified P
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year NY HOSPITAL - WHITE PLAINS NY 1994
Residency and Year NY HOSPITAL - WHITE PLAINS NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 6497
License Date 2/8/1982
Name **KATHAN JR, NORMAN D MD**
Address HUGGINS HOSP, S MAIN STWOLFEBORO, NH, 03894
Specialty PD
Board Certified PD
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1964
Internship and Year HOSP OF THE GOOD SAMARITAN-LOS ANGELES,CA 1965
Residency and Year ALBANY MED CTR HOSP-ALBANY,NY 1967
License Expiration Date **6/30/1999**
Remarks

License Number 10533
License Date 4/7/1999
Name **KATIRA, SHEPHALI C MD**
Address 57 WAGONWHEEL DR, E AMHERST, NY, 14051
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1995
Internship and Year COLUMBUS CHILDRENS HOSPITAL - COLUMBUS, OH 1996
Residency and Year COLUMBUS CHILDRENS HOSPITAL - COLUMBUS, OH 1997
License Expiration Date **6/30/2001**
Remarks

License Number 9279
License Date 9/7/1994
Name **KATKOVSKY, LEONID M MD**
Address 79 SEMINARY HILL RD 5, LEBANON, NH, 03784
Specialty GP
Board Certified
School and Year of Graduation MINSKIJ MEDICAL INSTITUTE USSR 1985
Internship and Year ST BARNABAS HOSPITAL - BRONX NY 1993
Residency and Year WILSON MEMORIAL REGIONAL MEDICAL CENTER - JACKSON CITY NY 1994
License Expiration Date **6/30/1998**
Remarks

License Number 14556
License Date 8/5/2009
Name **KATO, YOICHI MD**
Address 6-7-97 OBIYAMA, CHOU-KUKUMAMOTO JAPAN, , 862-0924
Specialty EM
Board Certified EM
School and Year of Graduation TOYAMA MEDICAL & PHARMACEUTICAL UNIVERSITY JAPAN 2002
Internship and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 2007
Residency and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13068
 License Date 5/3/2006
 Name **KATRAGADDA, SREENIVAS MD**
 Address 148 COOLIDGE STREET, MANCHESTER, NH, 03102
 Specialty P
 Board Certified P
 School and Year of Graduation ANDHRA UNIV USA 1998
 Internship and Year BERGEN REGIONAL MEDICAL CTR, PARAMUS NJ 2005
 Residency and Year BERGEN REGIONAL MEDICAL CENTER 2006
 License Expiration Date **6/30/2016**
 Remarks

License Number 10808
 License Date 1/5/2000
 Name **KATS, MARK MD**
 Address 25 HIGHLAND AVE, NEWBURYPORT, MA, 01950
 Specialty AN
 Board Certified AN
 School and Year of Graduation LENINGRAD PEDIATRIC MED INST-ST PETERSBURG, RUSSIA RUSSIA 1984
 Internship and Year LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 1993
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1996
 License Expiration Date **6/30/2003**
 Remarks

License Number 8274
 License Date 2/7/1990
 Name **KATZ, ERIC J MD**
 Address SHRIVERS HOSPITAL, 2425 STOCKTON BLVDSACRAMENTO, CA, 95817
 Specialty AN
 Board Certified AN
 School and Year of Graduation NEW YORK UNIVERSITY MEDICAL SCHOOL USA 1979
 Internship and Year LETTERMAN ARMY MEDICAL CENTER SAN FRANCISCO CA 1985
 Residency and Year LETTERMAN ARMY MEDICAL CENTER SAN FRANCISCO CA 1985
 License Expiration Date **6/30/2000**
 Remarks

License Number 7843
 License Date 5/4/1988
 Name **KATZ, JAMES E MD**
 Address 20 PARK PLAZA #804, BOSTON, MA, 02116
 Specialty OM
 Board Certified OM
 School and Year of Graduation UNIV CONNECTICUT SCH MED - FARMINGTON, CT USA 1978
 Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1979
 Residency and Year HARVARD SCHOOL OF PUBLIC HEALTH - BOSTON, MA 1983
 License Expiration Date **6/30/2016**
 Remarks

License Number 12304
License Date 5/5/2004
Name **KATZ, MATTHEW S MD**
Address LOWELL GENERAL HOSPITAL, 295 VARNUM AVELOWELL, MA, 01854
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1998
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE, EVANSTON IL 1999
Residency and Year MEMORIAL SLOAN-KETTERING CANCER CTR, NEW YORK NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 5302
License Date 2/24/1975
Name **KATZ, SIDNEY R MD**
Address 13 RESERVOIR ST, NASHUA, NH, 03064
Specialty U
Board Certified U
School and Year of Graduation NY MEDICAL SCHOOL USA 1968
Internship and Year METROPOLITAN HOSPITAL - NY CITY, NY 1969
Residency and Year METROPOLITAN HOSPITAL- NY CITY, NY 1970
License Expiration Date **6/30/2017**
Remarks

License Number 6757
License Date 8/4/1983
Name **KATZMAN, LAURIE E MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF GUADALAJARA - MEXICO MEXICO 1979
Internship and Year
Residency and Year
License Expiration Date **6/30/1985**
Remarks

License Number 16045
License Date 3/6/2013
Name **KAUFFMAN, JEFFREY I MD**
Address LITTLETON REGIONAL HOSPITAL/THE ALPINE CLINIC, 1095 PROFILE RDFRANCONIA, NH, 03580
Specialty ORS
Board Certified ORS
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1993
Internship and Year NYU HOSPITAL FOR JOINT DISEASES - NY, NY 1994
Residency and Year NYU HOSPITAL FOR JOINT DISEASES - NY, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 16717
 License Date 8/6/2014
 Name **KAUFMAN, ANNICK-MARIE V MD**
 Address 1150 S STAGE RD, MEDFORD, OR, 97501
 Specialty GS
 Board Certified
 School and Year of Graduation ROSS UNIVERSITY DOMINICA 2002
 Internship and Year WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE - DAYTON, OH 2003
 Residency and Year WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE - DAYTON, OH 2007
 License Expiration Date **6/30/2016**
 Remarks

License Number 4932
 License Date 12/4/1972
 Name **KAUFMAN, ELLIOT M MD**
 Address 18 MECHANIC ST, PO BOX 953BETHEL, ME, 04217
 Specialty P
 Board Certified P
 School and Year of Graduation CHICAGO MEDICAL SCHOOL-CHICAGO IL USA 1963
 Internship and Year MICHAEL REESE HOSP-CHICAGO IL 1964
 Residency and Year MICHAEL REESE HOSP - CHICAGO, IL 1964
 License Expiration Date **6/30/2016**
 Remarks

License Number 7951
 License Date 8/10/1988
 Name **KAUFMAN, GARY E MD**
 Address DIV OF MATERNAL FETAL MED - ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
 Specialty MFM
 Board Certified MFM
 School and Year of Graduation HAHNEMANN UNIV SCH OF MED - PHILADELPHIA,PA USA 1985
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1986
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1988
 License Expiration Date **6/30/2016**
 Remarks

License Number 8676
 License Date 1/8/1992
 Name **KAUFMAN, PETER A MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty ON
 Board Certified ON
 School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE UNITED STATES 1983
 Internship and Year DUKE UNIVERSITY MEDICAL CENTER DURHAM - NORTH CAROLINA 1984
 Residency and Year DUKE UNIVERSITY MEDICAL CENTER DURHAM - NORTH CAROLINA 1986
 License Expiration Date **6/30/2016**
 Remarks

License Number 8046
License Date 3/1/1989
Name **KAUFMAN, SVETLANA L MD**
Address 144 MERRIMACK ST #432, LOWELL, MA, 01852
Specialty GP
Board Certified
School and Year of Graduation FIRST LENINGRAD MED INST-LENINGRAD RUSSIA 1955
Internship and Year COLUMBIA UNIV NY 1981
Residency and Year WOODHULL HOSP-NY 1983
License Expiration Date **6/30/2000**
Remarks

License Number 16451
License Date 1/8/2014
Name **KAUL, HEEMA MD**
Address 360 MERRIMACK ST, BLDG #9 1ST FLLAWRENCE, MA, 01843
Specialty OPH
Board Certified OPH
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year STEWARD CARNEY HOSPITAL - BOSTON, MA 2006
Residency and Year BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 3454
License Date 7/6/1961
Name **KAUPAS, VLADAS MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 11962
License Date 6/4/2003
Name **KAUPP, CARA D MD**
Address MERRIMACK MEDICAL CENTER, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS - WORCESTER MA USA 2000
Internship and Year CHILDRENS HOSPITAL AT STRONG - ROCHESTER NY 2001
Residency and Year CHILDRENS HOSPITAL AT STRONG - ROCHESTER NY 2003
License Expiration Date **6/30/2017**
Remarks

License Number 11918
License Date 5/7/2003
Name **KAUPP, GREGORY W MD**
Address MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST SUITE N 103NASHUA, NH, 03060
Specialty IM
Board Certified PD
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH - WORCESTER,MA USA 1998
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1999
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 12880
License Date 9/7/2005
Name **KAUR, PRABHJOT MD**
Address DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation DIBRUGARH UNIVERSITY, INDIA INDIA 1997
Internship and Year ALBANY MEDICAL CTR HOSP, ALBANY NY 2002
Residency and Year ALABANY MEDICAL CTR HOSP, ALBANY NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 17011
License Date 4/1/2015
Name **KAUR, RAMANDEEP MD**
Address LRGH - ADMIN/HOSPITALIST OFFICE, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified
School and Year of Graduation GOVERNMENT MEDICAL COLLEGE AMRITSAR INDIA 2004
Internship and Year MOUNT SINAI HOSPITAL - CHICAGO, IL 2013
Residency and Year MOUNT SINAI HOSPITAL - CHICAGO, IL 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13969
License Date 5/7/2008
Name **KAVANAGH, MARSHA C MD**
Address 155 BORTHWICK AVE STE 200E, PORTSMOUTH, NH, 03801
Specialty OPH
Board Certified OPH
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2001
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2002
Residency and Year UNIV OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE - SAN FRANCISCO, CA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13674
License Date 9/5/2007
Name **KAVATHEKAR, POORNIMA K MD**
Address PEDIATRIC HEALTH ASSOC, 275 MAMMOTH RD STE 1MANCHESTER, NH, 03109
Specialty PD
Board Certified
School and Year of Graduation BOSTON UNIV USA 2004
Internship and Year UNIV OF MINNESOTA-MINNEAPOLIS, MN 2005
Residency and Year UNIV OF MINNESOTA-MINNEAPOLIS, MN 2007
License Expiration Date **6/30/2011**
Remarks

License Number 13800
License Date 1/11/2008
Name **KAW, YAO T MD**
Address QUEST LABORATORY, 1524 ATWOOD AVE STE 122JOHNSTON, RI, 02919
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF THE EAST PHILIPPINES 1983
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1988
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1991
License Expiration Date **6/30/2014**
Remarks

License Number 15444
License Date 11/2/2011
Name **KAWATSUJI, RYOSUKE MD**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2017**
Remarks

License Number 7877
License Date 6/8/1988
Name **KAY, RUSSELL S MD**
Address LEE URGEN CARE, 65 CALEF HWYLEE, NH, 03861
Specialty EM
Board Certified EM
School and Year of Graduation BROWN UNIV PROGRAM IN MED - PROVIDENCE,RI USA 1979
Internship and Year PROVIDENCE HOSPITAL - WASHINGTON, DC 1980
Residency and Year PROVIDENCE HOSPITAL - WASHINGTON, DC 1982
License Expiration Date **6/30/2016**
Remarks

License Number 10085
License Date 8/6/1997
Name **KAYE, JESSE J MD**
Address 79 SAUSALITO DR, BOYNTON BEACH, FL, 33436
Specialty P
Board Certified P
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1954
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1955
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1958
License Expiration Date **6/30/2005**
Remarks **DECEASED 04/01/08**

License Number 16643
License Date 6/4/2014
Name **KAYSI, KAYS MD**
Address 207 SHAW ST APT 44, GREENVILLE, SC, 29609
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE USA 2011
Internship and Year MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2012
Residency and Year GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 2014
License Expiration Date **6/30/2016**
Remarks

License Number 11778
License Date 11/6/2002
Name **KAZAL JR, LOUIS A MD**
Address HEATER ROAD, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1984
Internship and Year MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 1985
Residency and Year MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13164
License Date 7/5/2006
Name **KAZMI, SYED A MD**
Address 619 19TH ST S PDGA 175, BIRMINGHAM, AL, 35249
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF KARACHI PAKISTAN 1989
Internship and Year BAYSTATE MEDICAL CTR-SPRINGFIELD, MA 2002
Residency and Year BAYSTATE MEDICAL CTR-SPRINGFIELD, MA 2005
License Expiration Date **6/30/2008**
Remarks

License Number 14925
License Date 7/7/2010
Name **KAZMOUZ, SAFWAN MD**
Address MEDICINE AT YOUR DOOR LLC, 18 ROCKLAND RD CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PUNJAB PAKISTAN 1987
Internship and Year HENRY FORD HOSPITAL- DETROIT, MI 1994
Residency and Year HENRY FORD HOSPITAL- DETROIT, MI 1996
License Expiration Date **6/30/2016**
Remarks

License Number 3291
License Date 3/11/1959
Name **KEAMY, DONALD G MD**
Address 16 MARIE DR, ANDOVER, MA, 01810
Specialty OTO
Board Certified OTO
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE UNITED STATES 1957
Internship and Year SAINT ELIZABETH'S HOSPITAL 1958
Residency and Year SAINT ELIZABETH'S HOSPITAL 1959
License Expiration Date **4/21/2009**
Remarks **DECEASED 4/21/09**

License Number 9043
License Date 9/1/1993
Name **KEANE, ELIZABETH M MD**
Address MANCHESTER COMM HLTH CTR, 145 HOLLIS ST MANCHESTER, NH, 03101
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MA MED SCHOOL USA 1987
Internship and Year CHILDREN'S NATIONAL MED CTR 1988
Residency and Year CHILDRENS NATIONAL MED CTR 1990
License Expiration Date **6/30/2017**
Remarks

License Number 3624
License Date 7/2/1963
Name **KEARNEY, WILLIAM F MD**
Address 1415 ELM ST, MANCHESTER, NH, 03101-1325
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1959
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1960
Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1963
License Expiration Date **6/30/1998**
Remarks

License Number 13711
License Date 10/3/2007
Name **KEATING, DAVID P MD**
Address FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1999
Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1991
Residency and Year WINTHROP UNIV HOSPITAL - MINEOLA, NY 2001
License Expiration Date **6/30/2009**
Remarks

License Number 15307
License Date 7/6/2011
Name **KEBBEKUS, PETER E MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 14462
License Date 6/3/2009
Name **KECHAVARZ, LIDA MD**
Address 195 N HARBOR DR #2009, CHICAGO, IL, 60601
Specialty PD
Board Certified PD
School and Year of Graduation UNIV DE GENEVE SWITZERLAND 1967
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1969
Residency and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1970
License Expiration Date **6/30/2011**
Remarks

License Number 9397
License Date 4/5/1995
Name **KEEFE HASSETT, VIRGINIA MD**
Address STRAFFORD MEDICAL ASSOC, 10 MEMBERS WAY STE 302 DOVER, NH, 03820-
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year FITZSIMONS ARMY MEDICAL CENTER - AURORA CO 1991
Residency and Year FITZSIMONS ARMY MEDICAL CENTER - AURORA CO 1991
License Expiration Date **6/30/2017**
Remarks

License Number 10951
License Date 6/7/2000
Name **KEEFE, KRISTIN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DR OB/GYNLEBANON, NH, 03756
Specialty OBG
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1992
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1993
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1996
License Expiration Date **6/30/2002**
Remarks

License Number 15308
License Date 7/6/2011
Name **KEEFE, PATRICIA A MD**
Address PREMIER MEDICAL GROUP, 2147 WILMA RUDOLPH BLVDCLARKSVILLE, TN, 37040
Specialty GS
Board Certified GS
School and Year of Graduation UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENC USA 1999
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2000
Residency and Year TRIPLER ARMY MEDICAL CENTER - TRIPLE AMC, HI 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11919
License Date 5/7/2003
Name **KEEFE, PAUL A MD**
Address 29 EATON RD, NEEDHAM, MA, 02492
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 1981
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1982
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1984
License Expiration Date **6/30/2009**
Remarks

License Number 16912
License Date 1/21/2015
Name **KEEFE, SANDRA O MD**
Address 702 COUNTRY CLUB DR, TITUSVILLE, FL, 32780
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSIDADE DE MOGI DAS CRUZES BRAZIL 1996
Internship and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 2002
Residency and Year UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - LITTLE ROCK, AR 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15925
License Date 11/7/2012
Name **KEEGAN, BRIAN M MD**
Address MAYO CLINIC, 200 1ST ST SOUTHWEST ROCHESTER, MN, 55905
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF SASKATCHEWAN COLLEGE OF MED CANADA 1994
Internship and Year UNIVERSITY OF SASKATCHEWAN - SASKATOON, CANADA 1995
Residency and Year UNIVERSITY OF SASKATCHEWAN - SASKATOON, CANADA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 16452
License Date 1/8/2014
Name **KEEGAN, CATHERINE N MD**
Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 2006
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2007
Residency and Year SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 2011
License Expiration Date **6/30/2016**
Remarks

License Number 14735
License Date 2/3/2010
Name **KEEGAN, CLARA M MD**
Address BLACKWELL FAMILY MEDICINE, 506 GROTON RD WESTFORD, MA, 01886
Specialty FP
Board Certified FP
School and Year of Graduation COLUMBIA UNIVERSITY USA 2002
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2003
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date **6/30/2012**
Remarks

License Number 10866
License Date 4/5/2000
Name **KEEHN, LOUIS MD**
Address 35 MARGARET AVE, LAWRENCE, NY, 11559
Specialty AN
Board Certified AN
School and Year of Graduation ST GEORGE UNIVERSITY SCHOOL OF MEDICINE-NEW YORK USA 1984
Internship and Year NEW JERSEY MEDICAL SCHOOL-NEWARK, NJ 1985
Residency and Year NEW JERSEY MEDICAL SCHOOL-NEWARK, NJ 1987
License Expiration Date **6/30/2012**
Remarks

License Number 9656
License Date 3/6/1996
Name **KEENAN, KEVIN N MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty OM
Board Certified OM
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HLTH SCIENCE - MD USA 1981
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1982
Residency and Year TULAND UNIV - NEW ORLEANS, LA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15445
License Date 11/2/2011
Name **KEENAN, SEAN C MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2002
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13165
License Date 7/5/2006
Name **KEENAN, TIMOTHY G MD**
Address SEACOAST FAMILY PRACTICE, 118 PORTSMOUTH AVE STE 201STRATHAM, NH, 03885
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW YORK USA 1997
Internship and Year CHRISTIANA CARE HEALTH SYSTEM-CHRISTIANA HOSPITAL, NEWARK , DE 1998
Residency and Year CHRISTIANA HOSPITAL 2000
License Expiration Date **6/30/2016**
Remarks

License Number 7791
License Date 3/9/1988
Name **KEENE, DOUGLAS W MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TX MED SCH AT SAN ANTONIO-TX' USA 1982
Internship and Year BROWN UNIV AFFIL HOSP-PROVIDENCE,RI 1983
Residency and Year BROWN UNIV AFFIL HOSP-PROVIDENCE,RI 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10534
License Date 4/7/1999
Name **KEESHIN, MAUDE O MD**
Address WEEKS MEM HOSP, 170 MIDDLE ST LANCASTER, NH, 03584
Specialty GS
Board Certified GS
School and Year of Graduation RUSH MEDICAL COLL OF RUSH UNIV - CHICAGO,IL USA 1988
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON,MA 1989
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 10535
License Date 4/7/1999
Name **KEESHIN, NEAL D MD**
Address AVH, 59 PAGE HILL RD BERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation RUSH MED COLL OF RUSH UNIV - CHICAGO,IL USA 1989
Internship and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1990
Residency and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 17172
License Date 7/1/2015
Name **KEETON, NANCY C MD**
Address 4813 E PICCADILLY RD, PHOENIX, AZ, 85018
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1982
Internship and Year COOPER MED SCHOOL OF ROWAN UNIV/COOPER UNIV HOSPITAL-CAMDEN, NJ 1983
Residency and Year MCPHU/MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 8968
License Date 6/2/1993
Name **KEGEL, MARK S MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT ST CONCORD, NH, 03301-
Specialty OBG
Board Certified OBG
School and Year of Graduation VA COMMONWEALTH UNIVERSITY MEDICAL COLLEGE USA 1986
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND VA 1990
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND VA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 8969
License Date 6/2/1993
Name **KEGEL, PATRICIA B MD**
Address DARTMOUTH-HITCHCOCK, 253 PLEASANT STCONCORD, NH, 03301-
Specialty FP
Board Certified FP
School and Year of Graduation VA COMMONWEALTH UNIVERSITY MEDICAL COLLEGE USA 1990
Internship and Year RIVERSIDE HOSPITAL - NEWPORT NEWS VA 1993
Residency and Year RIVERSIDE HOSPITAL - NEWPORT NEWS VA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 13250
License Date 9/6/2006
Name **KEHAS, DAVID J MD**
Address ELLIOT FAMILY MED AT HOOKSETT, 20 CHAMBERS RD STE 1200HOOKSETT, NH, 03106
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV USA 2003
Internship and Year CONCORD HOSPITAL-CONCORD NH 2004
Residency and Year CONCORD HOSPITAL-CONCORD NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9486
License Date 7/5/1995
Name **KEHLER, ELISABETH G MD**
Address CENTRAL TEXAS VA HEALTH CARE, 1901 VETERANS MEM BLVD 111-10TEMPLE, TX, 76504
Specialty IM
Board Certified IM
School and Year of Graduation UNIV HAMBURG KRANKENHAUS EPPENDORF GERMANY 1985
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS MO 1991
Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS MO 1993
License Expiration Date **6/30/2017**
Remarks

License Number 14508
License Date 7/1/2009
Name **KEIRNS, CARLA C MD**
Address STONY BROOK UNIV-PREVENT MED, HSC LEVEL 3-080STONY BROOK, NY, 11794-8335
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 2003
Internship and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2004
Residency and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2006
License Expiration Date **6/30/2013**
Remarks

License Number 14292
License Date 1/7/2009
Name **KEITH, ARTHUR L MD**
Address 1351 HWY 534, RURAL ROUTE 2POWASSAN ON CAN, , POH 1Z0
Specialty P
Board Certified P
School and Year of Graduation UNIV OF SO ALABAMA USA 1979
Internship and Year WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 1980
Residency and Year WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 1983
License Expiration Date **6/30/2015**
Remarks

License Number 13712
License Date 10/3/2007
Name **KELIDDARI, FARHAD MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2001
Internship and Year KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 2002
Residency and Year KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 6518
License Date 4/1/1982
Name **KELLAN, ROBERT E MD**
Address 60 EAST ST STE 1100, METHUEN, MA, 01844-4547
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1963
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1964
Residency and Year NEW YORK EYE EAR INFIRMARY-NEW YORK 1967
License Expiration Date **6/30/2016**
Remarks

License Number 10181
License Date 12/3/1997
Name **KELLEHER, DANIEL R MD**
Address MAIN ST, PO BOX 1155FARMINGTON, CT, 06034
Specialty CHP
Board Certified P
School and Year of Graduation NATL UNIV OF IRELAND IRELAND 1974
Internship and Year HARBOR HOSP CTR-MD 1975
Residency and Year KINGS COUNTY HOSP-NY 1978
License Expiration Date **6/30/2005**
Remarks

License Number 14509
License Date 7/1/2009
Name **KELLER, DAVID J MD**
Address 4 DEER RUN, MENDON, VT, 05701
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VERMONT USA 1968
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1969
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1970
License Expiration Date **6/30/2011**
Remarks

License Number 5093
License Date 10/10/1973
Name **KELLER, DIETER H MD**
Address 36 GEORGE TER, LEOMINSTER, MA, 01453
Specialty PTH
Board Certified PTH
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1957
Internship and Year CITY OF CAMBRIDGE-CAMBRIDGE MA 1958
Residency and Year NEW ENGLAND MEDICAL CTR HOSP-BOSTON MA 1960
License Expiration Date **6/30/2000**
Remarks

License Number 4650
License Date 2/1/1971
Name **KELLER, JEANNE D MD**
Address U OF MASS MEDICAL CENTER, 55 LAKE AVE NWORCESTER, MA, 01655-0001
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1955
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1956
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1958
License Expiration Date **6/30/2001**
Remarks

License Number 13106
License Date 6/7/2006
Name **KELLER, JENNIFER G MD**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT ST / SO NH MED CTR NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 2005
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/08 - reinstated 10/2/13**

License Number 6048
License Date 5/7/1979
Name **KELLER, MARC I MD**
Address KINGDOM EMERGENCY SERVICE, RR 2 BOX 91LYDONVILLE, VT, 05851
Specialty IM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VERMONT-VT USA 1973
Internship and Year BAYSTATE MEDICAL CENTER-MA 1974
Residency and Year BAYSTATE MEDICAL CENTER-MA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 11662
License Date 7/3/2002
Name **KELLER, RICHARD J MD**
Address CHILDREN'S HOSPITAL, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1982
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1983
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1985
License Expiration Date **9/20/2012**
Remarks [9/20/12 - Order of Emergency License Suspension and Notice of Hearing](#)
[10/11/12 - Order](#)
[4/7/14 - Voluntary Surrender of License](#)

License Number 4018
License Date 3/29/1967
Name **KELLEY JR, MAURICE L MD**
Address DHMC-GENERAL INTERNAL MED, 1 MEDICAL CENTER DR LEBANON, NH, 03756-
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER, NY USA 1949
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1950
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1951
License Expiration Date **10/19/2008**
Remarks [DECEASED 10/19/2008](#)

License Number 10753
License Date 11/3/1999
Name **KELLEY, COLIN T MD**
Address 51 SYLVAN ST PRIVATE BAG 4733, CHRISTCHURCH NEW ZEALAND, , 8024
Specialty P
Board Certified P
School and Year of Graduation UNIFORMED SERVICES UNIVERSITY-BETHESDA, MD USA 1988
Internship and Year DWIGHT DAVID ENISENHOWER ARMY MEDICAL CENTER-FORT GORDON, GA 1989
Residency and Year DWIGHT DAVID ENISENHOWER ARMY MEDICAL CENTER-FORT GORDON, GA 1992
License Expiration Date **6/30/2009**
Remarks [Settlement Agreement - 1/11/2013](#)

License Number 13547
License Date 6/6/2007
Name **KELLEY, DAVID W DO**
Address D W KELLEY ASSOCIATES LLC, 14524 CANTRELL RD STE 140 PMB210LITTLE ROCK, AR, 72223
Specialty AN
Board Certified AN
School and Year of Graduation KIRKSVILLE COLLEGE USA 2003
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2013**
Remarks

License Number 9858
License Date 10/2/1996
Name **KELLEY, GENEVIEVE M MD**
Address LITTLETON REGIONAL HOSPITAL, ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1989
Internship and Year DAVID GRANT USAF MEDICAL CENTER - CA 1992
Residency and Year DAVID GRANT USAF MEDICAL CENTER - CA 1992
License Expiration Date **6/30/2006**
Remarks

License Number 12066
License Date 9/3/2003
Name **KELLEY, LAURA S DO**
Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2001
Residency and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2003
License Expiration Date **6/30/2005**
Remarks

License Number 16948
License Date 2/4/2015
Name **KELLEY, MICHAEL E MD**
Address 100 CAMPUS AVE, LEWISTON, ME, 04240
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF TX-HOUSTON MEDICAL SCHOOL USA 1994
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1995
Residency and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 8949
License Date 5/5/1993
Name **KELLEY, MICHAEL S MD**
Address FAIRVIEW SOUTHDALE ANESTHESIOLOGISTS LLC, 6401 FRANCE AVE SOUTHEDINA, MN, 55435
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year BROOKE ARMY MEDICAL CENTER - FT S HOUSTON TX 1991
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON DC 1994
License Expiration Date **6/30/2017**
Remarks

License Number 14626
License Date 10/7/2009
Name **KELLEY, SAMUEL K MD**
Address DCS MENTAL HEALTH, 151 MYSTIC AVEMEDFORD, MA, 02122
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF LOUISVILLE USA 1987
Internship and Year TUFTS-NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1990
Residency and Year MCLEAN HOSPITAL-BELMONT, MA 1992
License Expiration Date **6/30/2013**
Remarks

License Number 10254
License Date 4/1/1998
Name **KELLEY, SHAWN C MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03781
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF WISCONSIN MED SCHOOL USA 1995
Internship and Year DARTMOUTH MEDICAL SCHOOL-LEBANON,NH 1996
Residency and Year DARTMOUTH MEDICAL SCHOOL-LEBANON,NH 1998
License Expiration Date **6/30/1999**
Remarks **Deceased 7/29/2013**

License Number 15758
License Date 7/11/2012
Name **KELLEY, WILLIAM H MD**
Address ANESTHESIA CARE GROUP PC, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year STEWARD CARNEY HOSPITAL - BOSTON, MA 1991
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 13108
License Date 6/7/2006
Name **KELLOGG, VERNON S MD**
Address 105 JEWETT ST, PEPPERELL, MA, 01463
Specialty EM
Board Certified
School and Year of Graduation UNIV OF VT USA 1972
Internship and Year TRIPLER ARMY MEDICAL CTR-HONOLULU, HI 1973
Residency and Year
License Expiration Date **12/12/2007**
Remarks **12/12/07 - Preliminary Agreement for Practice Restrictions.**

License Number 8710
License Date 5/6/1992
Name **KELLY, DENNIS L MD**
Address ANESTHESIA CARE GROUP PC, 88 MC GREGOR ST STE 303MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation SUNY - SYRACUSE USA 1987
Internship and Year AKRON GENERAL MEDICAL CENTER 1988
Residency and Year AKRON GENERAL MEDICAL CENTER 1989
License Expiration Date **6/30/2016**
Remarks

License Number 12937
License Date 11/2/2005
Name **KELLY, DOROTHY H MD**
Address WESTERN MA PED HOLYOKE MED CTR, 18 HOSPITAL DRHOLYOKE, MA, 01041
Specialty PD
Board Certified PD
School and Year of Graduation WAYNE STATE UNIVERSITY, DETROIT MI US 1972
Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1973
Residency and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1975
License Expiration Date **6/30/2015**
Remarks

License Number 9735
License Date 6/5/1996
Name **KELLY, JAMES E MD**
Address UROLOGICAL SURGERY PA, 168 KINSLEY ST STE 20NASHUA, NH, 03060-
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF KANSAS-KANSAS CITY KS USA 1991
Internship and Year GREISINGER MEDICAL CENTER - DANVILLE, PA 1996
Residency and Year GEISINGER MEDICAL CENTER-DANVILLE PA 1996
License Expiration Date **6/30/2000**
Remarks

License Number 8219
License Date 9/6/1989
Name **KELLY, JAMES H MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation UNIV DI BOLOGNA FAC DI MED CHIRURGIA BOLOGNA ITALY 1984
Internship and Year EAU CLAIRE REG EDUC CONSORTIUM - CLAIRE, WI 1986
Residency and Year EAU CLAIRE REG EDUC CONSORTIUM - CLAIRE, WI 1988
License Expiration Date **6/30/2017**
Remarks

License Number 12498
License Date 10/6/2004
Name **KELLY, JOHN A MD**
Address WHITE RIVER JUNCTION VA, 2-123 BEN 44, NO MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation ROYAL COLLEGE OF SURGIONS, IRELAND IRELAND 1988
Internship and Year ALBANY MEDICAL CTR, ALBANY NY 1990
Residency and Year ALBANY MEDICAL CTR, ALBANY NY 1992
License Expiration Date **10/14/2011**
Remarks **DECEASED**

License Number 10182
License Date 12/3/1997
Name **KELLY, KATHLEEN M MD**
Address CORE PHYSICIANS, 4 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON,MA USA 1990
Internship and Year ST ELIZABETH MED CTR-MA 1993
Residency and Year ST ELIZABETH MED CTR,MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 11416
License Date 10/3/2001
Name **KELLY, MARK F MD**
Address ENT ASSOC OF NH, 85 SPRING STREETLACONIA, NH, 03246
Specialty OTO
Board Certified OTO
School and Year of Graduation JEFFERSON MED COLL - PHILADELPHIA, PA USA 1985
Internship and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1986
Residency and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 8312
License Date 5/9/1990
Name **KELLY, MICHAEL A MD**
Address ONE PAVILION DR, DANIELS, WV, 25832-9232
Specialty EM
Board Certified EM
School and Year of Graduation DALHOUSIE UNIV FAC OF MED HALIFAX - NS CANADA 1981
Internship and Year DALIHOUSIE UNIV - HALIFAX, NOVA SCOTIA CANADA 1982
Residency and Year DALIHOUSI UNIV - HALIFAX, NOVA SCOTIA CANADA 1982
License Expiration Date **6/30/2014**
Remarks

License Number 9542
License Date 9/6/1995
Name **KELLY, RAYMOND P DO**
Address WOODBRIDGE ESTATES, 32 BOBAN RDYORK, ME, 03909
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEO BIDDEFORD ME USA 1986
Internship and Year MEMORIAL HOSPITAL-OSTEOPATHIC YORK ME 1989
Residency and Year MEMORIAL HOSPITAL-OSTEOPATHIC YORK ME 1989
License Expiration Date **6/30/2017**
Remarks

License Number 16913
License Date 1/21/2015
Name **KELLY, ROBERT C MD**
Address 250 PLEASANT ST, CONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation DREXEL UNIVERSITY USA 2012
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2013
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11704
License Date 8/7/2002
Name **KELLY, ROBERT M MD**
Address FALL RIVER EYE CARE, 1565 N MAIN ST STE 406FALL RIVER, MA, 02720
Specialty OPH
Board Certified OPH
School and Year of Graduation NEW YORK UNIV SCH OF MED- NEW YORK, NY USA 1995
Internship and Year ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 1996
Residency and Year ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 1999
License Expiration Date **6/30/2004**
Remarks

License Number 12906
License Date 10/5/2005
Name **KELLY, SUSAN C DO**
Address SUE KELLY DERMATOLOGY, LLC, 320 PHILLIPS ST STE 203N KINGSTOWN, RI, 02852
Specialty D
Board Certified
School and Year of Graduation DES MOINES UNIVERSITY, DES MOINES IA US 1999
Internship and Year BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2000
Residency and Year BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2001
License Expiration Date **6/30/2009**
Remarks

License Number 5151
License Date 3/22/1974
Name **KELLY, THOMAS L MD**
Address , PO BOX 4637EDWARDS, CO, 81632
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1964
Internship and Year ALBANY MEDICAL COLLEGE-ALBANY NY 1965
Residency and Year NEW YORK EYE & EAR INFIRMARY-NEW YORK NY 1970
License Expiration Date **6/30/2008**
Remarks

License Number 12463
License Date 9/1/2004
Name **KELLY, WAYNE D MD**
Address NEUROSTAT CONSULTANTS LTD, 1005 NORTH WATER STDECATUR, IL, 62523
Specialty N
Board Certified
School and Year of Graduation ROSS UNIVERSITY, DOMINICA WEST INDIES WEST INDIES 1987
Internship and Year WEST SUBURBAN HOSP, OAK PARK IL 1988
Residency and Year LOYOLA UNIVERSITY, MAYWOOD IL 1991
License Expiration Date **6/30/2008**
Remarks

License Number 6088
License Date 7/16/1979
Name **KELSEY, FREDERICK S MD**
Address 101 BOULDER POINT DR, STE APLYMOUTH, NH, 03264-1130
Specialty IM
Board Certified IM
School and Year of Graduation PENNSYLVANIA STATE UNIV MILTON S HERSHEY MED CTR USA 1975
Internship and Year HOSPITAL UNIV PITTSBURGH HEALTH CENTER - PITTSBURGH, PA 1976
Residency and Year HOSPITAL UNIV PITTSBURGH HEALTH CENTER - PITTSBURGH, PA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 8654
License Date 11/6/1991
Name **KELSEY, JAMES V MD**
Address CLEARCHOICEMD, 410 MIRACLE MILELEBANON, NH, 03766
Specialty PD
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1989
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 16075
License Date 4/3/2013
Name **KEMBLE, SARAH A MD**
Address VA CENTRAL WESTERN MA HEALTHCARE SYSTEM, 421 NORTH MAIN STNORTHAMPTON, MA, 0105
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL SCHOOL USA 1992
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1993
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 13213
License Date 8/2/2006
Name **KEMP, JASON A MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2006
License Expiration Date **6/30/2010**
Remarks

License Number 14254
License Date 12/3/2008
Name **KEMP, JOHN G DO**
Address 76 NEWFANE RD, BEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2002
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2003
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 9063
License Date 10/6/1993
Name **KEMP, MARGARET V MD**
Address 1 TANGLEWOOD WAY, AMHERST, NH, 03031-
Specialty OM
Board Certified OM
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year UNIVERSITY MINNESOTA HOSPITALS - MINNEAPOLIS MN 1988
Residency and Year UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL - PITTSBURGH PA 1990
License Expiration Date **6/30/1998**
Remarks

License Number 10774
License Date 11/16/1999
Name **KENDALL, KEVIN M MD**
Address CENTRAL MAINE MED CTR, 300 MAINE STLEWISTON, ME, 04240
Specialty EM
Board Certified EM
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1985
Internship and Year UNIV OF WASHINGTON - SEATTLE, WA 1991
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **9/25/2012**
Remarks **10/6/99 - Order of Conditional Approval**
9/25/12 - Order of Emergency License Suspension and Notice of Hearing.
5/3/13 - Voluntary Surrender of License

License Number 5221
License Date 7/15/1974
Name **KENDALL, MARVIN R MD**
Address 279 MAIN ST, ST JOHNBURY, VT, 05819-
Specialty FP
Board Certified
School and Year of Graduation LOMA LINDA UNIV - CA USA 1973
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1974
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1974
License Expiration Date **6/30/2016**
Remarks

License Number 10623
License Date 7/7/1999
Name **KENDRICK, SHEILA J MD**
Address RIVERSIDE INTERNAL MEDICINE, PO BOX 416ASCUTNEY, VT, 05030
Specialty IM
Board Certified
School and Year of Graduation VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1991
Internship and Year SHADYSIDE HOSPITAL - PITTSBURGH, PA 1992
Residency and Year SHADYSIDE HOSPITAL - PITTSBURGH, PA 1993
License Expiration Date **6/30/2009**
Remarks

License Number 13251
License Date 9/6/2006
Name **KENKRE, PRABHAV V MD**
Address 1620 S MICHIGAN AVE UNIT 819, CHICAGO, IL, 60616
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW MEXICO USA 2003
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 2004
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 2006
License Expiration Date **6/30/2010**
Remarks **3/8/10 - Settlement Agreement**

License Number 3536
License Date 7/9/1962
Name **KENNEDY II, FRANK L MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 10717
License Date 10/6/1999
Name **KENNEDY, ALEXANDER W MD**
Address DHMC - DEPT OB-GYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation CASE WESTERN RESERVE SCHL OF MED CLEVELAND OH USA 1975
Internship and Year UNIV OF MICHIGAN MED CTR 1981
Residency and Year UNIV OF CT HEALTH CTR 1979
License Expiration Date **6/30/2009**
Remarks

License Number 6347
License Date 3/5/1981
Name **KENNEDY, JAMES G MD**
Address , , ,
Specialty FP
Board Certified FP
School and Year of Graduation USA 1976
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 7878
License Date 6/8/1988
Name **KENNEDY, JOHN GERALD MD**
Address LAHEY-HITCHCOCK CLINIC, 8 PROSPECT ST PO BOX 1184 NASHUA, NH, 03061
Specialty NS
Board Certified NS
School and Year of Graduation SOUTHERN ILLINOIS UNIV SCH OF MED-SPRINGFIELD IL USA 1978
Internship and Year VETS ADMIN MED CTR-WASHINGTON,DC 1979
Residency and Year VETS ADMIN MED CTR-WASHINGTON,DC 1988
License Expiration Date **8/27/1999**
Remarks **DECEASED 8-27-99**

License Number 5679
License Date 3/3/1977
Name **KENNEDY, RONALD C MD**
Address 70 KALER RD, BELFAST, ME, 04915
Specialty AN
Board Certified AN
School and Year of Graduation ST LOUIS UNIVERSITY-ST LOUIS MO USA 1970
Internship and Year ST JOHNS MERCY HOSPITAL-ST LOUIS MO 1971
Residency and Year ST JOHNS MERCY HOSPITAL - ST LOUIS, MO 1971
License Expiration Date **6/30/2007**
Remarks

License Number 3681
License Date 3/11/1964
Name **KENNEDY, SYLVIA R MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/16/1995**
Remarks

License Number 16759
License Date 9/3/2014
Name **KENOSI, THABO MD**
Address 4512 N SAGINAW RD #910, MIDLAND, MI, 48640
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY COLLEGE DUBLIN IRELAND 2004
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2005
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13109
License Date 6/7/2006
Name **KENT, LAURA K MD**
Address 451 W END AVE 1J, NEW YORK, NY, 10024
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLLEGE USA 2003
Internship and Year NEW YORK & PRESBYTERIAN MED CTR(COLUMBIA CAMPUS)-NEW YORK, NY 2004
Residency and Year NEW YORK & PRESBYTERIAN MED CTR(COLUMBIA CAMPUS)-NEW YORK, NY 2006
License Expiration Date **6/30/2014**
Remarks

License Number 10364
License Date 8/5/1998
Name **KENT, MADELINE G MD**
Address , PO BOX 549WARNER, NH, 03278
Specialty FP
Board Certified FP
School and Year of Graduation PEDIATRIC MED FACULTY CHARLES UNIV CZECH REPUBLIC 1965
Internship and Year WOMENS COLLEGE HOSPITAL - TORONTO ONTARIO, CANADA 1971
Residency and Year MOUNT SINAI HOSPITAL- TORONTO ONTARIO, CANADA 1972
License Expiration Date **6/30/2006**
Remarks

License Number 11872
License Date 4/2/2003
Name **KENWORTHY, PAMELA R MD**
Address COUNCELING CTR OF NASHUA, 1 MAIN STNASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation NJ ROBERT WOOD JOHNSON MED SCH- PISCATAWAY, NJ USA 1996
Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE AT BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1997
Residency and Year NEW YORK AND PRESBYTRIAN HOSPITAL - NEW YORK, NY 2000
License Expiration Date **6/30/2009**
Remarks

License Number 14876
License Date 6/2/2010
Name **KENYHERZ, GREGORY E MD**
Address VIRTUAL RADIOLOGIC PROF LLC, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified R
School and Year of Graduation WASHINGTON UNIVERSITY USA 1994
Internship and Year UNIVERSITY OF NEW MEXICO HEALTH SCIENCE CENTER - ALBUQUERQUE, NM 1995
Residency and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 2000
License Expiration Date **6/30/2016**
Remarks

License Number 16314
License Date 9/4/2013
Name **KEPLER, MARGARET E MD**
Address 18 OLD ETNA ROAD, LEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 2004
Internship and Year ALASKA FAMILY MEDICINE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2006
Residency and Year ALASKA FAMILY MEDICINE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2008
License Expiration Date **6/30/2017**
Remarks

License Number 9775
License Date 7/3/1996
Name **KERIN, KEVIN D MD**
Address CENTRAL VT MED CTR, 130 FISHER RDBERLIN, VT, 05641
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1993
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER ,NH 1996
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 13403
License Date 2/7/2007
Name **KERN, AUDREY M MD**
Address PINWOOD PROFESSIONALS, 255 RT 108SOMERSWORTH, NH, 03878
Specialty ADM
Board Certified ADM
School and Year of Graduation NEW YORK MEDICAL USA 1988
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1989
Residency and Year ALBANY MEDICAL COLLEGE - ALBANY, NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 6901
License Date 6/7/1984
Name **KERNAN, DONALD MD**
Address COOS COUNTY FAMILY HEALTH SERV, 2 BROADWAY AVEGORHAM, NH, 03581-1597
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ROCHESTER SCH MED-DENTISTRY-NY USA 1981
Internship and Year HIGHLAND HOSP-ROCHESTER,NY 1982
Residency and Year HIGHLAND HOSP-ROCHESTER,NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 11196
License Date 3/7/2001
Name **KERNAN, JENNIFER C MD**
Address 26 S MAIN ST, CONCORD, NH, 03301
Specialty NS
Board Certified N
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1993
Internship and Year OREGON HLTH SCI UNIV- PORTLAND, OR 1993
Residency and Year OREGON HLTH SCI UNIV - PORTLAND, OR 1999
License Expiration Date **6/30/2011**
Remarks

License Number 10183
License Date 12/3/1997
Name **KERNAN, NICOLA E MD**
Address ST JOSEPH FAMILY MED CTR, 382 DANIEL WEBSTER HIGHWAYMERRIMACK, NH, 03054
Specialty
Board Certified FP
School and Year of Graduation QUEENS UNIV FAC OF MED-KINGSTON ONTARIO CANADA 1983
Internship and Year OTTAWA GEN HOSP 1983
Residency and Year OTTAWA GEN HOSP 1985
License Expiration Date **6/30/2017**
Remarks

License Number 16012
License Date 2/6/2013
Name **KEROACK, MYLES D MD**
Address ELLIOT GASTROENTEROLOGY, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty GE
Board Certified GE
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1989
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 9810
License Date 8/7/1996
Name **KERRIGAN, CAROLYN L MD**
Address DHMC-PLASTIC SURGERY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty PS
Board Certified PS
School and Year of Graduation MC GILL UNIV FACILITY OF MEDICINE - QUEBEC CANADA 1977
Internship and Year MC GILL UNIV OF MEDICINE - CANADA 1978
Residency and Year MC GILL UNIV OF MEDICINE - CANADA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 16116
License Date 5/1/2013
Name **KERRIGAN, SEAN MD**
Address 21 BLOOMINGDALE RD, WHITE PLAINS, NY, 10605
Specialty P
Board Certified P
School and Year of Graduation LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2009
Residency and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 8313
License Date 5/9/1990
Name **KERT, CHARLES J MD**
Address ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SOUTHERN CALIFORNIA SCH OF MED -CA USA 1981
Internship and Year THE JEWISH HOSP-ST LOUIS,MO 1982
Residency and Year THE JEWISH HOSP-ST LOUIS,MO 1984
License Expiration Date **6/30/2016**
Remarks

License Number 5832
License Date 11/3/1977
Name **KERZNER, LAWRENCE J MD**
Address HENNEPIN COUNTGY MED CTR, 701 PARK AEMINNEAPOLIS, MN, 55436
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE, WASHINGTON, DC USA 1974
Internship and Year UNIV HOSPITAL - BOSTON, MA 1975
Residency and Year UNIV HOSPITAL - BOSTON, MA 1977
License Expiration Date **6/30/2002**
Remarks

License Number 15879
License Date 10/3/2012
Name **KERZNER, LESLIE S MD**
Address MASS GEN HOSP, 55 FRUIT ST FND S30BOSTON, MA, 02114
Specialty NPM
Board Certified NPM
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1995
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1996
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1998
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14
RENEWED 7/22/14**

License Number 4793
License Date 6/14/1971
Name **KESHISHIAN, KEVORK B MD**
Address , , ,
Specialty R
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 12794
License Date 7/6/2005
Name **KESSERWAN, CHIMENE A MD**
Address ST JUDE CHILDRENS RESEARCH HOSP, 262 DANNY THOMAS PLMEMPHIS, TN, 38105
Specialty PTH
Board Certified PTH
School and Year of Graduation LEBANESE UNIVERSITY, BEIRUT LEBANON LEBANON 1992
Internship and Year UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK 2004
Residency and Year UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK 2005
License Expiration Date **6/30/2017**
Remarks

License Number 14877
License Date 6/2/2010
Name **KESSLER, LARRY S MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF FLORIDA USA 1991
Internship and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1992
Residency and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 8375
License Date 6/6/1990
Name **KESSNER, DAVID M MD**
Address PORTSMOUTH COLLABORATIVE, 404 THE HILL PHOEBE HART HOUSEPORTSMOUTH, NH, 03801
Specialty P
Board Certified IM
School and Year of Graduation WASHINGTON UNIV SCH OF MED-ST LOUIS,MO USA 1958
Internship and Year MARY I BASSETT HOSP-COOPERSTOWN,NY 1959
Residency and Year MARY I BASSETT HOSP-COOPERSTOWN,NY 1960
License Expiration Date **6/30/2004**
Remarks **09/12/06 - Voluntary Surrender of License.**

License Number 4989
License Date 5/22/1973
Name **KETTERER, JOHN G MD**
Address 20 CULVER HILL LN, LYME, NH, 03768
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE-NEW YORK CITY NY USA 1961
Internship and Year CLEVELAND CLINIC ED FOUNDATION-CLEVELAND OH 1963
Residency and Year ST LUKE'S HOSP CTR-NEW YORK NY 1966
License Expiration Date **6/30/2005**
Remarks

License Number 15711
License Date 6/6/2012
Name **KEUP, HEIDI L MD**
Address HARBOUR WOMENS HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 2009
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 10536
License Date 4/7/1999
Name **KEYES, NANYEE L MD**
Address DARTMOUTH HTICCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF S CAROLINA SCH OF MED - COLUMBIA, SC USA 1990
Internship and Year UNIV OF MASSACHUSETTS FITCHBURG PROGRAM - FITCHBURG, MA 1991
Residency and Year UNIV OF MASSACHUSETTS FITCHBURG - FITCHBURG, MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12305
License Date 5/5/2004
Name **KEYHANI, KAYVAN MD**
Address C/O DAVID WEINBERG MD, ONE SOUTH PROSPECT STBURLINGTON, VT, 05401
Specialty OPH
Board Certified
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1999
Internship and Year RIVERSIDE METHODIST HOSP, COLUMBUS OH 2001
Residency and Year NEW YORK EYE & EAR INFIRMARY, NEW YORK NY 2003
License Expiration Date **6/30/2006**
Remarks

License Number 16370
License Date 11/6/2013
Name **KHADKA, BHUPESH MD**
Address THE KIDNEY & HYPERTENSION, 4600 MONTGOMERY RD, STE 105CINCINNATI, OH, 45212
Specialty IM
Board Certified
School and Year of Graduation TRIBHUVAN UNIVERSITY NEPAL 2005
Internship and Year SAINT MARYS HEALTH CENTER - ST LOUIS, MO 2007
Residency and Year SAINT MARYS HEALTH CENTER - ST LOUIS, MO 2009
License Expiration Date **6/30/2017**
Remarks

License Number 15414
License Date 10/5/2011
Name **KHAGI, SIMON MD**
Address 10 EMERSON PLACE, BOSTON, MA, 02114
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDIC USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 15193
License Date 4/6/2011
Name **KHALAF AL-TAWIL, MOHAMMED OMAR K MD**
Address KHALAF & KHALAF IMAGING, 124 ASPEN ROADPUNXSUTAWNEY, PA, 15767
Specialty DR
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 2006
Internship and Year WASHING HOSPITAL CENTER - WASHINGTON, DC 2007
Residency and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 13288
License Date 10/4/2006
Name **KHALAF, MAJID Z MD**
Address NUCLEAR MEDICINE DEPT, 3435 WIASPEAR STBUFFALO, NY, 14214
Specialty NM
Board Certified
School and Year of Graduation UNIVERSITY OF AL-MUSTANSIRIYAH, BAGHDAD IRAQ IRAQ 1988
Internship and Year DUKE UNIVERSITY, DURHAM NC 2004
Residency and Year UNIVERSITY AT BUFFALO, BUFFALO NY 2006
License Expiration Date **6/30/2008**
Remarks

License Number 15880
License Date 10/3/2012
Name **KHALIL, EDWARD C MD**
Address 1 PARKLAND DRIVE, DERRY, NH, 03038
Specialty GER
Board Certified GER
School and Year of Graduation LEBANESE UNIVERSITY BEIRUT 2001
Internship and Year TRINITAS REGIONAL MEDICAL CENTER - ELIZABETH, NJ 2003
Residency and Year TRINITAS REGIONAL MEDICAL CENTER - ELIZABETH, NJ 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13865
License Date 3/5/2008
Name **KHALLUF, EDGAR G MD**
Address QUEST DIAGNOSTICS, 1901 SULPHUR SPRINGS RDBALTIMORE, MD, 21227
Specialty PTH
Board Certified PTH
School and Year of Graduation AMERICAN UNIV OF BEIRUT USA 1979
Internship and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1982
Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13404
License Date 2/7/2007
Name **KHAN, ADNAN S MD**
Address NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF SILESIA POLAND 2004
Internship and Year UNIV OF NORTH DAKOTA SCHOOL OF MEDICINE - MINOT, ND 2005
Residency and Year IMOV PF MPRTJ DALPTA SCHOOL OF MEDICINE - MINOT, ND 2006
License Expiration Date **6/30/2017**
Remarks **4/4/14 - Settlement Agreement**

License Number 16172
License Date 6/5/2013
Name **KHAN, AKBAR A MD**
Address CARRIER CLINIC, 252 RT 601BELLE MEAD, NJ, 08502
Specialty IM
Board Certified IM
School and Year of Graduation SABA UNIVERSITY SCHOOL OF MEDICINE NETHERLANDS ANTILLES 1996
Internship and Year DREXEL UNIVERSITY COM-HAHNEMANN UNIV HOSP - PHILADELPHIA, PA 1997
Residency and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1999
License Expiration Date **6/30/2015**
Remarks

License Number 10028
License Date 6/4/1997
Name **KHAN, AMIR R MD**
Address 207 5TH AVE SW 804, ROCHESTER, MN, 55902
Specialty OPH
Board Certified
School and Year of Graduation MAYO MEDICAL SCHOOL-MN USA 1995
Internship and Year MAYO GRAD SCHOOL MEDICINE - MN 1996
Residency and Year MAYO GRAD SCHOOL MEDICINE-MN 1996
License Expiration Date **6/30/1998**
Remarks

License Number 16516
License Date 3/5/2014
Name **KHAN, FARMAN U MD**
Address 48 FIRST TENTH CT, DOVER, DE, 19901-6122
Specialty IM
Board Certified IM
School and Year of Graduation KHYBER MEDICAL COLLEGE UNIV OF PESHAWAR PAKISTAN 1997
Internship and Year UNIVERSITY OF UTAH- SALT LAKE CITY, UT 2007
Residency and Year UNIVERSITY OF UTAH- SALT LAKE CITY, UT 2009
License Expiration Date **6/30/2016**
Remarks

License Number 13252
License Date 9/6/2006
Name **KHAN, HABIB-UR-REHMAN MD**
Address 1736 BRIDGEWOOD DR, BOCA RATON, FL, 33434
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SANTIAGO DOMINICAN REPUBLIC 1994
Internship and Year BRONX-LEBANON HOSPITAL-BRONX NY 2003
Residency and Year BROOKLYN HOSPITAL CTR-BROOKLYN NY 2005
License Expiration Date **6/30/2010**
Remarks

License Number 15128
License Date 2/2/2011
Name **KHAN, MUHAMMAD A MD**
Address 25 JUNE ST, SANFORD, ME, 04073
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF KARACHI PAKISTAN 1988
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1992
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1995
License Expiration Date **6/30/2015**
Remarks

License Number 13627
License Date 8/1/2007
Name **KHAN, NADIA H MD**
Address DARTMOUTH-HITCHCOCK, 14 ARMORY RDMILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF KARACHI PAKISTAN 2000
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2005
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2007
License Expiration Date **6/30/2017**
Remarks **7/13/12 - Settlement Agreement**

License Number 14078
License Date 7/9/2008
Name **KHAN, OMAR I MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified
School and Year of Graduation BAQAI MEDICAL UNIV PAKISTAN 1999
Internship and Year VCU-SHENANDOAH VALLEY FAMILY PRACTICE RESIDENCY-FRONT ROYAL, VA 2004
Residency and Year VCU-SHENANDOAH VALLEY FAMILY PRACTICE RESIDENCY-FRONT ROYAL, VA 2006
License Expiration Date **6/30/2010**
Remarks

License Number 12847
License Date 8/3/2005
Name **KHAN, RIHAN MD**
Address UNIV OF AZ HLTH CTR-RADIOLOGY, 1501 NORTH CAMPBELL AVETUCSON, AZ, 85724
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MED SCHOOL, LEBANON NH US 2002
Internship and Year TUCSON HOSPITALS MED ED, TUCSON AZ 2003
Residency and Year ST VINCENT HOSPITAL, WORCESTER MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 5202
License Date 6/27/1974
Name **KHAN, SAADAT U MD**
Address 54 MAIN ST, GORHAM, NH, 03581
Specialty IM
Board Certified IM
School and Year of Graduation PUNJAB UNIVERSITY-LAHORE PAKISTAN PAKISTAN 1962
Internship and Year STAFFORDSHIRE GENERAL INFIRMARY-STAFFORD ENGLAND 1969
Residency and Year GROUNDSLOW HOSP-TITTENSOR UNITED KINGDOM 1970
License Expiration Date **6/30/2016**
Remarks

License Number 15129
License Date 2/2/2011
Name **KHAN, SHAHZEB A MD**
Address ELLIOT HEALTH SYSTEM, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2005
Internship and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2008
Residency and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12464
License Date 9/1/2004
Name **KHAN, TOSEEF MD**
Address VIRTUAL RADIOLOGIC CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation STATE UNIVERSITY OF NY US 1998
Internship and Year HOSP OF ST RAPHAEL, NEW HAVEN CT 1999
Residency and Year TEMPLE UNIVERSITY, PHILADELPHIA PA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9870
License Date 11/6/1996
Name **KHATRI, KHALILULLAH A MD**
Address SKIN & LASER SURGERY CENTER, 74 ALLDS STNASHUA, NH, 03060
Specialty D
Board Certified
School and Year of Graduation SIND MEDICAL COLLEGE UNIV OF KARACHI-PAKISTAN PAKISTAN 1983
Internship and Year CARNEY HOSPITAL DID RESIDENCY - MA 1992
Residency and Year UNIV CALIFORNIA DAVIS MEDICAL CENTER - CA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 4309
License Date 10/22/1968
Name **KHAVARI, PARIS MD**
Address INTERNAL MEDICINE, 330 BORTHWICK AVE STE 210PORTSMOUTH, NH, 03801
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MESHED IRAN 1958
Internship and Year EASTERN TENN BAPTIST HOSPITAL - KNOXVILLE, TN 1961
Residency and Year FAIRVIEW PARK HOSPITAL - CLEVELAND, OH 1964
License Expiration Date **6/30/2016**
Remarks

License Number 15624
License Date 4/4/2012
Name **KHAWAJA, OWAIS A MD**
Address 150 S HUNTINGTON AVE, 13TH FL MAVERICBOSTON, MA, 02130
Specialty IM
Board Certified IM
School and Year of Graduation DOW MEDICAL COLLEGE PAKISTAN 2001
Internship and Year PROVIDENCE HOSPITAL & MEDICAL CENTERS - SOUTHFIELD, MI 2006
Residency and Year PROVIDENCE HOSPITAL & MEDICAL CENTERS - SOUTHFIELD, MI 2008
License Expiration Date **6/30/2014**
Remarks

License Number 10470
License Date 12/2/1998
Name **KHAWAJA, SHAZIB N MD**
Address DARTMOUTH MEDICAL CENTER, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SOUTH ALABAMA - MOBILE, AL USA 1995
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1996
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1997
License Expiration Date **6/30/2001**
Remarks

License Number 4034
License Date 3/16/1967
Name **KHAZEI, AMIR M MD**
Address 14 WIGGIN RD, BEDFORD, NH, 03110-
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF LAUSANNE SWITZERLAND 1957
Internship and Year MERCY HOSPITAL - PITTSBURGH, PA 1958
Residency and Year MERCY HOSPITAL - PITTSBURGH, PA 1962
License Expiration Date **6/30/2013**
Remarks

License Number 14685
License Date 12/2/2009
Name **KHERAJ, NAUSHAD A MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MUMBAI INDIA 1972
Internship and Year GOLDWATER MEMORIAL HOSPITAL - ROOSEVELT ISLAND, NY 1977
Residency and Year JEWISH HOSPITAL & MEDICAL CTR OF BROOKLYN - BROOKLYN, NY 1979
License Expiration Date **6/30/2011**
Remarks

License Number 13322
License Date 11/1/2006
Name **KHERDE, SMITA S MD**
Address 7 DAFFODIL DR, NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation SAMAJ'S MEDICAL COLLEGE INDIA 1997
Internship and Year MT VERNON HOSPITAL-MT VERNON, NY 2003
Residency and Year NEWTON-WELLESLEY HOSPITAL-NEWTON LOWER FALLS, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 15155
License Date 3/2/2011
Name **KHETPAL, SANGEETA MD**
Address 1400 BRYAN DR STE 208, DURANT, OK, 74701
Specialty IM
Board Certified IM
School and Year of Graduation LIAQUAT UNIVERSITY OF MED & HLTH SCIENCES PAKISTAN 1996
Internship and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - TULSA, OK 2003
Residency and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - TULSA, OK 2005
License Expiration Date **6/30/2015**
Remarks

License Number 14510
License Date 7/1/2009
Name **KHOT, KHANDURAO B MD**
Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03870
Specialty IM
Board Certified
School and Year of Graduation SETH GS MEDICAL COLLEGE INDIA 2002
Internship and Year UNIVERSITY OF NORTH DAKOTA MEDICAL CENTER - FARGO, ND 2007
Residency and Year UNIVERSITY OF NORTH DAKOTA MEDICAL CENTER - FARGO, ND 2009
License Expiration Date **6/30/2013**
Remarks

License Number 16173
License Date 6/5/2013
Name **KHOUEIRY, GEORGES MD**
Address 312 BROOK HOLLOW RD, HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation LEBANESE UNIVERSITY LEBANON 2004
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2006
Residency and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2009
License Expiration Date **6/30/2015**
Remarks

License Number 13801
License Date 1/11/2008
Name **KHOURY, LISA D MD**
Address NORTHERN NH ORTHOPAEDICS, PO BOX 2250N CONWAY, NH, 03860
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2001
Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2002
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2006
License Expiration Date **6/30/2014**
Remarks

License Number 8799
License Date 9/2/1992
Name **KHOUZAM, HANI R MD**
Address DHMC - GEISEL SCHOOL OF MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CAIRO EGYPT 1977
Internship and Year UNIVERSITY OF OKLAHOMA SCIENCE CENTER OKLAHOMA CITY - OKLAHOMA 1987
Residency and Year UNIVERSITY OF OKLAHOMA SCIENCE CENTER OKLAHOMA CITY - OKLAHOMA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 12907
License Date 10/5/2005
Name **KHURANA, BHARTI MD**
Address BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF DELHI, NEW DELHI, DELHI INDIA INDIA 1995
Internship and Year READING HOSPITAL & MED CTR., READING PA 1999
Residency and Year READING HOSPITAL & MED CTR, READING PA 2000
License Expiration Date **6/30/2007**
Remarks

License Number 10086
License Date 8/6/1997
Name **KHURSHID, ANWAR MD**
Address ARLINGTON CANCER CENTER, 906 W RANDOL MILL RDARLINGTON, TX, 76012
Specialty HEM
Board Certified IM
School and Year of Graduation DOW MED COLL UNIV OF KARACHI PAKISTAN 1989
Internship and Year UNIV HOSP-SUNY STONY BROOK -NY 1994
Residency and Year UNIV HOSPITL-SUNY STONY BROOK - NY 1994
License Expiration Date **6/30/2005**
Remarks

License Number 14589
License Date 9/2/2009
Name **KHWAJA, KHALID O MD**
Address THE TRANSPLANT INSTITUTE BETH ISRAEL DEACONESS, 110 FRANCIS STREET 7TH FLOORBOSTON,
Specialty GS
Board Certified GS
School and Year of Graduation AGA KHAN MEDICAL COLLEGE - KARACHI, PAKISTAN PAKISTAN 1991
Internship and Year LEMUEL SHATTOCK HOSPITAL - JAMAICA PLAIN, MA 1994
Residency and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 2000
License Expiration Date **6/30/2013**
Remarks

License Number 17220
License Date 8/5/2015
Name **KIBIROVA, ALBINA MD**
Address 3001 HOSPITAL DR, DEPT OF MEDICINECHEVERLY, MD, 20785
Specialty IM
Board Certified
School and Year of Graduation I M SECHENOV MOSCOW MEDICAL ACADEMY RUSSIA 2004
Internship and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2013
Residency and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2015
License Expiration Date **6/30/2017**
Remarks

License Number 10904
License Date 5/3/2000
Name **KIEFFER, KELLY A MD**
Address DHMC-GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CALIFORNIA - SAN FRANCISCO CA USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 6785
License Date 9/8/1983
Name **KIEFNER, ROBERT S MD**
Address NEW HAMPSHIRE HOSPITAL, 63 CLINTON STREETCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MED COLL OF THOMAS UNIV-PA USA 1980
Internship and Year HUNTERDON MED CTR-FLEMINGTON,NJ 1983
Residency and Year HUNTERDONMED CTR-FLEMINGTON,NJ 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11758
License Date 10/2/2002
Name **KIERNAN, GERARD N MD**
Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY USA 1997
Internship and Year UNIVERSITY OF WISCONSIN, MADISON WI 1998
Residency and Year UNIVERSITY OF WISCONSIN, MADISON WI 2000
License Expiration Date **6/30/2016**
Remarks **10/5/2012 - Settlement Agreement**

License Number 9838
License Date 9/4/1996
Name **KIERNAN, JOSEPH ROBERT C MD**
Address SURGICAL SERVICES, 181 CORLISS LANECOLEBROOK, NH, 03576
Specialty GS
Board Certified GS
School and Year of Graduation OHIO STATE UNIV COLLEGE OF MEDICINE COLUMBUS, OH USA 1984
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1985
Residency and Year MAINE MEDICAL CENTER - ME 1989
License Expiration Date **6/30/2016**
Remarks **Lapsed for non-renewal 6/30/02...**
Reinstated 1/3/07
Lapsed for Nonrenewal 6/30/08
Reinstated 9/3/09

License Number 14025
License Date 6/4/2008
Name **KIJEWSKI, LINDA E MD**
Address RUTLAND REGIONAL MEDICAL CTR, 160 ALLEN STRUTLAND, VT, 05701
Specialty AN
Board Certified AN
School and Year of Graduation PENNSYLVANIA STATE UNIV USA 2004
Internship and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13591
License Date 7/11/2007
Name **KIKUT, JANUSZ K MD**
Address FAHC - RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty NM
Board Certified R
School and Year of Graduation AKADEMIA MEDYCZNA - WARSAW POLAND 1992
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1994
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1996
License Expiration Date **6/30/2017**
Remarks

License Number 14656
License Date 11/4/2009
Name **KILBRIDGE, KERRY L MD**
Address MASS GEN HOSP, 50 STANIFORD ST 9TH FLBOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1989
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1991
License Expiration Date **6/30/2011**
Remarks

License Number 6140
License Date 11/19/1979
Name **KILCULLEN, MICHAEL J MD**
Address OTTAUQUECHEE HEALTH CTR, 32 PLEASANT STWOODSTOCK, VT, 05091-1191
Specialty PD
Board Certified PD
School and Year of Graduation JEFFERSON MED. COLL OF THOMAS JEFF.UNIV PHILA,PA USA 1975
Internship and Year THOM JEFFERSON UNIV HOSP PHILA,PA 1976
Residency and Year THOM JEFFERSON UNIV HOSP.PHILA, PA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 5328
License Date 5/2/1975
Name **KILGUS, WILLIAM J MD**
Address 465 MAYFAIR DR, KISSIMMEE, FL, 34759
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF BOLOGNA BOLOGNA 1969
Internship and Year MUHLENBERG HOSPITAL - PLAINFIELD, NJ 1971
Residency and Year NY UNIV MEDICAL CENTER - NY CITY, NY 1973
License Expiration Date **6/30/2017**
Remarks

License Number 11705
License Date 8/7/2002
Name **KILHENNY, CHARLES F MD**
Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty R
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1957
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1958
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1961
License Expiration Date **6/30/2008**
Remarks **Deceased 10/12/2012**

License Number 8935
License Date 5/5/1993
Name **KILLEEN, KEVIN P MD**
Address UROLOGY SRVC OF THE BERSHIRE, 777 NORTH STPITTSFIELD, MA, 01201
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1984
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1985
License Expiration Date **6/30/2013**
Remarks

License Number 13592
License Date 7/11/2007
Name **KILLIE, HEATHER C MD**
Address NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101 NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2001
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 16174
License Date 6/5/2013
Name **KILMER, PHILIP R MD**
Address 11332 AVERY RD, PALM BEACH GARDENS, FL, 33410
Specialty FP
Board Certified FP
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1985
Internship and Year OAKWOOD HEALTHCARE SYSTEM - OAKWOOD HOSPITAL - DEARBORN, MI 1987
Residency and Year OAKWOOD HEALTHCARE SYSTEM - OAKWOOD HOSPITAL - DEARBORN, MI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 11920
License Date 5/7/2003
Name **KILROY, JONATHAN D DO**
Address DERRY MEDICAL CTR, 6 TSIENNETO RD STE 100 DERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL OF OSTEOPATHIC MED - PHILA, PA USA 2000
Internship and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2001
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15712
License Date 6/6/2012
Name **KIM JR, JON S DO**
Address AUSTIN VA OUTPATIENT CLINIC, 7901 METROPOLIS DRAUSTIN, TX, 78744
Specialty DR
Board Certified DR
School and Year of Graduation EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MED USA 2007
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2008
Residency and Year NYCOM-ST BARNABAS HOSPITAL - BRONX, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12908
License Date 10/5/2005
Name **KIM, BERNARD S MD**
Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 2002
Internship and Year LAHEY CLINIC, BURLINGTON MA 2003
Residency and Year LAHEY CLINIC, BURLINGTON MA 2005
License Expiration Date **6/30/2007**
Remarks

License Number 16518
License Date 3/5/2014
Name **KIM, DANIEL DO**
Address PORTSMOUTH PULMONARY ASSOC, 330 BORTHWICK AVE - STE 108PORTSMOUTH, NH, 03801
Specialty CCM
Board Certified CCM
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 2003
Internship and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2004
Residency and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14347
License Date 3/4/2009
Name **KIM, DAVID K MD**
Address 10385 NE SASQUATCH LN, BAINBRIDGE ISLAND, WA, 98110
Specialty R
Board Certified R
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1999
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2002
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2006
License Expiration Date **6/30/2011**
Remarks

License Number 13214
License Date 8/2/2006
Name **KIM, HYUN H MD**
Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty ICE
Board Certified ICE
School and Year of Graduation TUFTS UNIV USA 1999
Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 2000
Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 10304
License Date 6/3/1998
Name **KIM, JOOHAHN J MD**
Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation FINCH UNIV HLTH SCI / CHICAGO MED SCH - IL USA 1995
Internship and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1996
Residency and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13110
License Date 6/7/2006
Name **KIM, JULIE MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation W VIRGINIA UNIV USA 2001
Internship and Year YALE UNIV SCHOOL OF MEDICINE-NEW HAVEN, CT 2003
Residency and Year YALE-NEW HAVEN MED CTR-NEW HAVEN, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 7908
License Date 7/6/1988
Name **KIM, MOO K MD**
Address 223 WALNUT ST STE 24, FRAMINGHAM, MA, 01701
Specialty PM
Board Certified PM
School and Year of Graduation YONSEI UNIV COLL OF MED-SUDI-MOON-KU SOUTH KOREA 1977
Internship and Year DETROIT MACOMB HOSP-DETROIT,MI 1983
Residency and Year DETROIT MACOMB HOSP-DETROIT,MI 1987
License Expiration Date **6/30/2004**
Remarks **7/12/05 - Settlement Agreement**

License Number 13541
License Date 6/6/2007
Name **KIM, PAUL S MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation WASHINGTON UNIV USA 2001
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2002
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 16671
License Date 7/2/2014
Name **KIM, RICHARD J MD**
Address 723 HIDDEN VALLEY CT, FAIRBORN, OH, 45324
Specialty IM
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2011
Internship and Year WRIGHT STATE UNIVERSITY - DAYTON, OH 2012
Residency and Year WRIGHT STATE UNIVERSITY - DAYTON, OH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12499
License Date 10/6/2004
Name **KIM, ROBERT J MD**
Address DHMC- DEPT OF CARDIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1998
Internship and Year ST ELIZABETHS MED CTR, BOSTON MA 1999
Residency and Year ST ELIZABETHS MED CTR, BOSTON MA 2001
License Expiration Date **6/30/2008**
Remarks

License Number 6010
License Date 1/4/1979
Name **KIM, SAMUEL H MD**
Address DIV OF PEDIATRIC SURGERY, WARREN BLDG 11 TH FLOORBOSTON, MA, 02114
Specialty PDS
Board Certified PDS
School and Year of Graduation HARVERD MED SCHOOL BOSTON USA 1962
Internship and Year BOSTON CITY HOSPITAL 1964
Residency and Year BOSTON CITY HOSPITAL 1969
License Expiration Date **6/30/2003**
Remarks

License Number 14627
License Date 10/7/2009
Name **KIM, SUE Y MD**
Address 29 STILES RD #204, SALEM, NH, 03079
Specialty OBG
Board Certified OBG
School and Year of Graduation COLUMBIA UNIVERSITY USA 2000
Internship and Year WASHINGTON UNIVERSITY BARNES-JEWISH HOSPITAL - ST LOUIS, MO 2002
Residency and Year WASHINGTON UNIVERSITY BARNES-JEWISH HOSPITAL - ST LOUIS, MO 2004
License Expiration Date **6/30/2017**
Remarks

License Number 12848
License Date 8/3/2005
Name **KIM, VICTOR B MD**
Address 712 RIVERSIDE PINES CT, SALISBURY, MD, 21801
Specialty CTS
Board Certified TS
School and Year of Graduation VIRGINIA UNIVERSITY, RICHMOND VA US 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1997
Residency and Year EAST CAROLINA UNIVERSITY, GREENVILLE NC 2002
License Expiration Date **6/30/2017**
Remarks

License Number 15881
License Date 10/3/2012
Name **KIMBALL, DAVID L MD**
Address 2738 NORTHLAKE RD, GAINESVILLE, GA, 30506
Specialty DR
Board Certified DR
School and Year of Graduation WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE USA 1994
Internship and Year AULTMAN HOSPITAL - CANTON, OH 1995
Residency and Year AULT HOSPITAL - CANTON, OH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 6325
License Date 12/1/1980
Name **KIMBALL, KAROLINE L MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASS.SCH OF MED-WORCESTER,MA USA 1977
Internship and Year UNIV OF CT, FAMILY MED-FARMINGTON,CT 1980
Residency and Year UNIV OF CT FAMILY MED - FARMINGTON, CT 1980
License Expiration Date **6/30/2016**
Remarks

License Number 15254
License Date 6/1/2011
Name **KIMBERLY, WILLIAM T MD**
Address MGH, 55 FRUIT ST BIGELOW 1206BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2004
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11797
License Date 12/4/2002
Name **KINBACK, RITA M MD**
Address DHMC DEPT RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified
School and Year of Graduation DREXEL UNIV - PHILADELPHIA, PA USA 1998
Internship and Year PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2003**
Remarks

License Number 8592
License Date 7/17/1991
Name **KINCARE, PATRICIA M MD**
Address WOODLAND PROFESSIONAL ASSOC, 20 MARY E CLARK DR UNIT 8HAMPSTEAD, NH, 03841
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1984
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1985
Residency and Year CONNECTICUT MENTAL HEALTH CENTER - NEW HAVEN, CT 1988
License Expiration Date **6/30/2017**
Remarks

License Number 13748
License Date 11/7/2007
Name **KINDRED, MICHAEL G MD**
Address UNIVERSITY OF KY, DEPT OF PSYCHIATRY, 245 FOUNTAIN CTLEXINGTON, KY, 40509
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF COLORADO USA 2003
Internship and Year UNIV OF OKLAHOMA HEALTH SCIENCES CENTER - TULSA, OK 2006
Residency and Year UNIV OF OKLAHOMA HEALTH SCIENCES CTR - TULSA, OK 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16371
License Date 11/6/2013
Name **KING, BETHANY J MD**
Address ENT ASSOCIATES OF NH, 85 SPRING ST LACONIA, NH, 03246
Specialty OTO
Board Certified OTO
School and Year of Graduation LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2005
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10450
License Date 11/4/1998
Name **KING, BRYAN H MD**
Address CHILDREN'S HOSPITAL & MED CTR, 4800 SAND POINT WAY NE SEATTLE, WA, 98105
Specialty P
Board Certified P
School and Year of Graduation MEDICAL COLL OF WISCONSIN -MILWAUKEE, WI USA 1983
Internship and Year UCLA NEUROPSYCHIATRIC INSTITUTE - LOS ANGELES, CA 1987
Residency and Year UCLA NEUROPSYCHIATRIC INSTITUTE- LOS ANGELES, CA 1988
License Expiration Date **6/30/2006**
Remarks

License Number 13215
License Date 8/2/2006
Name **KING, CYNTHIA G MD**
Address 250 PLEASANT ST, YEAPLE BLDG CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2002
Internship and Year HIGHLAND FAMILY MEDICINE-ROCHESTER, NY 2003
Residency and Year HIGHLAND FAMILY MEDICINE-ROCHESTER, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 5904
License Date 5/4/1978
Name **KING, EDWARD W MD**
Address ACCESS SPORTS MEDICINE, ONE HAMPTON RD EXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE - OH USA 1972
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1973
Residency and Year NEWINGTON CHILDRENS HOSPITAL - NEWINGTON, CT 1977
License Expiration Date **6/30/2006**
Remarks

License Number 4593
License Date 8/13/1970
Name **KING, HOWARD S MD**
Address 2000 WASHINGTON ST, NEWTON, MA, 02462
Specialty
Board Certified PD
School and Year of Graduation BOSTON UNIV, MA USA 1956
Internship and Year MASS MEMORIAL HOSPITAL - BOSTON, MA 1957
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1959
License Expiration Date **6/30/2012**
Remarks

License Number 10586
License Date 6/2/1999
Name **KING, MARGARET W MD**
Address 4021 S 700 EAST STE 300, SALT LAKE CITY, UT, 84107
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1985
Internship and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1988
Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1990
License Expiration Date **6/30/2001**
Remarks

License Number 7747
License Date 12/2/1987
Name **KING, RAYMOND T MD**
Address 39 SIMON ST UNIT 6, NASHUA, NH, 03060-
Specialty IM
Board Certified IM
School and Year of Graduation UNIV TEC DE SANTIAGO ESCUELA DE MED CHILE 1984
Internship and Year ST MARYS HOSPITAL WATERBURY CT 1985
Residency and Year ST MARYS HOSPITAL WATERBURY CT 1987
License Expiration Date **6/30/2017**
Remarks

License Number 6263
License Date 8/7/1980
Name **KING, RICHARD S MD**
Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty EM
Board Certified EM
School and Year of Graduation ALBANY MED COLL OF UNION UNIV - ALBANY, NY USA 1977
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1978
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 7044
License Date 2/7/1985
Name **KING, THOMAS V MD**
Address THE KNEE HIP SHOULDER CENTER, MOB 333 BORTHWICK AVE STE 301PORTSMOUTH, NH, 03801
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MED SCH -BOSTON,MA USA 1978
Internship and Year MASS GEN HOSP-BOSTON,MA 1979
Residency and Year BRINGHAM-WOMANS HOSP-BOSTON,MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 6112
License Date 9/6/1979
Name **KINLAW III, WILLIAM B MD**
Address DHMC-ENDOCRINOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHOOL MEDICINE - BOSTON, MA USA 1977
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date **6/30/2017**
Remarks

License Number 12938
License Date 11/2/2005
Name **KINNEY, KELLY L MD**
Address NEW LONDON PHYSICIAN PRACTICES, NEW LONDON HOSPITAL COUNTY ROADNEW LONDON, NH,
Specialty FP
Board Certified FP
School and Year of Graduation MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 1984
Internship and Year SPARROW HOSPITAL, LANSING MI 1985
Residency and Year SPARROW HOSPITAL, LANSING MI 1987
License Expiration Date **6/30/2017**
Remarks

License Number 14878
License Date 6/2/2010
Name **KINSLER, ERRON L MD**
Address DH CLINIC-BEDFORD MED PARK, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13866
License Date 3/5/2008
Name **KIPROP, PETER MD**
Address MANCHESTER COMM HLTH CARE, 145 HOLLIS STMANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation MOI UNIV KENYA 1999
Internship and Year UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2006
Residency and Year UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2007
License Expiration Date **6/30/2016**
Remarks

License Number 8450
License Date 10/10/1990
Name **KIRBY, CHRISTOPHER B MD**
Address EASTER SEALS - FARNUM CTR, 235 HANOVER STMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MISSOURI-KANSAS CITY SCH OF MED USA 1980
Internship and Year WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB,, TX 1982
Residency and Year WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1983
License Expiration Date **7/13/2012**
Remarks **3/12/09 - Preliminary Agreement for Practice Restrictions. 11/8/10 - Settlement Agreement 12/27/10 - Order Waiving Reinstatement Requirement. Dr. Kirby is required to renew license rather than reinstate. 12/27/10 - renewed license. 7/13/12 - Emergency License Suspension and Notice of Hearing. 7/26/12 - Preliminary Agreement for Practice Restrictions. 7/8/14 - Settlement Agreement**

License Number 13628
License Date 8/1/2007
Name **KIRBY-LONG, PAULA C MD**
Address DHMC-SLEEP DISORDER CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2009**
Remarks

License Number 16914
License Date 1/21/2015
Name **KIREYEV, DMITRIY MD**
Address MGH-ECHOCARDIOGRAPHY DEPT, 55 FRUIT ST YAWKEE 5BOSTON, MA, 02114
Specialty CD
Board Certified CD
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year CARITAS ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2005
Residency and Year CARITAS ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 8800
License Date 9/2/1992
Name **KIRK, EILEEN P MD**
Address NEW LONDON HOSP, 270 COUNTY RDNEW LONDON, NH, 03257
Specialty OBG
Board Certified OBG
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT SYRACUSE USA 1988
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER - MINNESOTA 1992
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER - MINNESOTA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 5132
License Date 1/2/1974
Name **KIRK, JOHN W MD**
Address NEW LONDON HOSPITAL PRACTICES, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIVERSITY-NEW YORK NY USA 1970
Internship and Year UNIVERSITY OF CHICAGO-CHICAGO IL 1971
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH 1972
License Expiration Date **6/30/2016**
Remarks

License Number 9992
License Date 5/7/1997
Name **KIRK, STEPHEN M MD**
Address SALEM NH PHYSICIANS NETWORK, 289 MAIN STREETSALEM, NH, 03079
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1992
Internship and Year UNIV OF MD MED-BALITMORE,MD 1995
Residency and Year UNIV OF MD MED -BALTIMORE,MD 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10787
License Date 12/1/1999
Name **KIRKLAND, KATHRYN B MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL- HANOVER, NH USA 1986
Internship and Year DARTMOUTH MEDICAL SCHOOL - LEBANON, NH 1987
Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 5369
License Date 7/15/1975
Name **KIRKLAND, KENT L MD**
Address STAFF CARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF COLORADO USA 1967
Internship and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1968
Residency and Year UNIV OF COLORADO AFFILIATED PROGRAM-DENVER, CO 1972
License Expiration Date **6/30/2009**
Remarks **LAPSED FOR NON-RENEWAL 4/22/91...
REINSTATED 5/9/07**

License Number 13867
License Date 3/5/2008
Name **KIRKPATRICK, CHRISTINA L MD**
Address CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF UTAH USA 2000
Internship and Year UNIV OF CINCINNATI - CINCINNATI, OH 2001
Residency and Year UNIV OF CINCINNATI - CINCINNATI, OH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13970
License Date 5/7/2008
Name **KIRKPATRICK, JENNIFER D MD**
Address NORTH TEXAS ANESTHESIA, 7557 RAMBLER RDDALLAS, TX, 75231
Specialty AN
Board Certified
School and Year of Graduation UNIV OF TEXAS USA 2004
Internship and Year UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 2005
Residency and Year UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 2007
License Expiration Date **6/30/2010**
Remarks

License Number 6046
License Date 5/3/1979
Name **KIRMES, WILLIAM J DO**
Address MANCHESTER OSTEOPATHIC, 35 HIGH STMANCHESTER, NH, 03104-6116
Specialty OS
Board Certified OS
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE - MO USA 1975
Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1976
Residency and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1976
License Expiration Date **6/30/2017**
Remarks

License Number 10587
License Date 6/2/1999
Name **KIRTSMAN, IRINA MD**
Address MEDICAL PROFESSIONAL CORPORATION, 4 MONTREAL RD SUITE 205CORNWALL ONTARIO CAN, , K
Specialty PD
Board Certified PD
School and Year of Graduation ROSTOV MED INSTITUTE - ROSTOV, RUSSIA RUSSIA 1981
Internship and Year NEW YORK METHODIST HOSP- BROOKLYN, NY 1997
Residency and Year NEW YORK METHODIST HOSP - BROOKLYN, NY 1997
License Expiration Date **6/30/2017**
Remarks

License Number 15926
License Date 11/7/2012
Name **KIRWAN, RYAN C MD**
Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLBEDFORD, NH, 03110
Specialty DR
Board Certified DR
School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 2004
Internship and Year TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM - TUCSON, AZ 2005
Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2009
License Expiration Date **6/30/2014**
Remarks

License Number 5064
License Date 8/17/1973
Name **KISH, GARY MD**
Address WOUND CARE CENTER, PO BOX 447PORTSMOUTH, NH, 03802
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF ROCHESTER-ROCHESTER NY USA 1966
Internship and Year MEDICAL COLL OF VIRGINIA-RICHMOND VA 1967
Residency and Year STRONG MEMORIAL HOSP-ROCHESTER NY 1971
License Expiration Date **6/30/2017**
Remarks

License Number 12658
License Date 4/6/2005
Name **KISIEL, STEPHEN L DO**
Address BERKSHIRE OSTEOPATHIC HEALTH, 2 PARK ST STE 201ADAMS, MA, 01220
Specialty FP
Board Certified
School and Year of Graduation NY COLLEGE OF OSTEO MEDICINE, OLD WESTBURY NY US 2001
Internship and Year BERKSHIRE MED CENTER, PITTSFIELD MA 2002
Residency and Year UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME 2004
License Expiration Date **6/30/2007**
Remarks

License Number 11063
License Date 9/6/2000
Name **KISPERT, PAUL H MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1982
Internship and Year UNIV OF VERMONT-FLETCHER ALLEN HEALTH CENTER - BURLINGTON, VT 1983
Residency and Year UNIV OF VERMONT-FLETCHER ALLEN HEALTH CENTER - BURLINGTON, VT 1987
License Expiration Date **6/30/2016**
Remarks

License Number 16654
License Date 6/4/2014
Name **KISSEL, JAKOB MD**
Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF KENTUCKY USA 2011
Internship and Year UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 2012
Residency and Year UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 16175
License Date 6/5/2013
Name **KISSINGER, WENDY A DO**
Address EMERGENCY MEDICAL PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MED USA 2000
Internship and Year SOUTH POINTE HOSPITAL - WARRENSVILLE HEIGHTS, OH 2001
Residency and Year SOUTH POINTE HOSPITAL - WARRENSVILLE HEIGHTS, OH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 4704
License Date 6/12/1972
Name **KISSMEYER-NIELSEN, PERLA M MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104-7004
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES-MANILA PHILIPPINES 1955
Internship and Year SOUTH BALTIMORE GENERAL HOSP-BALTIMORE MD 1956
Residency and Year DELAWARE STATE HOSP-FARNHURST DE 1964
License Expiration Date **6/30/2008**
Remarks **Deceased 8/1/14**

License Number 10718
License Date 10/6/1999
Name **KISTLER, DIANE L DO**
Address NEW HAMPTON FAMILY PRACTICE, 345 NH RTE 104NEW HAMPTON, NH, 03253
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF N.E. COLLEGE OF OSTEOPATHIC MEDICINE USA 1995
Internship and Year CENTRAL MAINE MEDICAL CENTER DEPT OF FAMILY PRACTICE LEWISON, ME 1997
Residency and Year CENTRAL MAINE MEDICAL CENTER DEPT OF FAM PRACTICE LEWISTON ME 1998
License Expiration Date **6/30/2017**
Remarks

License Number 16315
License Date 9/4/2013
Name **KITTAY, MICHAEL J MD**
Address 24 CHERRY HILL ST, W NEWBURY, MA, 01985
Specialty AN
Board Certified AN
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1974
Internship and Year MOUNT SINAI MEDICAL CENTER - NY, NY 1975
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER, NY, NY 1977
License Expiration Date **6/30/2015**
Remarks

License Number 10029
License Date 6/4/1997
Name **KITTREDGE, DIANE MD**
Address DHMC-PEDIATRICS, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL-MA USA 1972
Internship and Year YALE NEW HAVE HOSPITAL-CT 1973
Residency and Year CHILDREN'S HOSPITAL-MA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 15759
License Date 7/11/2012
Name **KITTU, KAVITHA MD**
Address CONCORD HOSP, 250 PLEASANT ST 5WCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation SRI RAMACHANDRA MEDICAL COLLEGE & RESEARCH INSTITU INDIA 2003
Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2009
Residency and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 6949
License Date 8/2/1984
Name **KIVINIEMI, JAN A MD**
Address LAKES REGION GENERAL HOSP, HIGHLAND ST LACONIA, NH, 03247-1305
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF KENTUCKY COLL MED -LEXINGTON,KY USA 1972
Internship and Year DARTMOUTH-HITCOCK MED CTR-HANOVER,NH 1973
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1975
License Expiration Date **6/30/2001**
Remarks

License Number 12966
License Date 12/7/2005
Name **KIZILBASH, LEENA F MD**
Address 22 HAYDEN ST, BOSTON, MA, 02120
Specialty P
Board Certified
School and Year of Graduation ROSS UNIVERSITY, PORTSMOUTH DOMINICA DOMINICA 1998
Internship and Year INSTITUTE OF LIVING/HARTFORD HOSPITAL, HARTFORD CT 2001
Residency and Year KALAMAZOO CTR FOR MED STUDIES, KALAMAZOO MI 2003
License Expiration Date **6/30/2007**
Remarks

License Number 13500
License Date 5/9/2007
Name **KLAGGES, BRIAN D MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIV OF NEW YORK USA 2000
Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 2002
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 14419
License Date 5/6/2009
Name **KLAHR, PHILLIP D MD**
Address 6451 NORTH FEDERAL HWY STE 800, FORT LAUDERDALE, FL, 33308
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA UNIV USA 1990
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1991
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1993
License Expiration Date **6/30/2015**
Remarks

License Number 10825
License Date 2/2/2000
Name **KLAUS, SIDNEY N MD**
Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JCT, VT, 05009
Specialty D
Board Certified D
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1957
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1958
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1964
License Expiration Date **6/30/2014**
Remarks

License Number 7321
License Date 5/8/1986
Name **KLEEMAN, THOMAS J MD**
Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110-
Specialty ORS
Board Certified ORS
School and Year of Graduation YALE UNIV SCH MED - NEW HAVEN, CT USA 1981
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN,CT 1982
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN,CT 1985
License Expiration Date **6/30/2016**
Remarks

License Number 6591
License Date 7/15/1982
Name **KLEIN, DAVID A MD**
Address NEW ENGLAND NEUROLOGICAL, 10 GEORGE ST STE 300LOWELL, MA, 01852-1713
Specialty N
Board Certified N
School and Year of Graduation UNIV OF TEXAS MED SCH-SAN ANTONIO,TX USA 1978
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1979
Residency and Year PRESBYTERIAN HOSP-NEW YORK,NY 1982
License Expiration Date **6/30/2000**
Remarks **Deceased 3/20/2000**

License Number 13713
License Date 10/3/2007
Name **KLEIN, JEFFREY S MD**
Address FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation STATE UNIV OF NEW YORK USA 1983
Internship and Year STATEN ISLAND UNIV HOSPITAL-STATEN ISLAND, NY 1984
Residency and Year SUNY HEALTH SCIENCE CENTER AT BROOKLYN - BROOKLYN, NY 1988
License Expiration Date **6/30/2011**
Remarks

License Number 14348
License Date 3/4/2009
Name **KLEIN, LAWRENCE E MD**
Address PPS, ONE SCIENCE CT STE 200 COLUMBIA, SC, 29203
Specialty D
Board Certified D
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1978
Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1979
Residency and Year YALE UNIVERSITY - NEW HAVEN, CT 1982
License Expiration Date **6/30/2017**
Remarks

License Number 14801
License Date 4/7/2010
Name **KLEIN, LORENZO W MD**
Address WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820-2526
Specialty PUD
Board Certified IM
School and Year of Graduation MEDICAL UPPER SCHOOL OF HANNOVER GERMANY 2002
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2005
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 5539
License Date 6/25/1976
Name **KLEIN, ROBERT B MD**
Address HASBRO CHILDRENS HOSP, 593 EDDY ST PROVIDENCE, RI, 02903
Specialty PD
Board Certified PD
School and Year of Graduation FACULTE DE MED DE L UNIV DE LAUSANNE SWITZERLAND 1971
Internship and Year BETH ISREAL MEDICAL CENTER NEW YORK 1972
Residency and Year UNIV OF CALIFORNIA LOS ANGELES 1975
License Expiration Date **6/30/2016**
Remarks

License Number 11963
License Date 6/4/2003
Name **KLEIN, ROBERT M MD**
Address NEWTON-WELLESLEY HOSPITAL, 2014 WASHINGTON STNEWTON, MA, 02462
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MISSOURI - COLUMBIA MO USA 1986
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1987
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1990
License Expiration Date **6/30/2005**
Remarks

License Number 5662
License Date 1/6/1977
Name **KLEIN, ROBERT Z MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1944
Internship and Year CHILDREN'S HOSPITAL - BOSTON MA 1945
Residency and Year CHILDREN'S HOSPITAL - BOSTON MA 1948
License Expiration Date **6/30/2003**
Remarks

License Number 13675
License Date 9/5/2007
Name **KLEINMAN, STEPHEN C MD**
Address MGH-CHARLESTOWN HEALTH CARE, 73 HIGH STCHARLESTOWN, MA, 02129
Specialty P
Board Certified P
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1973
Internship and Year LOS ANGELES COUNTY-UNIV OF SOUTHERN CALIFORNIA MEDICAL - LOS ANGELES, CA 1974
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1977
License Expiration Date **6/30/2015**
Remarks

License Number 16372
License Date 11/6/2013
Name **KLEKERS, ALBERT R MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified
School and Year of Graduation WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year ROCHESTER GENERAL HOSPITAL-UNIVERSITY OF ROCHESTER - ROCHESTER, NY 2005
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 7909
License Date 7/6/1988
Name **KLEMENTOWICZ, PETER T MD**
Address 166 KINSLEY ST STE 301, NASHUA, NH, 03060
Specialty CD
Board Certified CD
School and Year of Graduation TUFTS UNIV SCH OF MED-BOSTON,MA USA 1978
Internship and Year MONTEFIORE HOSP MED CTR-BRONX,NY 1979
Residency and Year MONTEFIORE HOSP MED CTR-BRONX,NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 9044
License Date 9/1/1993
Name **KLEMENTOWSKI, MARC K MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation SUNY AT BUFFALO, NEW YORK USA 1990
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 7617
License Date 6/3/1987
Name **KLEMPERER, MARK A MD**
Address 16 FAHEY ST, STE 105BELFAST, ME, 04915
Specialty OBG
Board Certified OBG
School and Year of Graduation ST GEORGES UNIVERSITY, GRENADA GRENADA 1982
Internship and Year BROOKLYN HOSP, BROOKLYN NY 1984
Residency and Year BROOKLYN HOSP, BROOKLYN NY 1987
License Expiration Date **6/30/2005**
Remarks **LAPSED FOR NON-RENEWAL 6/30/92 - REINSTATED 4/7/04**

License Number 10140
License Date 10/1/1997
Name **KLETTI, NICHOLAS B MD**
Address UNUM INSURANCE, 2211 CONGRESS ST MAIL C310PORTLAND, ME, 04122
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH OF MED - IL USA 1986
Internship and Year MICHAEL REESE HOSPITAL MEDICAL CENTER - IL 1987
Residency and Year MASS GENERAL HOSPITAL - MA 1990
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/15
Renewed 7/29/15**

License Number 14349
License Date 3/4/2009
Name **KLIBANSKY, DAVID A MD**
Address PORTLAND GASTROENTEROLOGY ASSOCIATES, 1200 CONGRESS ST STE 300PORTLAND, ME, 04102-
Specialty GE
Board Certified IM
School and Year of Graduation CORNELL UNIV USA 2005
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 9535
License Date 8/29/1995
Name **KLINE, KATHLEEN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CHP
Board Certified P
School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE NEW HAVEN CT USA 1990
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE 1996
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE 1996
License Expiration Date **6/30/2003**
Remarks

License Number 5841
License Date 11/14/1977
Name **KLINE, RICHARD B MD**
Address , , ,
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1972
Internship and Year
Residency and Year
License Expiration Date **12/31/1978**
Remarks

License Number 14966
License Date 8/4/2010
Name **KLINE-KIM, JOHANNA F MD**
Address 316 NH ROUTE 11, FARMINGTON, NH, 03835
Specialty FP
Board Certified FP
School and Year of Graduation DREXEL UNIVERSITY USA 2007
Internship and Year UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 2008
Residency and Year UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 2010
License Expiration Date **6/30/2014**
Remarks

License Number 11996
License Date 7/2/2003
Name **KLINGER, DAGMAR MD**
Address 100 MILK ST STE 120, METHUEN, MA, 01844
Specialty IM
Board Certified IM
School and Year of Graduation CHARLES UNIV IN CZECH REPUBLIC CZECH REPUBLIC 1993
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1998
Residency and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2000
License Expiration Date **6/30/2007**
Remarks

License Number 2241
License Date 9/20/1940
Name **KLINGER, LEO MD**
Address 1319 ALTON WOODS DR, CONCORD, NH, 03301-7865
Specialty FP
Board Certified
School and Year of Graduation NEW YORK UNIVERSITY COLLEGE OF MEDICINE USA 1938
Internship and Year LINCOLN HOSPITAL - BRONX, NY 1939
Residency and Year LINCOLN HOSPITAL - BRONX, NY 1940
License Expiration Date **6/30/1999**
Remarks

License Number 12622
License Date 3/2/2005
Name **KLINGLER, LANCE J MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT ST CONCORD, NH, 03301
Specialty HSO
Board Certified HSO
School and Year of Graduation VANDERBILT UNIVERSITY, NASHVILLE TN US 1999
Internship and Year SOUTHERN ILLINOIS UNIVERSITY, SPRINGFIELD IL 2000
Residency and Year SOUTHERN ILLINOIS UNIVERSITY, SPRINGFIELD IL 2004
License Expiration Date **6/30/2017**
Remarks

License Number 9280
License Date 9/7/1994
Name **KLINKER, MARK R MD**
Address MANILAQ HEALTH CTR, PO BOX 43 KOTZEBUE, AK, 99752
Specialty CD
Board Certified CD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1986
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 12849
License Date 8/3/2005
Name **KLOC, CURTIS J MD**
Address ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty GS
Board Certified GS
School and Year of Graduation WEST VIRGINIA UNIVERSITY, MORGANTOWN WV US 1994
Internship and Year MERCY HOSPITAL, PITTSBURGH PA 1995
Residency and Year MERCY HOSPITAL, PITTSBURGH PA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 15446
License Date 11/2/2011
Name **KLODA, DANIEL G DO**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE USA 2005
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010
License Expiration Date **6/30/2017**
Remarks

License Number 12795
License Date 7/6/2005
Name **KLONEL, CARRIE B DO**
Address 12 ELM ST, ANTRIM, NH, 03440
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF N.E. COLLEGE, BIDDEFORD ME USA 2002
Internship and Year ST JOSEPHS MEDICAL CENTER, READING PA 2003
Residency and Year ST JOSEPHS MEDICAL CENTER, READING PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12796
License Date 7/6/2005
Name **KLONEL, STEPHEN G DO**
Address JAFFREY FAMILY MEDICINE, 82 PETERBOROUH STJAFFREY, NH, 03452
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF N.E. COLLEGE, BIDDEFORD ME USA 2002
Internship and Year ST JOSEPHS MEDICAL CENTER, READING PA 2003
Residency and Year ST JOSEPHS MEDICAL CENTER, READING PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10503
License Date 2/3/1999
Name **KLONOWSKI, EVA M MD**
Address USAWC HANAII CMR 470, BOX 4840APO AE, , 09165
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NEW YORK - BUFFALO, NY USA 1980
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 1981
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 1983
License Expiration Date **6/30/1999**
Remarks

License Number 15834
License Date 9/5/2012
Name **KLOSTER, NELS A MD**
Address PO BOX 404, MARLBORO, VT, 05344
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2001
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2002
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11322
License Date 7/11/2001
Name **KLUNK, L JOHN MD**
Address ELLIOT PEDIATRICS & PRIMARY CARE, 15 FREETOWN RDRAYMOND, NH, 03077
Specialty PD
Board Certified IM
School and Year of Graduation JEFFERSON MEDICAL COLLEGE PHILADLEPHIA PA USA 1997
Internship and Year BAYSTATE MEDICAL CENTER SPRINGFIELD MA 1998
Residency and Year BAYSTATE MEDICAL CENTER SPRINGFIELD MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 13431
License Date 3/7/2007
Name **KNAB, BRIAN R MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty RO
Board Certified RO
School and Year of Graduation DUKE UNIV USA 2002
Internship and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2003
Residency and Year UNIV OF CHICAGO - CHICAGO, IL 2006
License Expiration Date **6/30/2017**
Remarks

License Number 8919
License Date 4/7/1993
Name **KNAB, RICHARD E MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1966
Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1967
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1973
License Expiration Date **2/17/2012**
Remarks **DECEASED 2/17/2012**

License Number 15927
License Date 11/7/2012
Name **KNAPIK, THERSIA J MD**
Address 612 COUNTRY LANE, CARY, NC,
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 11374
License Date 9/5/2001
Name **KNAPP, DARLENE A MD**
Address ATLANTIC PATHOLOGY PRH MED OFF, 333 BORTHWICKPORTSMOUTH, NH, 03801
Specialty PTH
Board Certified PTH
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH-CLEVELAND, OH USA 1987
Internship and Year RAINBOW BABIES AND CHILDRENS HOSPITAL - CLEVELAND, OH 1988
Residency and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14382
License Date 4/1/2009
Name **KNAPP, RYAN R MD**
Address DHMC-DEPT OF EMERGENCY MED, ONE MED CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2007
Residency and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2008
License Expiration Date **6/30/2017**
Remarks

License Number 9736
License Date 6/5/1996
Name **KNEISSL, URSULA S MD**
Address PED HOSP PRGRM NHHC AT THE ELLIOT, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation GEORGE WASHINGTON UNIV-WASHINGTON DC USA 1993
Internship and Year GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 1995
Residency and Year GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC 1996
License Expiration Date **6/30/2016**
Remarks

License Number 9487
License Date 7/5/1995
Name **KNEPP, MARY E MD**
Address 10 N 7TH ST, STROUDSBURG, PA, 18360
Specialty D
Board Certified D
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1965
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA PA 1966
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 1976
License Expiration Date **6/30/2001**
Remarks **Deceased 2/26/2007**

License Number 7684
License Date 8/5/1987
Name **KNESEVICH, JOHN W MD**
Address 27 FARLEY RD, HOLLIS, NH, 03049
Specialty P
Board Certified P
School and Year of Graduation MC GILL UNIV FAC OF MEDICINE-MONTREAL CANADA 1974
Internship and Year BARNES HOSP-ST LOUIS, MO 1975
Residency and Year WASH UNIV MED SCH-ST LOUIS MO 1977
License Expiration Date **6/30/2015**
Remarks

License Number 5185
License Date 6/10/1974
Name **KNIFFIN JR, WAYNE D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE, OH USA 1969
Internship and Year CLEVELAND METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1970
Residency and Year CLEVELNAD METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1971
License Expiration Date **6/30/2006**
Remarks

License Number 11230
License Date 4/4/2001
Name **KNIGHT, ERIC L MD**
Address ELLIOT PRIM CARE @ LONDONDERRY, 40 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1998
Internship and Year MALDEN MEDICAL CENTER - MALDEN, MA 1999
Residency and Year MALDEN MEDICAL CENTER - MALDEN, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 7811
License Date 4/6/1988
Name **KNIGHT, MICHAEL J MD**
Address HAMPSTEAD HOSPITAL, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty P
Board Certified P
School and Year of Graduation UNIV OF NC CHAPEL HILL SCH MED - CHAPEL,NC USA 1984
Internship and Year INSTITUTE OF LIVING - HARTFORD, CT 1985
Residency and Year INSTITUTE OF LIVING - HARTFORD, CT 1988
License Expiration Date **6/30/2016**
Remarks

License Number 10087
License Date 8/6/1997
Name **KNIGHT, RANDOLPH R MD**
Address LITTLETON REGIONAL HEALTHCARE, 600 ST JOHNSBURY ROADLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VA SCH OF MEDICINE - CHARLOTTESVILLE VA USA 1994
Internship and Year MERLE WEST MEDICAL CENTER-OR 1997
Residency and Year MERLE WEST MEDICAL CENTER - OR 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13676
License Date 9/5/2007
Name **KNIRK, JERRY L MD**
Address SACO RIVER MEDICAL GROUP, 7 GREENWOOD AVECONWAY, NH, 03818
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1978
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1980
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 9993
License Date 5/7/1997
Name **KNOBLER, STACY B MD**
Address 12 INMAN ST APT 25, CAMBRIDGE, MA, 02139-2418
Specialty N
Board Certified
School and Year of Graduation UNIVOF CINCINNATICOLL OF MED USA 1989
Internship and Year LONG ISLAND JEWISH MED CTR-NY 1991
Residency and Year LONG ISLAND JEWISH MED CTR-NY 1994
License Expiration Date **6/30/1998**
Remarks

License Number 11323
License Date 7/11/2001
Name **KNOFF, JON-RICHARD MD**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STREETNASHUA, NH, 03060
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1996
Internship and Year UNIVERSITY OF KANSAS-WICHITA 1997
Residency and Year UNIVERSITY OF KANSAS-WICHITA 2000
License Expiration Date **6/30/2007**
Remarks

License Number 11417
License Date 10/3/2001
Name **KNOLL IV, JAMES L MD**
Address DEPT OF CORRECTIONS, PO BOX 2828CONCORD, NH, 03302
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TEXAS - DALLAS, TX USA 1994
Internship and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1998
Residency and Year UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 1999
License Expiration Date **6/30/2007**
Remarks

License Number 7812
License Date 4/6/1988
Name **KNOLL, ROBERT MD**
Address LAKES REGION RADIOLOGY, 87 SPRING ST STE 101LACONIA, NH, 03246
Specialty DR
Board Certified DR
School and Year of Graduation NEW YORK UNIV SCH MED - NY, NY USA 1982
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1984
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 16517
License Date 3/5/2014
Name **KNOPF, SIMON L MD**
Address 2080 BOSTON NECK RD, SAUNDERSTOWN, RI, 02874
Specialty GS
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCH OF MEDICINE USA 1996
Internship and Year TRUMAN MEDICAL CENTER - KANSAS CITY, MO 1997
Residency and Year TRUMAN MEDICAL CENTER - KANSAS CITY, MO 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13111
License Date 6/7/2006
Name **KNOWLAND, MICHAEL MD**
Address EASTERN ME ORL, 585 UNION ST STE 145BANGOR, ME, 04401
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF LONDON UNITED KINGDON 1972
Internship and Year UNIV OF ALBERTA-EDMONTON, ALBERTA CANADA 1977
Residency and Year UNIV OF ALBERTA-EDMONTON, ALBERTA CANADA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 15835
License Date 9/5/2012
Name **KNOWLES, ROBERT C MD**
Address MEDICAL ARTS BUILDING, 454 OLD STREET ROAD SUITE 201PETERBOROUGH, NH, 03458
Specialty GS
Board Certified GS
School and Year of Graduation WAKE FOREST SCHOOL OF MEDICINE USA 1989
Internship and Year THE CARILION CLINIC - VTC SCHOOL OF MEDICINE - ROANOKE, VA 1990
Residency and Year DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 1997
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/2/14

License Number 11921
License Date 5/7/2003
Name **KNOX, CHRISTOPHER J DO**
Address EAR NOSE & THROAT SURGERY, 158 NH ROUTE 108 SUITE BDOVER, NH, 03820
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO - BIDDEFORD, ME USA 1997
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1998
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12998
License Date 2/1/2006
Name **KNUPPEL, ROBERT A MD**
Address 800 WESTCHESTER AVE, STE 540 RYE BROOK, NY, 10573
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1973
Internship and Year NEW ENGLAND MED CTR, BOSTON MA 1974
Residency and Year NEW ENGLAND MED CTR, BOSTON MA 1976
License Expiration Date **6/30/2008**
Remarks

License Number 9928
License Date 2/5/1997
Name **KNUTSON, CLARK J MD**
Address 1068 CUMBERLAND HEAD, PLATTSBURGH, NY, 12901
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1977
Internship and Year DAVID GRANT USAF MEDICAL CENTER - CA 1978
Residency and Year DAVID GRANT USAF MEDICAL CENTER - CA 1980
License Expiration Date **6/30/2001**
Remarks

License Number 12984
License Date 1/4/2006
Name **KNYCH, STEPHEN A MD**
Address 400 CELEBRATION PLACE, CELEBRATION, FL, 34747
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIFORMED SERVICES UNIV OF HEALTH SCIENCES USA 1986
Internship and Year WILFORD HALL MEDICAL CENTER, LACKLAND AFB, TX 1987
Residency and Year NEW ENGLAND CENTER, BOSTON MA 1991
License Expiration Date **6/30/2014**
Remarks

License Number 16480
License Date 2/5/2014
Name **KO, STEPHEN C MD**
Address BOSTON UNIVERSITY, 801 MASSACHUSETTS AVE CROSSTOWN CTR, 3RD FL BOSTON, MA, 02118
Specialty PD
Board Certified PD
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 2004
Internship and Year UMDNJ?ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2005
Residency and Year SUNY @ STONY BROOK SCHOOL OF MEDICINE-STONY BROOK, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13714
License Date 10/3/2007
Name **KOBEISSI, ZOULFICAR A MD**
Address ST JOSEPH HOSPITAL, 360 BROADWAYBANGOR, ME, 04401
Specialty
Board Certified IM
School and Year of Graduation AMERICAN UNIV OF BEIRUT LEBANON 1994
Internship and Year GOOD SAMARITAN HOSPITAL OF MARYLAND - BALTIMORE, MD 2000
Residency and Year GOOD SAMARITAN HOSPITAL OF MARYLAND - BALTIMORE, MD 2002
License Expiration Date **6/30/2009**
Remarks

License Number 14967
License Date 8/4/2010
Name **KOBYLARZ, ERIK J MD**
Address DHMC-NEUROLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1991
Internship and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 1992
Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 1995
License Expiration Date **6/30/2016**
Remarks

License Number 15064
License Date 11/3/2010
Name **KOCH, CHRISTOPHER T MD**
Address 3715 S 170TH CT, OMAHA, NE, 68130
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF NEBRASKA USA 2005
Internship and Year ST LUKES MEDICAL CENTER - MILWAUKEE, WI 2006
Residency and Year UNIVERSITY OF NEBRASKA MEDICAL CENTER - OMAHA, NE 2010
License Expiration Date **6/30/2014**
Remarks

License Number 6735
License Date 7/7/1983
Name **KOCH, ROBERT G MD**
Address SO NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1979
Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1980
Residency and Year UNIV MA HOSP-MED CTR-WORCHESTER,MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 10537
License Date 4/7/1999
Name **KODALI, SRILATHA MD**
Address 49 ATWOOD RD, PO BOX 434PELHAM, NH, 03076
Specialty IM
Board Certified IM
School and Year of Graduation SIDDHARTHA MED COLL GUNADALA INDIA 1993
Internship and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1997
Residency and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 9811
License Date 8/7/1996
Name **KODE, LAKSHMI MD**
Address 30680 BAINBRIDGE RD, SOLON, OH, 44139-
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF CINCINNATI COLLEGE OF MEDICINE - OH USA 1988
Internship and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1991
Residency and Year UNIV OF CALIFORNIA LOS ANGELES, CA 1995
License Expiration Date **6/30/1998**
Remarks

License Number 12605
License Date 2/2/2005
Name **KODISH, MARTIIN E MD**
Address AETNA, 151 FARMINGTON AVE MCI7HARTFORD, CT, 06156
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1969
Internship and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1970
Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1971
License Expiration Date **6/30/2011**
Remarks

License Number 8852
License Date 11/4/1992
Name **KOEHLER, PAUL B MD**
Address 99 MOUNTAINSIDE DR, NEWBURY, NH, 03255-5205
Specialty AI
Board Certified AI
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1948
Internship and Year FRANCIS SCOTT KEY MEDICAL CENTER - BALTIMORE MD 1949
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1950
License Expiration Date **6/30/2008**
Remarks

License Number 13253
License Date 9/6/2006
Name **KOENIG, CLINT J MD**
Address NH DEPT OF HEALTH & HUMAN SER, 129 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1997
Internship and Year METROHEALTH MEDICAL CTR-CLEVELAND OH 1998
Residency and Year UNIV OF MISSOURI-COLUMBIA OH 2000
License Expiration Date **6/30/2008**
Remarks

License Number 12999
License Date 2/1/2006
Name **KOENIG, KARL M MD**
Address DHMC - DEPT OF ORTHO SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation BAYLOR COLLEGE, HOUSTON TX US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2016**
Remarks **lapsed for non-renewal 6/30/08...**
Reinstated 10/7/09

License Number 13802
License Date 1/11/2008
Name **KOESTER, ALAN R MD**
Address 2533 RAINBOW DR, LAFAYETTE, IN, 47904
Specialty ORS
Board Certified ORS
School and Year of Graduation SO ILLINOIS UNIV USA 1989
Internship and Year SOUTHERN ILLINOIS SCHOOL OF MEDICINE - SPRINGFIELD, IL 1990
Residency and Year SOUTHERN ILLINOIS SCHOOL OF MEDICINE - SPRINGFIELD, IL 1993
License Expiration Date **6/30/2010**
Remarks

License Number 12109
License Date 10/1/2003
Name **KOFF, MATTHEW D MD**
Address DEPT OF CRITICAL CARE MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CCM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 2000
Internship and Year UNIVERSITY OF MA, WORCESTER MA 2001
Residency and Year UNIVERSITY OF MA, WORCESTER MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 11706
License Date 8/7/2002
Name **KOGAN, INNA MD**
Address CARNEY HOSPITAL, 2100 DORCHESTER AVEDORCHESTER, MA, 02124
Specialty PCC
Board Certified PCC
School and Year of Graduation LENINGRAD SANITARY-HYGIENIE MED INSTITUTE RUSSIA 1982
Internship and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1992
Residency and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 15713
License Date 6/6/2012
Name **KOGAN, JACOB Y MD**
Address 30 FARMCREST AVE, LEXINGTON, MA, 02421
Specialty N
Board Certified N
School and Year of Graduation TUFTS UNIVERSITY USA 2000
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2001
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE 2004
License Expiration Date **6/30/2014**
Remarks

License Number 15962
License Date 12/5/2012
Name **KOGAN, LEONID MD**
Address LITTLETON REGIONAL HEALTHCARE, 580 ST JOHNSBURY ROADLITTLETON, NH, 03561
Specialty GE
Board Certified GE
School and Year of Graduation ROSS UNIVERSITY USA 2002
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2003
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9839
License Date 9/4/1996
Name **KOHEN-DINIYAK, CAROLE G DO**
Address CHILD HEALTH SERVICES, 1245 ELM STMANCHESTER, NH, 03101
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEO MED BIDDEFORD USA 1986
Internship and Year BROOKDALE HOSPITAL MEDICAL CENTER - NY 1990
Residency and Year MEMORIAL HOSPITAL CANCER-ALLIED DISTRICT - NY 1993
License Expiration Date **6/30/2014**
Remarks

License Number 13377
License Date 1/3/2007
Name **KOHLER, PETER C MD**
Address EYE CENTER OF CENTRAL MAINE, 40 AIRPORT RD STE 1WATERVILLE, ME, 04901
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF VERMONT USA 1988
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1989
Residency and Year EYE FOUNDATION OF KANSAS CITY - KANSAS CITY , MO 1992
License Expiration Date **6/30/2013**
Remarks

License Number 13254
License Date 9/6/2006
Name **KOHLI, NEERAJ MD**
Address BRIGHAM UROGYNECOLOGY GROUP, 75 FRANCIS STBOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation BOSTON UNIV USA 1991
Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR-BOSTON MA 1992
Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR-BOSTON MA 1995
License Expiration Date **6/30/2010**
Remarks

License Number 7356
License Date 6/12/1986
Name **KOIS, WILLIAM E MD**
Address ZERO KINSLEY ST, NASHUA, NH, 03060
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1983
Internship and Year NEW ENGLAND MED CTR HOSPITAL-BOSTON 1984
Residency and Year NEW ENGLAND MED CTR HOSPITAL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 17065
License Date 5/6/2015
Name **KOKKO, SARAH F MD**
Address 62B CHURCH ST, LEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 16548
License Date 4/2/2014
Name **KOLB NAVA, CASEY M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 16176
License Date 6/5/2013
Name **KOLKER, CHRISTOPHER T MD**
Address 816 A FRISCO, PO BOX 399CLINTON, OK, 73601
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CTR USA 1996
Internship and Year SAINT ANTHONY HOSPITAL - OKLAHOMA CITY, OK 1997
Residency and Year SAINT ANTHONY HOSPITAL - OKLAHOMA CITY, OK 1999
License Expiration Date **6/30/2015**
Remarks

License Number 6251
License Date 7/7/1980
Name **KOLLISCH, DONALD O MD**
Address VA MEDICAL CENTER, NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW YORK DOWNSTATE COLLEGE OF MEDICINE USA 1977
Internship and Year HIGHLAND HOSPITAL - ROCHESTER NY 1978
Residency and Year HIGHLAND HOSPITAL - ROCHESTER NY 1980
License Expiration Date **6/30/2016**
Remarks

License Number 11324
License Date 7/11/2001
Name **KOLM, LUKAS R MD**
Address WENTWORTH DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year ST ELIZABETH'S MEDICAL CENTER BOSTON MA 1998
Residency and Year COOK COUNTY HOSPITAL CHICAGO IL 2001
License Expiration Date **6/30/2017**
Remarks

License Number 11549
License Date 3/6/2002
Name **KOLO-CARON, LUCINDA M MD**
Address DHMC-JAFFREY, 82 PETERBOROUGH STJAFFREY, NH, 03451
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year UNION HOSPITAL - TERRE HAUNTE, IN 2000
Residency and Year UNION HOSPITAL - TERRE HAUNTE, IN 2001
License Expiration Date **6/30/2008**
Remarks

License Number 17173
License Date 7/1/2015
Name **KOMARAGIRI, MAHATHI S MD**
Address 2151 ROUTE 38 APT 1011, CHERRY HILL, NJ, 08002
Specialty IM
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2012
Internship and Year COOPER MED SCHOOL OF ROWAN UNIV/ COOPER UNIV HOSPITAL-CAMDEN, NJ 2013
Residency and Year COOPER MED SCHOOL OF ROWAN UNIV/ COOPER UNIV HOSPITAL-CAMDEN, NJ 2015
License Expiration Date **6/30/2017**
Remarks

License Number 14879
License Date 6/2/2010
Name **KOMARLA, ARATHI R MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MIAMI USA 2003
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2004
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 16760
License Date 9/3/2014
Name **KOMMANA, HARISHA MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIV INDIA 2002
Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TX 2010
Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TX 2013
License Expiration Date **6/30/2016**
Remarks

License Number 11779
License Date 11/6/2002
Name **KOMMINENI, DEVIKA MD**
Address 336 EAST MAIN ST APT 15, MARLBOROUGH, MA, 01752
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MYSORE- KARNATAKA, INDIA INDIA 1996
Internship and Year ENGLEWOOD HOSPITAL MEDICAL CENTER - ENGLEWOOD, NJ 1999
Residency and Year ENGLEWOOD HOSPITAL MEDICAL CENTER - ENGLEWOOD, NJ 2001
License Expiration Date **6/30/2003**
Remarks

License Number 14926
License Date 7/7/2010
Name **KONANUR, INDIRA D DO**
Address HAMPTON HEALTH CORE PHYSICIANS, 879 LAFAYETTE RDHAMPTON, NH, 03842
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NORTH TEXAS USA 2007
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2008
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2010
License Expiration Date **6/30/2014**
Remarks

License Number 14421
License Date 5/6/2009
Name **KONDAPANENI, MEERA D MD**
Address , 460 HIGHPOINTE DRPITTSBURG, PA, 15220
Specialty IM
Board Certified IM
School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 2001
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2004
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date **6/30/2013**
Remarks

License Number 13501
License Date 5/9/2007
Name **KONG, YANPING MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty END
Board Certified END
School and Year of Graduation HEBEI MEDICAL COLLEGE CHINA 1986
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 9602
License Date 12/6/1995
Name **KONNIKOW, BORIS A MD**
Address PENINSULA COUNCELING CTR, 124 FRANKLIN PLACEWOODMERE, NY, 11598
Specialty P
Board Certified
School and Year of Graduation SECOND MOSKOVSKIJ MED INSTITUTE, MOSCOW,RUSSIAN RUSSIAN 1973
Internship and Year NY UNIV MEDICAL CENTER - NEW YORK, NY 1994
Residency and Year NY UNIV MEDICAL CENTER - NEW YORK, NY 1994
License Expiration Date **6/30/2000**
Remarks

License Number 11809
License Date 1/8/2003
Name **KONO, ALAN T MD**
Address DHMC CARDIOLOGY SERVICE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1983
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1985
License Expiration Date **6/30/2017**
Remarks

License Number 4245
License Date 4/16/1968
Name **KONOPKA, ANNA M MD**
Address 92 BUNKER RD, NEW LONDON, NH, 03257-9802
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL SCHOOL IN CRACOW - POLAND POLAND 1960
Internship and Year MISERICORDIA HOSPITAL - BRONX, NY 1963
Residency and Year BROOKLYN-CUMBERLAND MEDICAL CENTER - BROOKLYN, NY 1965
License Expiration Date **6/30/2016**
Remarks

License Number 10088
License Date 8/6/1997
Name **KONTOS, NICHOLAS J MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILA, PA USA 1995
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - LEBANON, NH 1999
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL -LEBANON, NH 1999
License Expiration Date **6/30/1999**
Remarks

License Number 16373
License Date 11/6/2013
Name **KONTOULES, NATERCIA L MD**
Address INTERNAL MED PHYSICIANS OF NORTH SHORE, 27 CENTENNIAL DR PEABODY, MA, 01960
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 1985
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 14590
License Date 9/2/2009
Name **KOO, ANDREW L MD**
Address DARTMOUTH-HITCHCOCK-PSYCHIATRY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty CHP
Board Certified
School and Year of Graduation UNIVERSITY OF VIRGINIA - CHARLOTTESVILLE, VA USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2011**
Remarks

License Number 15581
License Date 3/7/2012
Name **KOO, CAROLINE B MD**
Address DHMC - ORTHOPAEDICS, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty PM
Board Certified PM
School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 2006
Internship and Year BASSETT MEDICAL CENTER - COOPERSTOWN, NY 2007
Residency and Year NEW YORK UNIVERSITY HOSPITALS CENTER - NY, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 11629
License Date 6/5/2002
Name **KOOP, JENNIFER MD**
Address 100 CAMPUS DR, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation HAHNEMANN MED COLL - PHILADELPHIA, PA USA 1999
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 14511
License Date 7/1/2009
Name **KOPAR, PIROSKA MD**
Address 188 BANK ST EXT, LEBANON, NH, 03766
Specialty GS
Board Certified
School and Year of Graduation EMORY UNIVERSITY USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13629
License Date 8/1/2007
Name **KOPP, STACEY A MD**
Address DARTMOUTH-HITCHCOCK, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CONNECTICUT USA 1994
Internship and Year UNIV OF ARIZONA HEALTH SCIENCES CENTER - TUCSON, AZ 1995
Residency and Year UNIV OF ARIZONA HEALTH SCIENCES CENTER - TUCSON, AZ 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13047
License Date 4/5/2006
Name **KORAIBAA, KHADIDJA MD**
Address PARRISH MED CTR, 951 N WASHINGTON AVETITUSVILLE, FL, 32796
Specialty IM
Board Certified IM
School and Year of Graduation I.N.E.S.S.M.ALGIERS-ALGIERS ALGERIA ALGERIA 2000
Internship and Year CAPITAL HEALTH SYSTEM-FULD CAMPUS-TRENTON NJ 2004
Residency and Year CAPITAL HEALTH SYSTEM-FULD CAMPUS-TRENTON NJ 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13715
License Date 10/3/2007
Name **KORAT, ORLY C MD**
Address 2 OCEAN HARBOUR CIRCLE, OCEAN RIDGE, FL, 33435
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MARYLAND USA 1981
Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1982
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1985
License Expiration Date **6/30/2015**
Remarks

License Number 12428
License Date 8/4/2004
Name **KORAYM, ASHRAF MD**
Address 1892 ANDREA CIR, BEAVER CREEK, OH, 45432
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA GRENADA 1998
Internship and Year UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 1999
Residency and Year UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 2001
License Expiration Date **6/30/2010**
Remarks

License Number 7059
License Date 4/4/1985
Name **KORBEY, AZAR A MD**
Address 22 MAIN ST, SALEM, NH, 03079-2731
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY-WASHINGTON, DC USA 1980
Internship and Year ST ELIZABETH MED CENTER-DAYTON, OH 1981
Residency and Year ST ELIZABETH MED CENTER-DAYTON, OH 1983
License Expiration Date **6/30/2017**
Remarks

License Number 12214
License Date 2/4/2004
Name **KORC, ANTOINETTE MD**
Address 1654 NORTH NEW JERSEY ST, INDIANAPOLIS, IN, 46202
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF BRUSSELS, BRUXELLES BELGIUM BELGIUM 1978
Internship and Year SAN FRANCISCO GENERAL HOSP, SAN FRANCISCO CA 1981
Residency and Year UNIVERSITY OF ARIZONA, TUCSON AZ 1984
License Expiration Date **6/30/2012**
Remarks

License Number 12167
License Date 12/3/2003
Name **KORC, MURRAY MD**
Address INDIANA UNIV SCHOOL OF MEDICINE, 980 W WALNUT ST. RM C528EINDIANAPOLIS, IN, 46202-161
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1974
Internship and Year ALBANY MEDICAL CTR, ALBANY NY 1975
Residency and Year ALBANY MEDICAL CTR, ALBANY NY 1977
License Expiration Date **6/30/2013**
Remarks

License Number 14710
License Date 1/6/2010
Name **KORDUNSKY, LANA MD**
Address 17 BAYSIDE ROAD, QUINCY, MA, 02171
Specialty PTH
Board Certified PTH
School and Year of Graduation RUSSIAN STATE MEDICAL UNIVERSITY MOSCOW 1983
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date **6/30/2012**
Remarks

License Number 13971
License Date 5/7/2008
Name **KOREN JR, JAMES P MD**
Address PLYMOUTH GENERAL SURGERY, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty GS
Board Certified GS
School and Year of Graduation OHIO STATE UNIV USA 1996
Internship and Year ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 1997
Residency and Year ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9080
License Date 11/3/1993
Name **KORKOSZ, TANYA J MD**
Address 60 WELLESLEY RD, BELMONT, MA, 02478
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year CAMBRIDGE-SOMERVILLE HOSPITAL - CAMBRIDGE MA 1978
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE MA 1980
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 5152
License Date 3/27/1974
Name **KORN, LEONARD MD**
Address JACKSON GRAY MED BLDG STE 111, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801-4102
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CHICAGO-CHICAGO IL USA 1968
Internship and Year MAINE MEDICAL CENTER-PORTLAND ME 1969
Residency and Year MAINE MEDICAL CENTER-PORTLAND ME 1970
License Expiration Date **6/30/2016**
Remarks

License Number 13405
License Date 2/7/2007
Name **KORN, STEVEN A MD**
Address ANTHEM CAMPUS AT GREENHILL, 108 LEIGUS RDWALLINGFORD, CT, 06492
Specialty CHP
Board Certified CHP
School and Year of Graduation NORTHWESTERN UNIV USA 1981
Internship and Year METROWEST MEDICAL CTR-FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1982
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON (ROXBURY), MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 10788
License Date 12/1/1999
Name **KORNACK, FULTON C MD**
Address 1 HAWTHORNE PL, SUITE 105BOSTON, MA, 02114
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1980
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1981
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 14927
License Date 7/7/2010
Name **KORNACKI, SUSAN MD**
Address 1 GREENWICH PL, SHELTON, CT, 06484
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF NJ MEDICAL SCHOOL USA 1988
Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1989
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL & UNIVERSITY HOSPITAL - NEWARK, NJ 1992
License Expiration Date **6/30/2012**
Remarks

License Number 14383
License Date 4/1/2009
Name **KORNFELD, LINDA MD**
Address ELLIOT HOSP - HOSPITALIST PROG, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation DREXEL UNIVERSITY USA 2004
Internship and Year MOUNTAIN AREA HEALTH EDUCATION CTR - ASHEVILLE, NC 2005
Residency and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 9346
License Date 1/11/1995
Name **KORSEN, NEIL MD**
Address SACOPEE VALLEY HEALTH CENTER, PO BOX 777PARSONSFIELD, ME, 04047-0777
Specialty FP
Board Certified FP
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1980
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1982
License Expiration Date **6/30/1999**
Remarks

License Number 13749
License Date 11/7/2007
Name **KORTUM, CYNTHIA L MD**
Address 13093 DANIELSON BEACH LN, LAKE PARK, MN, 56554-9004
Specialty FP
Board Certified FP
School and Year of Graduation CREIGHTON UNIV SCHOOL OF MEDICINE USA 1980
Internship and Year SIOUX FALLS FAMILY MEDICINE RESIDENCY - SIOUX FALLS, SD 1981
Residency and Year UNIV OF NORTH DAKOTA - FARGO, ND 1991
License Expiration Date **6/30/2009**
Remarks

License Number 11737
License Date 9/4/2002
Name **KOSHY, AJAY MD**
Address AMOSKEAG PRIMARY CARE, 1650 ELM ST STE 302MANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation MED COLL OF PENNSYLVANIA - PHILADELPHIA,PA USA 1998
Internship and Year WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 1999
Residency and Year WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14928
License Date 7/7/2010
Name **KOSOWSKI, TOMASZ R MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year MEMORIAL SLOAN KETTERING CANCER CENTER - NEW YORK, NY 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2014**
Remarks

License Number 10538
License Date 4/7/1999
Name **KOSS, JAMES MD**
Address , PO BOX 70918POINT RICHMOND, CA, 94807-0518
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1968
Internship and Year KAISER PERMANENTE MEDICAL GROUP - OAKLAND, CA 1969
Residency and Year KAISER PERMANENTE MEDICAL GROUP - OAKLAND, CA 1969
License Expiration Date **6/30/2003**
Remarks

License Number 8711
License Date 5/6/1992
Name **KOSSAK, BRIAN D MD**
Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 2200MANCHESTER, NH, 03102
Specialty CHN
Board Certified CHN
School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1986
Internship and Year CHILDRENS HOSPITAL 1987
Residency and Year UNIVERSITY OF CHICAGO HOSPITALS 1989
License Expiration Date **6/30/2016**
Remarks

License Number 7087
License Date 5/2/1985
Name **KOSSAYDA, NORMAN P MD**
Address SOUTHERN NH MED CTR/EMG DEPT, 8 PROSPECT STNASHUA, NH, 03060
Specialty EM
Board Certified EM
School and Year of Graduation WAYNE STATE UNIVERSITY-DETROIT, MI USA 1976
Internship and Year DUKE UNIVERSITY MED CTR-DURHAM, NC 1977
Residency and Year DUKE UNIVERSITY MED CTR-DURHAM, NC 1978
License Expiration Date **6/30/2017**
Remarks

License Number 7845
License Date 5/4/1988
Name **KOSTAS, CONSTANTINE I MD**
Address 9 CIDER MILL RD, LYNNFIELD, MA, 01940
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1954
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1955
Residency and Year UNIV HOSPITAL- BOSTON, MA 1963
License Expiration Date **6/30/2004**
Remarks **DECISION AND ORDER OF REPRIMAND**

License Number 13548
License Date 6/6/2007
Name **KOSTECKE, RITA A MD**
Address MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNORTH CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NORTH CAROLINA USA 1991
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1992
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9701
License Date 5/1/1996
Name **KOSTELNIK, KEITH E MD**
Address 295 PARK AVE, PORTLAND, ME, 04102
Specialty D
Board Certified D
School and Year of Graduation JEFFERSON MEDICAL SCHOOL USA 1992
Internship and Year PENNSYLVANIA HOSPITAL - PA 1993
Residency and Year DARTMOUTH-HITCHCOCK MED - LEBANON, NH 1996
License Expiration Date **6/30/2001**
Remarks

License Number 15539
License Date 2/1/2012
Name **KOTECHA, MONA MD**
Address MONA KOTECHA, MD, INC, 201 THATCHER LANEFOSTER CITY, CA, 94404
Specialty AN
Board Certified AN
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2005
Residency and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 16761
License Date 9/3/2014
Name **KOTLAR, ELON Y MD**
Address FOUNDATION MEDICAL PARTNERS, OB/GYN HOSPITALIST, 8 PROSPECT STNASHUA, NH, 03060
Specialty OBG
Board Certified
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 8415
License Date 8/8/1990
Name **KOTRADY, KONRAD P MD**
Address BRISTOL-MYERS SQUIBB OCCUPATIO, 5 RESEARCH PARKWAYWALLINGFORD, CT, 06492
Specialty FP
Board Certified FP
School and Year of Graduation SUNY AT BUFFALO SCH OF MED-BUFFALO,NY USA 1972
Internship and Year UNIV UTAH MED CTR - SALT LAKE CITY, UT 1975
Residency and Year UNIV UTAH MED CTR-SALT LAKE CITY,UT 1975
License Expiration Date **6/30/2006**
Remarks

License Number 14968
License Date 8/4/2010
Name **KOTSINYAN, VAHAGN MD**
Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation YEREVAN STATE MEDICAL UNIVERSITY ARMENIA 1993
Internship and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2008
Residency and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10754
License Date 11/3/1999
Name **KOTZKER, WAYNE R MD**
Address 8216 MARSHALL AVE, MARGATE, NJ, 08402
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MEDAND DENTISTRY-PISCATAWAY,NJ USA 1994
Internship and Year UMDNJ -ROBERT WOOD JOHNSON MEDICAL SCHOOL-NEW BRUNSWICK,NJ 1995
Residency and Year UMDNJ -ROBERT WOOD JOHNSON MEDICAL SCHOOL -NEW BRINSWICK ,NJ 1997
License Expiration Date **6/30/2000**
Remarks

License Number 8791
License Date 8/5/1992
Name **KOURI, YAMIL H MD**
Address COMMONWEALTH HEMATOLOGY-ONCOLOGY PC, 25 MARSTON ST STE 301LAWRENCE, MA, 01841
Specialty HO
Board Certified IM
School and Year of Graduation UNIVERSITY OF PUERTO RICO PUERTO RICO 1985
Internship and Year UNIVERSITY HEALTH SCIENCE/CHICAGO MEDICAL SCHOOL NORTH - CHICAGO 1986
Residency and Year VETERANS AFFAIRS MEDICAL CENTER SAN JUAN - PUERTO RICO 1988
License Expiration Date **6/30/2016**
Remarks

License Number 10650
License Date 8/4/1999
Name **KOUROS, PETER G DO**
Address BARRINGTON FAMILY PRACTICE, 425 RTE 125 PO BOX 590BARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED - ME USA 1992
Internship and Year UNECOM/EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1993
Residency and Year UNECOM/EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1995
License Expiration Date **6/30/2005**
Remarks

License Number 16117
License Date 5/1/2013
Name **KOUSAR, NADIA MD**
Address 35235 W NIMROD ST, SOLON, OH, 44139
Specialty IM
Board Certified IM
School and Year of Graduation ALLAMA IQBAL MEDICAL SCHOOL PAKISTAN 2004
Internship and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2009
Residency and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2011
License Expiration Date **6/30/2015**
Remarks

License Number 12606
License Date 2/2/2005
Name **KOUSOUBRIS, PHILIP D MD**
Address LAHEY CLINIC - RADIOLOGY, 41 MALL RDBURLINGTON, MA, 01805
Specialty R
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL COLLEGE, PHILADELPHIA PA US 1993
Internship and Year BRYN MAWR HOSPITAL, BRYN MAWR PA 1994
Residency and Year BRYN MAWR HOSPITAL, BRYN MAWR PA 1997
License Expiration Date **6/30/2007**
Remarks

License Number 16076
License Date 4/3/2013
Name **KOUSSA, GHASSAN J MD**
Address FRISBEE MEMORIAL HOSPITAL, 21 WHITEHALL RD, SUITE 302ROCHESTER, NH, 03867
Specialty
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 2006
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2007
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2010
License Expiration Date **6/30/2017**
Remarks

License Number 3737
License Date 10/14/1964
Name **KOUTRAS, CHRISTOS A MD**
Address 63 SCHOOL ST, CONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation NATIONAL UNIV OF ATHEN, GREECE GREECE 1954
Internship and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1960
Residency and Year CONNECTICUT VALLEY - MIDDLETOWN, CT 1959
License Expiration Date **3/5/2004**
Remarks **3/5/04 - Voluntary Surrender of License**
DECEASED 4-30-11

License Number 10089
License Date 8/6/1997
Name **KOUTRAS, PAUL C MD**
Address CHESHIRE MEDICAL CENTER, COURT STKEENE, NH, 03431
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MEDICAL - HANOVER, NH USA 1990
Internship and Year FITZSIMONS ARY MEDICAL CENTER - CO 1991
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 16796
License Date 10/1/2014
Name **KOVACS, ZSUZSA I MD**
Address 2655 NORTHWINDS PKWY, ALPHARETTA, GA, 30009
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF DEBRECEN, MED & HEALTH SCIENCES CTR HUNGARY 1999
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2006
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 9098
License Date 1/5/1994
Name **KOVAL, JANICE A MD**
Address INTERNAL MEDICINE ASSOC, 2841 DEBARR RD STE 50 ANCHORAGE, AK, 99508
Specialty IM
Board Certified END
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2008**
Remarks

License Number 12209
License Date 1/7/2004
Name **KOVAL, KENNETH J MD**
Address 1222 SOUTH ORANGE AVE MP43, ORLANDO, FL, 32806
Specialty ORS
Board Certified ORS
School and Year of Graduation NEW YORK UNIVERSITY, NEW YORK NY US 1984
Internship and Year BETH ISRAEL MED CTR, NEW YORK NY 1985
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 1989
License Expiration Date **6/30/2016**
Remarks **12/3/10 - Settlement Agreement**

License Number 16416
License Date 12/4/2013
Name **KOVANKO, ALEXANDER P DO**
Address 44 BIRCH ST, STE 200DERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED- PA USA 1988
Internship and Year OUCOM-ST JOSEPH HEALTH CENTER - WARREN, OH 1989
Residency and Year BRENTWOOD HOSPITAL - CLEVELAND, OH 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15625
License Date 4/4/2012
Name **KOVTUNOVA, SVETLANA V MD**
Address EASTERN NIAGARA HOSP, 521 EAST AVELOCKPORT, NY, 14094
Specialty FP
Board Certified FP
School and Year of Graduation VINNICA MEDICAL UNIVERSITY UKRAINE 1990
Internship and Year NIAGARA FALLS MEMORIAL MEDICAL CENTER - NIAGARA FALLS, NY 2004
Residency and Year NIAGARA FALLS MEMORIAL MEDICAL CENTER - NIAGARA FALLS, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12137
License Date 11/5/2003
Name **KOWALCHYK, KATHY L DO**
Address 104 CORTLAND RD, MILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation LAKE ERIE COLLEGE, ERIE PA US 1998
Internship and Year UNITED HEALTH SERVICES HOSPITALS, JOHNSON CITY NY 1999
Residency and Year UNITED HEALTH SERVICES HOSPITALS, JOHNSON CITY NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 14686
License Date 12/2/2009
Name **KOWALCZYK, ANNA K MD**
Address DEPT OF ANESTHESIOLOGY & PAIN MEDICINE, 4150 V STREET, PSSB 1200SACRAMENTO, CA, 95817
Specialty AN
Board Certified
School and Year of Graduation POMORSKA AKADEMIA MEDYCZNA POLAND 2005
Internship and Year SIGNATURE HEALTHCARE BROCKTON HOSPITAL - BROCKTON, MA 2008
Residency and Year UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2009
License Expiration Date **6/30/2013**
Remarks

License Number 10159
License Date 11/5/1997
Name **KOWALCZYK, JAMES M MD**
Address 750 EAST ADAMS STREET, DEPT OF ANESTHESIASYRACUSE, NY, 13210
Specialty AN
Board Certified
School and Year of Graduation UNIV DEL NORESTE ESC DE MED TAMPICO MEXICO 1984
Internship and Year LEHIGH VALLEY HOSP - PA 1992
Residency and Year U HOSP- SUNY HEALTH SCIENCE CTR - NY 1996
License Expiration Date **6/30/1998**
Remarks **12/7/98 - SETTLEMENT AGREEMENT
DECEASED 12/30/2011**

License Number 7651
License Date 7/8/1987
Name **KOWALSKI, LOUIS A MD**
Address 276 NEWPORT RD STE 108, NEW LONDON, NH, 03257
Specialty IM
Board Certified
School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1984
Internship and Year NEW YORK HOSPITAL - NEW YORK NY 1985
Residency and Year NEW YORK HOSPITAL - NEW YORK NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 5825
License Date 9/19/1977
Name **KOWLES, JAMES A MD**
Address 221 ESTEY LANE, WINDSOR, VT, 05089
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE OF UNION UNIV,ALBANY USA 1974
Internship and Year ST JOSEPH'S HOSPITAL 1975
Residency and Year ST JOSEPHS HOSPITAL YONKERS 1975
License Expiration Date **4/9/2007**
Remarks **4/9/07 - Decision and Order.**

License Number 15309
License Date 7/6/2011
Name **KOZACHEK, JOSEPH W MD**
Address AETNA INC, 151 FARMINGTON AVE ASB2HARTFORD, CT, 06156
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MED & DENTISTRY NEW JERSEY USA 1981
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1982
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1984
License Expiration Date **6/30/2013**
Remarks

License Number 13549
License Date 6/6/2007
Name **KPENU, ELIKEM MD**
Address ST LUKE'S HOSPITAL OF KANSAS CITY, 4401 WORNALL RDKANSAS CITY, MO, 64111
Specialty IM
Board Certified IM
School and Year of Graduation SABA UNI NETHERLANDS 2004
Internship and Year BROOKLYN HOSPITAL CENTER-BROOKLYN, NY 2005
Residency and Year BROOKLYN HOSPITAL CENTER-BROOKLYN, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 9627
License Date 1/3/1996
Name **KRAMER, MICHAEL J MD**
Address C/O COLLEGIATE HLTH CARE, 800 CONNECTICUT AVENORWALK, CT, 06856-
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF PA SCHOOL OF MEDICINE - PHILADELPHIA, PA USA 1984
Internship and Year MT SINAI MEDICAL CENTER - NEW YORK, NY 1985
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1989
License Expiration Date **6/30/1999**
Remarks

License Number 7477
License Date 12/4/1986
Name **KRAMER, ROBERT S MD**
Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation VANDERBILT UNIV SCHOOL OF MEDICINE USA 1981
Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE WI 1982
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN CT 1986
License Expiration Date **6/30/2016**
Remarks

License Number 14230
License Date 11/5/2008
Name **KRAMER, RYAN M MD**
Address CONCENTRA URGENT CARE, 1279 SO WILLOW ST., STE EMANCHESTER, NH, 03103
Specialty FP
Board Certified FP
School and Year of Graduation DREXEL UNIV USA 2005
Internship and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 2006
Residency and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 2008
License Expiration Date **6/30/2016**
Remarks

License Number 11663
License Date 7/3/2002
Name **KRAMER, SARAH S MD**
Address 9 CHANDLER RD, WESTFORD, MA, 01886-6301
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA, PHILA, PA USA 1987
Internship and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1988
Residency and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1990
License Expiration Date **6/30/2003**
Remarks

License Number 9559
License Date 9/6/1995
Name **KRANC, MARK A T MD**
Address LAKES REGION GENERAL HOSP, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty PTH
Board Certified PTH
School and Year of Graduation AKAD MED, KRAKOW, KOPERNIKA, POLAND POLAND 1982
Internship and Year OVERLOOK HOSPITAL SUMMIT NJ 1986
Residency and Year BOSTON UNIV MEDICAL CENTER/UNIV HOSPITAL BOSTON,MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15225
License Date 5/4/2011
Name **KRANITZKY, BETHANY G MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTERLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIVERSITY USA 2008
Internship and Year OHIO STATE UNIVERSITY HOSPITALS - COLUMBUS, OH 2009
Residency and Year OHIO STATE UNIVERSITY HOSPITALS - COLUMBUS, OH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 11997
License Date 7/2/2003
Name **KRASNER, HOWARD E MD**
Address 14 DURGINS WAY, HOLLIS, NH, 03049
Specialty AN
Board Certified AN
School and Year of Graduation NEW YORK UNIV - NEW YORK, NY USA 1980
Internship and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1981
Residency and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1984
License Expiration Date **6/30/2013**
Remarks

License Number 13550
License Date 6/6/2007
Name **KRASNOF, REBECCA E MD**
Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV USA 2004
Internship and Year TUFTS UNIV FAMILY PRACTICE RESIDENCY - MALDEN, MA 2005
Residency and Year TUFTS UNIV FAMILY PRACTICE RESIDENCY - MALDEN, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 7911
License Date 7/6/1988
Name **KRASNOFF, MARGO J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1983
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1985
License Expiration Date **1/13/2015**
Remarks **DECEASED 1/13/2015**

License Number 7227
License Date 11/7/1985
Name **KRAUNZ, ROBERT F MD**
Address 4 FAIRFIELD DR, DOVER, NH, 03820-
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER, NY USA 1961
Internship and Year UNIV WISCONSIN HOSPITAL - MADISON, WI 1962
Residency and Year VA MEDICAL CENTER - WASHINGTON, DC 1967
License Expiration Date **6/30/2013**
Remarks

License Number 12429
License Date 8/4/2004
Name **KRAUS, FREDERICK C MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation CASE WESTERN RESERVE, CLEVELAND OH US 1991
Internship and Year HENNEPIN COUNTY MED CTR, MINNEAPOLIS MN 1992
Residency and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1996
License Expiration Date **6/30/2012**
Remarks

License Number 6833
License Date 1/5/1984
Name **KRAUSE, RICHARD S MD**
Address 239 QUAIL HOLLOW LN, E AMHERST, NY, 14051-
Specialty EM
Board Certified EM
School and Year of Graduation MED COLL OF OHIO AT TOLEDO,OH USA 1980
Internship and Year HENRY FORD HOSP-DETROIT,MI 1981
Residency and Year JOHN HOPKINS HOSP-BALTIMORE,MD 1983
License Expiration Date **6/30/1998**
Remarks

License Number 9364
License Date 2/1/1995
Name **KRAUSE, WILLIAM L MD**
Address LITTLETON REGIONAL HOSP, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN NY 1994
Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN NY 1994
License Expiration Date **6/30/2003**
Remarks

License Number 9099
License Date 1/5/1994
Name **KRAUTH, PETER H MD**
Address SMHC/SANFORD, 25 JUNE STSANFORD, ME, 04073
Specialty DR
Board Certified R
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1982
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1983
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13459
License Date 4/4/2007
Name **KRAWITT, BRIAN J MD**
Address DHMC - HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF LOUISVILLE USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13868
License Date 3/5/2008
Name **KRAWITT, JENNIFER H MD**
Address SPRINGFIELD MEDICAL CARE SYSTEMS, 25 RIDGEWOOD RDSRINGFIELD, VT, 05150
Specialty R
Board Certified R
School and Year of Graduation UNIV OF LOUISVILLE USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14
RENEWED 9/11/14**

License Number 10867
License Date 4/5/2000
Name **KRCMARIK, JOHN P MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO -CHICAGO,IL USA 1996
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1997
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999
License Expiration Date **6/30/2003**
Remarks

License Number 16417
License Date 12/4/2013
Name **KREMEN, ALAN F MD**
Address VALLEY REG HOSP, 243 ELM STCLAREMONT, NH, 03743
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1976
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1977
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1980
License Expiration Date **6/30/2015**
Remarks

License Number 13827
License Date 2/6/2008
Name **KREMPASKY, MICAH H MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation E TENNESSEE STATE UNIV USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2010**
Remarks

License Number 13677
License Date 9/5/2007
Name **KREMZNER, BOGUSLAWA J MD**
Address CONCORD FAMILY PRACTICE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation WROCLAW MEDICAL UNIV POLAND 1994
Internship and Year CONCORD HOSPITAL - CONCORD NH 2005
Residency and Year CONCORD HOSPITAL - CONCORD NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11759
License Date 10/2/2002
Name **KRESSIN, NANCY A MD**
Address LAKES REGIN ANESTHESIOLOGY, 34 ROBERTSON DRGILFORD, NH, 03249-6624
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, WI USA 1980
Internship and Year UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS, MADISON WI 1981
Residency and Year UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS, MADISON, WI 1985
License Expiration Date **6/30/2016**
Remarks

License Number 15130
License Date 2/2/2011
Name **KREUTER, JUSTIN D MD**
Address MAYO CLINIC, 200 FIRST STREET SWROCHESTER, MN, 55905
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF MISSOURI USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 12306
License Date 5/5/2004
Name **KRIEBEL, GREGORY T MD**
Address MONADNOCK REGIONAL PEDIATRICS, 454 OLD STREET RD STE 106PETERBOROUGH, NH, 03458
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1996
Internship and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1997
Residency and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 4664
License Date 2/16/1971
Name **KRINOS, DEMETRIOS F MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **11/5/1993**
Remarks **11/13/90- Decision and Order. Based on allegations of inappropriate prescribing, the license was suspended for five years. The final four years of suspension were stayed pending compliance with license restrictions, including the prohibition from applying for a DEA license, successful completion of an examination on the controlled substances laws of the state and successful participation in a substance abuse treatment program.**
2/5/92 - License Reinstated with restrictions.
11/9/93 - Decision and Order. License revoked based on allegations of sexual misconduct.

License Number 10050
License Date 7/2/1997
Name **KRINZMAN, STEPHEN J MD**
Address 10 PROSPECT ST, MEDICAL OFFICE BLDGNASHUA, NH, 03060
Specialty CCM
Board Certified IM
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL USA 1990
Internship and Year NEW ENGLAND DEADONESS HOSPITAL - MA 1993
Residency and Year MASS GENERAL HOSPITAL - MA 1997
License Expiration Date **6/30/2005**
Remarks

License Number 11355
License Date 8/1/2001
Name **KRIPKE, BENJAMIN J MD**
Address PAIN & WELLNESS CTR, 10 CENTENNIAL DR PEABODY, MA, 01960
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1957
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1958
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1960
License Expiration Date **10/27/2014**
Remarks **Deceased 10/27/14**

License Number 5638
License Date 10/19/1976
Name **KRISHER, JAMES A MD**
Address 51 DUDLEY RD, BRENTWOOD, NH, 03833-6230
Specialty AN
Board Certified AN
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MED CLEVELAND USA 1957
Internship and Year ST LUKES HOSPITAL 1958
Residency and Year ST LUKES HOSPITAL 1960
License Expiration Date **6/30/1998**
Remarks

License Number 12797
License Date 7/6/2005
Name **KRISHINGNER, GENE L MD**
Address VISTA STAFFING SOLUTIONS, 275 EAST 200 SOUTHSALT LAKE CITY, UT, 84111
Specialty GS
Board Certified GS
School and Year of Graduation LOMA LINDA UNIVERSITY, LOMA LINDA CA USA 1965
Internship and Year WASHINGTON ADVENTIST HOSPITAL, TAKOMA PARK MD 1966
Residency and Year WHITE MEMORIAL MEDICAL CENTER, LOS ANGELES CA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 12752
License Date 6/1/2005
Name **KRISHNA, MURALI MD**
Address GI ASSOCIATES OF BREVARD, 1004 BEVERLY DR STE BROCKLEDGE, FL, 32955
Specialty GE
Board Certified GE
School and Year of Graduation BANGALORE UNIVERSITY, INDIA INDIA 1998
Internship and Year NEW YORK MED COLLEGE, VALHALLA NY 2000
Residency and Year NEW YORK MED COLLEGE, VALHALLA NY 2002
License Expiration Date **6/30/2013**
Remarks

License Number 14026
License Date 6/4/2008
Name **KRISHNAMANI, KEERTHY MD**
Address COOS COUNTY FAMILY HEALTH SVS, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 2003
Internship and Year SPARROW HOSPITAL MICHIGAN STATE UNIV - LANSING, MI 2006
Residency and Year SPARROW HOSPITAL MICHIGAN STATE UNIV - LANSING, MI 2007
License Expiration Date **6/30/2012**
Remarks

License Number 13502
License Date 5/9/2007
Name **KRISHNAMURTHI, SHAKINTHALA MD**
Address WEST SIDE HEALTH CARE, 125 SOUTH MAIN STFRANKLIN, NH, 03235
Specialty PD
Board Certified PD
School and Year of Graduation MADURAI UNIV INDIA 1963
Internship and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 1965
Residency and Year JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 1968
License Expiration Date **6/30/2011**
Remarks

License Number 16177
License Date 6/5/2013
Name **KROCHMAL, JESSICA D MD**
Address 290 BENEDICT RD, PITTSFIELD, MA, 01201
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF IOWA CARVER COLLEGE OF MED USA 2002
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2003
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10090
License Date 8/6/1997
Name **KROLEWSKI, SUSAN M MD**
Address 264 LAFAYETTE RD, STE 9PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1994
Internship and Year GREATER LAWRENCE FAMILY HEALTH-MA 1997
Residency and Year GREATER LAWRENCE FAMILY HEALTH - MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10211
License Date 1/7/1998
Name **KROLIKOWSKI, F JOHN MD**
Address D F S, 8160 UNIVERSITY DR MONTGOMERY, AL, 36117
Specialty PTH
Board Certified PTH
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1972
Internship and Year BOSTON CITY HOSPITAL - MA 1976
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - MA 1980
License Expiration Date **11/14/2002**
Remarks **Probation Agreement with Mass Brd 6/28/02 VOLUNTARY SURRENDER OF LICENSE 11/14/02**

License Number 16915
License Date 1/21/2015
Name **KROMER, MARK E MD**
Address EM CARE, 330 BORTHWICK AVE, STE 200 PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2003
Internship and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 2004
Residency and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 7173
License Date 8/1/1985
Name **KRONER, DAVID R MD**
Address 194 HANOVER ST, LEBANON, NH, 03766
Specialty GS
Board Certified GS
School and Year of Graduation MEDICAL COLLEGE OF VIRGINIA-RICHMOND, VA USA 1974
Internship and Year WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1975
Residency and Year WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1979
License Expiration Date **6/30/2015**
Remarks

License Number 14557
License Date 8/5/2009
Name **KROPP, ERIC A MD**
Address PENACOOK FAMILY PHYSICIANS, 4 CRESCENT ST PENACOOK, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation ST MATTHEW'S UNIVERSITY USA 2005
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 2177
License Date 8/1/1939
Name **KROPP, FRANK J MD**
Address 429 CENTRAL ST, FRANKLIN, NH, 03235-1785
Specialty GS
Board Certified
School and Year of Graduation SYRACUSE COLLEGE OF MEDICINE USA 1937
Internship and Year QUEENS GENERAL HOSPITAL - ST. JAMAICA, NY 1938
Residency and Year QUEENS GENERAL HOSPITAL - ST. JAMAICA,, NY 1939
License Expiration Date **2/12/2001**
Remarks **DECEASED 2/12/2001**

License Number 6302
License Date 10/2/1980
Name **KROPP, VOLKER MD**
Address 6 TSIENNETO RD STE 203, DERRY, NH, 03038-2752
Specialty GS
Board Certified GS
School and Year of Graduation FACULTAD DE MEDDE LA UNIVERSIDAD-SANTIAGO CHILE 1968
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1972
Residency and Year BOSTON CITY HOSPITAL -BOSTON,MA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 12387
License Date 7/7/2004
Name **KRUGLOV, ALEXANDER Y MD**
Address ABBOTT ANESTHESIOLOGIST ASSOC, 515 ABBOTT RDBUFFALO, NY, 14220
Specialty APM
Board Certified AN
School and Year of Graduation CRIMEA STATE MED UNIVERSITY, SIMFEROPOL UKRAINE UKRAINE 1989
Internship and Year STATE UNIVERSITY OF NY, STONY BOOOK NY 2000
Residency and Year STATE UNIVERSITY OF NY, BUFFALO NY 2003
License Expiration Date **6/30/2012**
Remarks

License Number 8394
License Date 7/11/1990
Name **KRUPP, CHRISTOPHER G MD**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03060
Specialty EM
Board Certified IM
School and Year of Graduation HAHNEMANN UNIV SCH OF MED - PHILA, PA USA 1987
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1988
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 16887
License Date 1/7/2015
Name **KRUSE, KRISTIN J MD**
Address 201 NW IRONBARK ST, LEE SUMMIT, MO, 64064
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 2006
Internship and Year UNIVERSITY OF KANSAS HOSPITAL-KANSAS CITY, KS 2007
Residency and Year UNIVERSITY OF KANSAS HOSPITAL-KANSAS CITY, KS 2010
License Expiration Date **6/30/2017**
Remarks

License Number 14350
License Date 3/4/2009
Name **KUBICA, RONALD P MD**
Address DHMC-NORRIS COTTON CANCER CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty ON
Board Certified ON
School and Year of Graduation UNIV OF NEW MEXICO USA 1982
Internship and Year UNIV OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1983
Residency and Year UNIV OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1985
License Expiration Date **6/30/2017**
Remarks

License Number 12623
License Date 3/2/2005
Name **KUBICKA, ZUZANNA J MD**
Address SOUTH SHORE HOSPITAL, 55 FOGG RDWEYMOUTH, MA,
Specialty NPM
Board Certified NPM
School and Year of Graduation MEDICAL UNIVERSITY OF LODZ, POLAND POLAND 1994
Internship and Year ST BARNABAS HOSPITAL, BRONX NY 2003
Residency and Year ST BARNABAS HOSPITAL, BRONX NY 2004
License Expiration Date **6/30/2009**
Remarks

License Number 10134
License Date 9/10/1997
Name **KUBINA, ANNE H MD**
Address VA MEDICAL CENTER - COMP & PEN, 718 SMYTH ROADMANCHESTER, NH, 03104
Specialty PH
Board Certified PH
School and Year of Graduation MED COLL OF PA - PHILA, PA USA 1987
Internship and Year ST FRANCIS HOSPITAL - DELAWARE 1990
Residency and Year MADIGAN ARMY MEDICAL CENTER - WASHINGTON 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16316
License Date 9/4/2013
Name **KUCHINSKI JR, JOSEPH J DO**
Address EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 1986
Internship and Year PCOM-ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1987
Residency and Year PCOM-ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 11197
License Date 3/7/2001
Name **KUCHIPUDI, ANITHA R MD**
Address SNH HLTH SYSTEM AT PELHAM, 33 WINDHAM RDPELHAM, NH, 03076
Specialty IM
Board Certified IM
School and Year of Graduation SIDDHARTHA MED COLL - ANDHRA PRADESH INDIA INDIA 1996
Internship and Year WESTLAKE HOSPITAL - MELROSE PARK, IL 1998
Residency and Year WESTLAKE HOSPITAL - MELROSE PARK, IL 1999
License Expiration Date **6/30/2017**
Remarks

License Number 3171
License Date 1/10/1957
Name **KUDEREWICZ, JOZEF L MD**
Address 1661 BELMONT ST, MANCHESTER, NH, 03104-
Specialty FP
Board Certified
School and Year of Graduation POLISH SCHOOL OF MEDICINE SCOTLAND 1947
Internship and Year ELLIOT HOSPITAL - MANCHESTE, NH 1957
Residency and Year ELLIOT HOSPITAL - MANCHESTER, NH 1957
License Expiration Date **4/24/1998**
Remarks

License Number 14027
License Date 6/4/2008
Name **KUEMMERLE, NANCY B DO**
Address VA MED CTR, 215 N MAIN STWRJ, VT, 05009
Specialty IM
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND USA 2003
Internship and Year EAST TENNESSEE STATE UNIV - JOHNSON CITY, TN 2004
Residency and Year EAST TENNESSEE STATE UNIV - JOHNSON CITY, TN 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8970
License Date 6/2/1993
Name **KUFTINEC, ALEXANDRA I MD**
Address FAMILY HEALTH CENTER, 250 PLEASANT STCONCORD, NH, 03301
Specialty P
Board Certified CHP
School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1988
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1993
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 13678
License Date 9/5/2007
Name **KUFTINEC, DANEIL C MD**
Address FOUNDATION MEDICAL PARTNERS, 268 MAIN STNASHUA, NH, 03060
Specialty U
Board Certified
School and Year of Graduation TUFTS UNIV USA 2002
Internship and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 2003
Residency and Year BOSTON UNIV SCHOOL OF MEDICINE-BOSTON, MA 2007
License Expiration Date **6/30/2011**
Remarks

License Number 4036
License Date 3/16/1967
Name **KUFTINEC, DUBRAVKO M MD**
Address 69 STOWELL RD, BEDFORD, NH, 03110
Specialty P
Board Certified P
School and Year of Graduation ZAGREB UNIVERSITY SCHOOL OF MEDICINE YUGOSLAVIA 1959
Internship and Year LAWRENCE GENERAL HOSPITAL - LAWRENCE MA 1961
Residency and Year LAWRENCE GENERAL HOSPITAL - LAWRENCE MA 1961
License Expiration Date **6/30/2017**
Remarks

License Number 4137
License Date 10/10/1967
Name **KUFTINEC, JASNA MD**
Address 10 EDSON ST, NASHUA, NH, 03064
Specialty P
Board Certified
School and Year of Graduation ZAGREB MEDICAL SCHOOL YUGOSLAVIA 1962
Internship and Year DANVERS STATE HOSPITAL - HATHORNE, MA 1964
Residency and Year DANVERS STATE HOSPITAL - HATHORNE, MA 1965
License Expiration Date **6/30/2017**
Remarks

License Number 4138
License Date 10/10/1967
Name **KUFTINEC, ZLATKO M MD**
Address COMMUNITY COUNCIL OF NASHUA, 7 PROSPECT SSTNASHUA, NH, 03060-3921
Specialty P
Board Certified
School and Year of Graduation ZAGREB UNIV MEDICAL SCHOOL YUGOSLAVIA 1963
Internship and Year DANVERS STATE HOSPITAL - HAWTHORNE, MA 1964
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1967
License Expiration Date **6/30/2017**
Remarks

License Number 16013
License Date 2/6/2013
Name **KUHAR, MATTHEW J MD**
Address IU HEALTH PATHOLOGY LABORATORY, 350 W 11th STREET, ROOM 4010INDIANAPOLIS, IN, 46202
Specialty DMP
Board Certified DMP
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2005
Internship and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2006
Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2009
License Expiration Date **6/30/2017**
Remarks

License Number 9678
License Date 4/3/1996
Name **KUHN, JERALD C MD**
Address DARTMOUTH HITCHCOCK, 1 MEDICAL CENTER DRLEBANON, NH, 03766-
Specialty DR
Board Certified
School and Year of Graduation SUNY AT BUFFALO SCHOOL OF MEDICINE & BIOMEDICAL NY USA 1993
Internship and Year CHILDRENS HOSPITAL - BUFFALO, NY 1994
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1999
License Expiration Date **6/30/1999**
Remarks

License Number 11852
License Date 3/5/2003
Name **KUHNS, DAVID W MD**
Address 4845 ABC RD, LAKE WALES, FL, 33859
Specialty EM
Board Certified
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1985
Internship and Year DARNALL ARMY COMMUNITY HOSPITAL - FORT HOOD, TX 1986
Residency and Year DARNALL ARMY COMMUNITY HOSPITAL - FORT HOOD, TX 1988
License Expiration Date **6/30/2015**
Remarks

License Number 11707
License Date 8/7/2002
Name **KUKAY, JOHN M MD**
Address NASHUA PEDIATRICS, 155 KINSLEY STNASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASINGTON, DC USA 1999
Internship and Year UNIV OF ALABAMA - BIRMINGHAM, AL 2000
Residency and Year UNIV OF ALABAMA - BIRMINGHAM, AL 2002
License Expiration Date **6/30/2014**
Remarks

License Number 9517
License Date 8/2/1995
Name **KULAGA, ELLEN D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1993
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date **6/30/2000**
Remarks

License Number 12659
License Date 4/6/2005
Name **KULCSAR, JOHN E DO**
Address LAKES REGION ANESTHESIA, 34 ROBERTSON DRGILFORD, NH, 03249
Specialty AN
Board Certified AN
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year FRANKFORT HOSPITAL, PHILADELPHIA PA 2002
Residency and Year BAYSTATE MED CENTER, SPRINGFIELD MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13432
License Date 3/7/2007
Name **KULCSAR, STEPHEN F DO**
Address GLOUCESTER FAMILY HEALTH CENTER, 302 WASHINGTON STGLOUCESTER, MA, 01930
Specialty FP
Board Certified FP
School and Year of Graduation NOVA SOUTHEASTERN UNIV USA 2004
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2005
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2006
License Expiration Date **6/30/2015**
Remarks

License Number 6364
License Date 4/2/1981
Name **KULESZA, ANDREW J MD**
Address PORTSMOUTH REGIONAL HOSP, 333 BORTTHWICK AVEPORTSMOUTH, NH, 03801-4152
Specialty AN
Board Certified AN
School and Year of Graduation ST LOUIS UNIV SCH OF MED-ST LOUIS,MO USA 1975
Internship and Year SUNY UPSTATE MED CTR-SYRACUSE,NY 1978
Residency and Year MAYO GRAD SCH OF MED-ROCHESTER,MN 1979
License Expiration Date **6/30/2017**
Remarks **3/15/95 SETTLEMENT AGREEMENT**

License Number 13972
License Date 5/7/2008
Name **KULKARNI, GEETA A MD**
Address 168 KINSLEY ST, STE 4NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation MAHATMA GANDHI MISSION'S MEDICAL COLLEGE INDIA 1995
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 2005
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6398
License Date 6/4/1981
Name **KULL, STEPHEN A MD**
Address 769 DEER HILL RD, PO BOX 105SILVER LAKE, NH, 03875
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED - NY USA 1976
Internship and Year STRONG MEM HOSP U -ROCHESTER,NY 1977
Residency and Year STRONG MEM HOSP U -ROCHESTER,NY 1980
License Expiration Date **6/30/2017**
Remarks

License Number 14711
License Date 1/6/2010
Name **KULLNAT, JONATHAN A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation OREGON HEALTH & SCIENCE UNIVERSITY USA 2005
Internship and Year LEGACY EMANUEL & GOOD SAMARITAN - PORTLAND, OR 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 14293
License Date 1/7/2009
Name **KULLNAT, MEGAN W MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation OREGON HEALTH & SCIENCE UNIV USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2011**
Remarks

License Number 7323
License Date 5/8/1986
Name **KUMAKI, DAVID J MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIVERSITY USA 1980
Internship and Year
Residency and Year
License Expiration Date **5/5/1994**
Remarks

License Number 14422
License Date 5/6/2009
Name **KUMAR, AMIT MD**
Address SOUTHERN NH ASTHMA & ALLERGY, 280 MAIN ST STE 441NASHUA, NH, 03060
Specialty AI
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2004
Internship and Year UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2005
Residency and Year UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16762
License Date 9/3/2014
Name **KUMAR, AMIT MD**
Address THE MIRIAM HOSPITAL, 164 SUMMIT AVEPROVIDENCE, RI, 02906
Specialty CD
Board Certified CD
School and Year of Graduation ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 2001
Internship and Year UNIVERSITY @ BUFFALO-ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2003
Residency and Year UNIVERSITY @ BUFFALO-ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11375
License Date 9/5/2001
Name **KUMAR, ANITA MD**
Address 268 MAIN STREET, NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CHENNAI - COIMBATORE, INDIA INDIA 1998
Internship and Year CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS - JAMAICA, NY 1999
Residency and Year CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS - JAMAICA, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16829
License Date 11/6/2014
Name **KUMAR, ARUN ` MD**
Address 1200 N HERNDON ST #513, ARLINGTON, VA, 22201
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2002
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2003
Residency and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2007
License Expiration Date **6/30/2016**
Remarks

License Number 7912
License Date 7/6/1988
Name **KUMAR, KALA P MD**
Address GREATER MANCHESTER MHC, 1228 ELM ST STE 200MANCHESTER, NH, 03101-1349
Specialty CHP
Board Certified
School and Year of Graduation GOVERNMENT MED COLL - NAGPUR INDIA 1971
Internship and Year NORWICH HOSPITAL - NORWICH, CT 1982
Residency and Year CREIGHTON UNIV AFFILIATED HOSPITAL - OMAHA, NE 1986
License Expiration Date **6/30/2016**
Remarks

License Number 5487
License Date 3/4/1976
Name **KUMAR, RAJESH MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF LUCKNOW IN INDIA INDIA 1966
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 13907
License Date 4/2/2008
Name **KUMAR, SANTOSH MD**
Address CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SIND PAKISTAN 2001
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2006
Residency and Year ST BARNABOS HOSPITAL - BRONX, NY 2007
License Expiration Date **6/30/2014**
Remarks

License Number 14997
License Date 9/1/2010
Name **KUMAR, SHIMAREET MD**
Address QUEST DIAGNOSTICS INC, 14225 NEWBROOK DR CHANTILLY, VA, 20151
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF DELHI INDIA 1978
Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TX 1988
Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TX 1991
License Expiration Date **6/30/2016**
Remarks

License Number 14351
License Date 3/4/2009
Name **KUMAR, SHIV MD**
Address SEACOAST KIDNEY & HYPERTENSION, 875 GREENLAND RD C-10 PORTSMOUTH, NH, 03801
Specialty NEP
Board Certified NEP
School and Year of Graduation ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 1992
Internship and Year MICHAEL REESE HOSPITAL AND MEDICAL CENTER - EULESS, TX 1994
Residency and Year MICHAEL REESE HOSPITAL AND MEDICAL CENTER - EULESS, TX 1996
License Expiration Date **6/30/2017**
Remarks

License Number 15226
License Date 5/4/2011
Name **KUMAR, VIJAY MD**
Address N SHORE LIJ-GLEN COVE HOSP, 101 ST ANDREWS LN GLEN COVE, NY, 11542
Specialty FP
Board Certified
School and Year of Graduation SINDH MED COLLEGE, UNIV OF KARACHI PAKISTAN 1999
Internship and Year NORTH SHORE LONG ISLAND JEWISH-GLEN COVE HOSPITAL - GLEN COVE, NY 2009
Residency and Year NORTH SHORE LONG ISLAND JEWISH-GLEN COVE HOSPITAL - GLEN COVE, NY 2011
License Expiration Date **6/30/2013**
Remarks

License Number 14880
License Date 6/2/2010
Name **KUMAR, VIRENDRA MD**
Address 319 QUINBY RD, WHIPPLE PARK, NY, 14623
Specialty R
Board Certified R
School and Year of Graduation NETAJI SUBHASH CHANDRA BOSE MEDICAL COLLEGE INDIA 1995
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER, NY 2008
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER, NY 2010
License Expiration Date **6/30/2012**
Remarks

License Number 17112
License Date 6/3/2015
Name **KUMASAKI, JENNIFER S MD**
Address 7 TIMBERWOOD DR UNIT 205, LEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 16178
License Date 6/5/2013
Name **KUMIN, MICHAEL C MD**
Address WENTWORTH DOUGLASS PHYSICIAN CORP, 19 LEVESQUE DR, SUITE 2ELIOT, ME, 03903
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2005
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008
License Expiration Date **6/30/2017**
Remarks

License Number 5121
License Date 12/3/1973
Name **KUNDU, BEJOY B MD**
Address PINE ROCK ASSITED LIVING, 3 DENNY HILL RDWARNER, NH, 03278
Specialty IM
Board Certified
School and Year of Graduation DACCA UNIVERSITY-DACCA BANGLADESH BANGLADESH 1963
Internship and Year DACCA MEDICAL COLLEGE-DACCA BANGLADESH 1964
Residency and Year NEW CROSS HOSP-WOLVERHAMPTON ENGLAND U.K. 1965
License Expiration Date **6/30/2017**
Remarks

License Number 5387
 License Date 8/7/1975
 Name **KUNDU, BIJOY L MD**
 Address 95 HITCHING POST LANE, BEDFORD, NH, 03110
 Specialty FP
 Board Certified
 School and Year of Graduation CALCUTTA MEDICAL SCHOOL INDIA 1966
 Internship and Year CALCUTTA MEDICAL COLLEGE HOSPITAL - CALCUTTA, INDIA 1967
 Residency and Year POST GRADUATE MEDICAL EDUCATION AND RESEARCH CENTER, INDIA 1968
 License Expiration Date **5/10/2010**
 Remarks **9/2/93 -Settlement Agreement 10/8/99 -Settlement Agreement 01/6/00-2/14/2000 License Suspended 5/10/10 - Preliminary Agreement for Practice Restrictions. 11/4/10 - Settlement Agreement 4/10/15 - Order of Conditional Denial**

License Number 11900
 License Date 5/7/2003
 Name **KUNDU, GARGI MD**
 Address ROAD TO A BETTER LIFE, 2 MOUND COURTMERRIMACK, NH, 03054
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIV OF CALCUTTA IN WEST BENGAL INDIA INDIA 1991
 Internship and Year ST LUKES HOSPITAL - BETHLEHEM, PA 1998
 Residency and Year GUTHRIE-ROBERT PACKER HOSPITAL - SAYRE, PA 2000
 License Expiration Date **6/30/2017**
 Remarks

License Number 9294
 License Date 9/7/1994
 Name **KUNHARDT, GEORGE R MD**
 Address 361 THIRD ST E, SAN RAFAEL, CA, 94901
 Specialty OBG
 Board Certified
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1978
 Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON ME 1979
 Residency and Year J DEMPSEY HOSPITAL - FARMINGTON CT 1993
 License Expiration Date **6/30/1999**
 Remarks

License Number 10999
 License Date 7/5/2000
 Name **KUNIN, JOSHUA D MD**
 Address WOLFEBORO SURGICAL, PO BOX 719WOLFEBORO FALLS, NH, 03896
 Specialty GS
 Board Certified GS
 School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1983
 Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1984
 Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1987
 License Expiration Date **6/30/2006**
 Remarks

License Number 10952
License Date 6/7/2000
Name **KUNKEMUELLER, ANDREW F MD**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL ROAD ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1997
Internship and Year UNIV OF MINNESOTA HOSPITAL & CLINICS - MINNEAPOLIS, MN 1998
Residency and Year UNIV OF MINNESOTA HOSPITAL & CLINICS - MINNEAPOLIS, MN 1999
License Expiration Date **6/30/2016**
Remarks

License Number 16453
License Date 1/8/2014
Name **KUNST, MARA M MD**
Address 20 LESLIE RD, WINCHESTER, MA, 01890
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year PRESBYTERIAN MEDICAL CENTER - UPHS - PHILADELPHIA, PA 2004
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 15665
License Date 5/2/2012
Name **KUNWAR, SUMIT MD**
Address LRGHEALTHCARE - HOSPITALIST PROGRAM, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation TRIBHUVAN UNIVERSITY NEPAL 2008
Internship and Year ST JOSEPHS HOSPITAL & MEDICAL CENTER - PATERSON, NJ 2010
Residency and Year ST JOSEPHS HOSPITAL & MEDICAL CENTER - PATERSON, NJ 2012
License Expiration Date **6/30/2016**
Remarks

License Number 13460
License Date 4/4/2007
Name **KUNZ, DANIEL P DO**
Address CORE PHYSICIANS, LLC, 9 BUZELL AVE, 3rd FLEXETER, NH, 03833
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIV OF NEW ENGLAND USA 2002
Internship and Year SUNY @ STONY BROOK UNIV HOSPITAL-STONY BROOK, NY 2003
Residency and Year SUNY @ STONY BROOK UNIV HOSPITAL, STONY BROOK, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10451
License Date 11/4/1998
Name **KUO, PAUL C MD**
Address COSMETIC FACIAL ORAL SURGERY, 209 HARVARD ST STE 405BROOKLINE, MA, 02446-5005
Specialty OS
Board Certified OS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1980
Internship and Year MASSACHUSETTS GENERAL HOSP - BOSTON, MA 1978
Residency and Year UNIV OF WASHINGTON - SEATTLE, WA 1979
License Expiration Date **6/30/2008**
Remarks

License Number 15836
License Date 9/5/2012
Name **KURDI ZERIKLY, RAHFA MD**
Address MAINE MEDICAL PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 2002
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 2005
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15882
License Date 10/3/2012
Name **KURISH, ADAM MD**
Address ATLANTIC INTERNAL MEDICINE & PEDIATRICS, 875 GREENLAND RD UNIT C12PORTSMOUTH, NH, 0
Specialty PD
Board Certified PD
School and Year of Graduation ST GEORGES UNIVERSITY WEST INDIES 2008
Internship and Year BRODY SCHOOL OF MEDICINE - EAST CAROLINA UNIVERSITY - GREENVILLE, NC 2009
Residency and Year BRODY SCHOOL OF MEDICINE - EAST CAROLINA UNIVERSITY - GREENVILLE, NC 2012
License Expiration Date **6/30/2016**
Remarks

License Number 11508
License Date 2/6/2002
Name **KURTAY-SOZMEN, EREN MD**
Address 7 B TAGGART DR, NASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation ISTANBUL UNIV - CAPA-ISTANBUL, TURKEY TURKEY 1991
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1994
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9994
License Date 5/7/1997
Name **KURTZ, SANFORD R MD**
Address LAHEY HITCHCOCK CLINIC, 41 MALL RD BOX 541BURLINGTON, MA, 01805
Specialty BBK
Board Certified BBK
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1971
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1972
Residency and Year NEW ENGLAND DEACONESS HOSP-MA 1975
License Expiration Date **6/30/1998**
Remarks

License Number 14802
License Date 4/7/2010
Name **KUSHAWAHA, ANURAG S MD**
Address 13691 METRO PKWY #330, FORT MYERS, FL, 33912
Specialty IM
Board Certified IM
School and Year of Graduation ST MATTHEW'S UNIVERSITY USA 2006
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2008
Residency and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15963
License Date 12/5/2012
Name **KUSHNER, SAMUEL L DO**
Address REAL TIME NEUROMONITORING ASSOC, 3004 B POSTON AVENASHVILLE, TN, 37203
Specialty
Board Certified AN
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1969
Internship and Year MERCY SUBURBAN HOSPITAL - NORRISTOWN, PA 1970
Residency and Year OUCOM-CUYAHOGA FALLS GENERAL HOSPITAL - CUYAHOGA FALLS, OH 1972
License Expiration Date **11/25/2013**
Remarks **REQUESTED INACTIVE 11/25/13**

License Number 12388
License Date 7/7/2004
Name **KUSTAN, JOHN A MD**
Address SPECTRUM MEDICAL GROUP PA, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1983
Internship and Year PRESBYTERIAN MED CTR, PHILADELPHIA PA 1984
Residency and Year ST BARNABAS MED CTR, LIVINGSTON NJ 1988
License Expiration Date **6/30/2016**
Remarks

License Number 7544
License Date 4/1/1987
Name **KUSTRA, THOMAS A MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF WROCLAY IN POLAND POLAND 1982
Internship and Year
Residency and Year
License Expiration Date **9/26/1996**
Remarks **DECEASED 9/26/1996**

License Number 4890
License Date 2/9/1972
Name **KUTEN, JAY MD**
Address , PO BOX 2455CONCORD, NH, 03301-3629
Specialty P
Board Certified P
School and Year of Graduation WASHINGTON UNIVERSITY-ST LOUIS MO USA 1959
Internship and Year SUNY UPSTATE-SYRACUSE NY 1960
Residency and Year MASSACHUSETTS MENTAL HLTH CTR-BOSTON MA 1962
License Expiration Date **6/30/2016**
Remarks

License Number 13828
License Date 2/6/2008
Name **KUTKA, MICHAEL F MD**
Address MICHAEL KUTKA MD LLC, 62 BROWN ST STE 502BHAVERHILL, MA, 01830
Specialty PS
Board Certified PS
School and Year of Graduation ROYAL COLLEGE OF SURGIONS IRELAND 1993
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1995
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11998
License Date 7/2/2003
Name **KUTZ III, RICHARD H MD**
Address PLASTIC & HAND SURGICAL ASSOC, 244 WESTERN AVESOUTH PORTLAND, ME, 04106
Specialty PS
Board Certified GS
School and Year of Graduation PENNSYLVANIA STATE UNIV - UNIVERSITY PARK, PA USA 2001
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date **6/30/2015**
Remarks

License Number 14079
License Date 7/9/2008
Name **KUUSISTO, CAROL L DO**
Address 87-89 FIFTH AVE STE 604, NEW YORK, NY, 10003
Specialty PM
Board Certified PM
School and Year of Graduation NEW YORK COLLEGE USA 2000
Internship and Year NYCOM/ST CLARES HOSP & HEALTH CENTER - NEW YORK, NY 2001
Residency and Year NEW YORK UNIV MEDICAL CENTER - NEW YORK, NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 15082
License Date 12/1/2010
Name **KUWAYAMA, DAVID P MD**
Address 15135 WOODBRIDGE RD, BROOKFIELD, WI, 53005-3554
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2002
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2003
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2005
License Expiration Date **6/30/2014**
Remarks

License Number 6512
License Date 3/4/1982
Name **KVATERNIK, DAVOR B MD**
Address 22 KEEWAYDIN DR, SALEM, NH, 03079-2853
Specialty CD
Board Certified CD
School and Year of Graduation UNIV CATOL DE CORDOBA FAC DE MED-CORDOBA ARGENTINA 1970
Internship and Year ALBERT EINSTEIN MED CENTER - PHILA, PA 1980
Residency and Year ALBERT EINSTEIN MED CENTER - PHILA ,PA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 7271
License Date 2/6/1986
Name **KVATERNIK, GLORIA I MD**
Address 23 STILES RD STE 106, SALEM, NH, 03079-2859
Specialty N
Board Certified
School and Year of Graduation FAC DE CIEN MED DE LA UNIV-BUENOS AIRES ARGENTINA 1971
Internship and Year KINGS COUNTY HOSP CTR - BROOKLYN, NY 1982
Residency and Year KINGS COUNTY HOSP CTR-BROOKLYN,NY 1982
License Expiration Date **6/30/2006**
Remarks

License Number 13289
License Date 10/4/2006
Name **KWAI, ANDREW H MD**
Address MOUNT SINAI SCHOOL OF MED, 1 GUSTAVE L LEVY PL-RADIOLOGYNEW YORK, NY, 10029
Specialty R
Board Certified R
School and Year of Graduation MT SINAI SCHOOL OF MED, NEW YORK NY US 1983
Internship and Year KINGS COUNTY HOSP, BROOKLYN NY 1984
Residency and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1985
License Expiration Date **6/30/2008**
Remarks

License Number 11708
License Date 8/7/2002
Name **KWAN, EDDIE S K MD**
Address SPECTRUM MEDICAL GROUP, 300 PROFESSIONAL DRSCARBOROUGH, ME, 04074
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1977
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1978
Residency and Year NEW ENGLAND MEDICAL CENTER - TUFTS UNIV - BOSTON, MA 1981
License Expiration Date **6/30/2008**
Remarks

License Number 8780
License Date 8/5/1992
Name **KWASS, GEORGE F MD**
Address MERRIMACK VALLEY HOSPITAL, 140 LINCOLN AVEHAVERHILL, MA, 01830
Specialty CLP
Board Certified PTH
School and Year of Graduation NEW YORK UNIVERSITY USA 1957
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1958
Residency and Year MASSACHUSETTS GENERAL HOSPITAL BOSTON - MA 1960
License Expiration Date **6/30/2016**
Remarks

License Number 9995
License Date 5/7/1997
Name **KWON, ANDREW O MD**
Address 4 JEFFERSON PLAZA, POUGHKEEPSIE, NY, 12601
Specialty FP
Board Certified
School and Year of Graduation KOREA UNIV COLL OF MED-CHONG-NO-KU SOUTH KOREA 1991
Internship and Year VASSAR BROTHERS HOSP- NY 1996
Residency and Year VASSAR BROTHERS HOSP-NY 1997
License Expiration Date **6/30/1998**
Remarks

License Number 8111
License Date 5/10/1989
Name **KWON, CHAL K MD**
Address 14 PROSPECT ST, MILFORD, MA, 01757
Specialty AN
Board Certified AN
School and Year of Graduation KYONGPOOK NATIONAL UNIV - TAEGU S KOREA SOUTH KOREA 1970
Internship and Year ELLIS HOSPITAL - SCHENECTADY, NY 1975
Residency and Year VA MEDICAL CENTER - BOSTON, MA 1978
License Expiration Date **6/30/2003**
Remarks

License Number 14463
License Date 6/3/2009
Name **KYAW, WIN MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation INSTITUTE OF MED 1 MYANMAR 2001
Internship and Year NEW YORK DOWNTOWN HOSPITAL - NY, NY 2007
Residency and Year NEW YORK DOWNTOWN HOSPITAL - NY, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 16179
License Date 6/5/2013
Name **KYLE, DANIEL R MD**
Address 9 BUZELL AVE, EXETER, NH, 03833
Specialty PD
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2010
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2011
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11094
License Date 10/4/2000
Name **LA BRANCHE, JOHN P MD**
Address MONADNOCK COMMUNITY HOSPITAL, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty AN
Board Certified AN
School and Year of Graduation MCGILL UNIV FAC OF MED - MONTREAL CANADA USA 1988
Internship and Year ROGER WILLIAMN HOSPITAL-PROVIDENCE, RI 1989
Residency and Year ROBER WILLIAMS HOSPITAL - PROVIDENCE, RI 1991
License Expiration Date **6/30/2016**
Remarks

License Number 5579
License Date 8/12/1976
Name **LA CAVA, N THOMAS MD**
Address 360 W BOYLSTON ST STE 107, W BOYLSTON, MA, 01583-
Specialty PD
Board Certified PD
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MED ST LOUIS USA 1972
Internship and Year HAHNEMANN UNIV HOSPITAL 1973
Residency and Year HAHNEMANN UNIV HOSPITAL 1975
License Expiration Date **6/30/2010**
Remarks

License Number 7619
License Date 6/3/1987
Name **LA ROCCA, CHRISTOPHER M MD**
Address DARTMOUTH-HITCHCOCK KEENE, PO BOX 758 11 WESTMINSTER ST WALPOLE, NH, 03608-0758
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year UNIV OF MA HOSPITAL - WORCESTER MA 1985
Residency and Year UNIV OF MA HOSPITAL - WORCESTER MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 10905
License Date 5/3/2000
Name **LABARTHE, SUSAN S MD**
Address 6 TRACY ST, MONTPELIER, VT, 05602
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON VT USA 1996
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1999
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 14464
License Date 6/3/2009
Name **LABIB, MUTAZ M MD**
Address P O BOX 87, BURLINGTON, MA, 01803
Specialty IM
Board Certified IM
School and Year of Graduation DOKUZ EYLUL UNIVERSITESI TURKEY 1995
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2004
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2006
License Expiration Date **6/30/2015**
Remarks

License Number 7200
License Date 9/10/1985
Name **LABRECQUE, PIERRE G MD**
Address , , ,
Specialty D
Board Certified D
School and Year of Graduation University of Sherbrook 1971
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 10160
License Date 11/5/1997
Name **LACERTE, LINDA L MD**
Address SALEM FAMILY PRACTICE, 4 SALEM MARKETPLACESALEM, CT, 06420
Specialty FP
Board Certified FP
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1989
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - RI 1992
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - RI 1992
License Expiration Date **6/30/1999**
Remarks

License Number 2851
License Date 3/14/1951
Name **LACEY II, THOMAS MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/29/1990**
Remarks **DECEASED 8/29/99**

License Number 5280
License Date 1/10/1975
Name **LACEY JR, DONALD O MD**
Address 40 ROUTE 4A, LEBANON, NH, 03766-2117
Specialty GP
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1973
Internship and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITAL - HANOVER, NH 1974
Residency and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITAL - HANOVER, NH 1975
License Expiration Date **6/30/2015**
Remarks **DISCIPLINARY ACTION 5/17/90 - AMENDMENT TO ORDER 8/8/90**

License Number 13869
License Date 3/5/2008
Name **LACHANCE, KRISTEN A MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV USA 1996
Internship and Year GREENWICH HOSPITAL ASSOC - GREENWICH, CT 1997
Residency and Year STANFORD UNIV SCHOOL OF MEDICINE - STANFORD, CA 2001
License Expiration Date **6/30/2010**
Remarks

License Number 10843
License Date 3/1/2000
Name **LACHMAN, MARTIN J MD**
Address MONADNOCK FAMILY SERVICES, 17 93RD STKEENE, NH, 03431
Specialty P
Board Certified P
School and Year of Graduation TEMPLE UNIV SCH OF MED- PHILADELPHIA, PA USA 1966
Internship and Year PRESBYTERIAN MEDICAL CENTER - UNIV OF PENNSYLVANIA - PHILA, PA 1967
Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILA, PA 1968
License Expiration Date **6/30/2008**
Remarks

License Number 8314
License Date 5/9/1990
Name **LACKOVIC, MICHELLE F MD**
Address 700 MAIN ST #4, CLAREMONT, NH, 03743
Specialty IM
Board Certified
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1987
Internship and Year MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1988
Residency and Year MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1989
License Expiration Date **6/30/2016**
Remarks **4/27/99 - Settlement Agreement**
9/3/10 - Settlement Agreement
8/8/11 - Settlement Agreement

License Number 9543
License Date 9/6/1995
Name **LACOMBE, MICHAEL A MD**
Address MGMC, 6E CHESTNUT STAUGUSTA, ME, 04330
Specialty CD
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON, MA USA 1968
Internship and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER, ROCHESTER NY 1969
Residency and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER, ROCHESTER NY 1972
License Expiration Date **6/30/2003**
Remarks

License Number 10651
License Date 8/4/1999
Name **LACOMIS, ELLEN MD**
Address , 100 WASHINGTON STWELLESLEY, MA, 02481
Specialty D
Board Certified D
School and Year of Graduation UNIV OF VA SCH OF MED - CHARLOTTESVILLE, VA USA 1994
Internship and Year UNIV OF MICHIGAN HLTH SYSTEM - ANN ARBOR, MI 1995
Residency and Year UNIV OF MICHIGAN HLTH SYSTEM - ANN ARBOR, MI 1996
License Expiration Date **6/30/2009**
Remarks

License Number 15714
License Date 6/6/2012
Name **LACUNZA, JOHN C MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation KECK SCHOOL OF MED OF THE UNIV OF SOUTHERN CALIFOR USA 1995
Internship and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1996
Residency and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 9138
License Date 4/6/1994
Name **LACY, BRIAN E MD**
Address DHMC - GASTROENTEROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF MARYLAND - BALTIMORE, MD USA 1991
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - LEBANON, NH 1992
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - LEBANON, NH 1995
License Expiration Date **6/30/2016**
Remarks

License Number 15384
License Date 9/7/2011
Name **LACY, JENNIFER A MD**
Address DHMC - PULMONARY DEPARTMENT, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 15883
License Date 10/3/2012
Name **LACY, MARTHA Q MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1988
Internship and Year SPOKANE MEDICAL CENTERS - SPOKANE, WA 1989
Residency and Year SPOKANE MEDICAL CENTERS - SPOKANE, WA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 15131
License Date 2/2/2011
Name **LACY, SHANON R DO**
Address DHMC - DEPT OF DERMATOPATHOLOGY, ONE MED CTR DR LEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation MIDWESTERN UNIVERSITY USA 2007
Internship and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2008
Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2011
License Expiration Date **6/30/2013**
Remarks

License Number 16830
License Date 11/6/2014
Name **LACY, TIMOTHY L MD**
Address STAR ANESTHESIA PA, 45 NORTHEAST LOOP 410 STE 900 SAN ANTONIO, TX, 78216
Specialty AN
Board Certified AN
School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 1999
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8634
License Date 10/2/1991
Name **LADAK, FERIAL MD**
Address NORTH COUNTRY HOSPITAL, ROUTE DR NEWPORT, VT, 05855
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF BRITISH COLUMBIA CANADA 1983
Internship and Year GLEN COVE COMMUNITY HOSPITAL - GLEN COVE, NY 1984
Residency and Year GLEN COVE COMMUNITY HOSPITAL - GLEN COVE, NY 1986
License Expiration Date **6/30/2013**
Remarks **LAPSED 6/30/96; REINSTATED 3/4/09**

License Number 15255
License Date 6/1/2011
Name **LADNER, CHRISTOPHER J MD**
Address VIRTUAL RADIOLOGIC PROFF LLC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 1999
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2000
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 14080
License Date 7/9/2008
Name **LAFFELY, NICHOLAS H MD**
Address CENTRAL MAINE HEART & VASCULAR, 300 MAIN STLEWISTON, ME, 04240
Specialty CD
Board Certified CD
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2001
Internship and Year WASHINGTON UNIV - ST LOUIS, MO 2002
Residency and Year WASHINGTON UNIV - ST LOUIS, MO 2004
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 10/1/14**

License Number 14512
License Date 7/1/2009
Name **LAFLAM, PAUL F MD**
Address DARTMOUTH HITCHCOCK MEDICAL CENTER, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty NEP
Board Certified NEP
School and Year of Graduation UNIVERSITY OF MIAMI USA 2003
Internship and Year UNIVERSITY OF MIAMI SOM/JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2004
Residency and Year UNIVERSITY OF CINCINNATI - CINCINNATI, OH 2006
License Expiration Date **6/30/2015**
Remarks

License Number 8088
License Date 5/10/1989
Name **LAFLAM, ROBERT J MD**
Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MED SCHOOL HANOVER NH USA 1984
Internship and Year ST LUKES HOSP CLEVELAND OH 1985
Residency and Year ST LUKES HOSP-CLEVELAND, OH 1985
License Expiration Date **6/30/2017**
Remarks

License Number 2566
License Date 3/13/1947
Name **LAFLAMME, L ADRIEN MD**
Address 350 S HOLLYBROOK TER, APT 307PEMBROKE PINES, FL, 33025
Specialty IM
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1943
Internship and Year ST FRANCIS HOSPITAL - HARTFORD, CT 1944
Residency and Year VA HOSPITAL - NEW ORLEANS LA 1949
License Expiration Date **6/25/2009**
Remarks **DECEASED 6/25/09**

License Number 17174
License Date 7/1/2015
Name **LAFLAMME, MICHELLE R DO**
Address 3 BRICHER ST, NEWBURYPORT, MA, 01950
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MEDICINE USA 1999
Internship and Year UNECOM/SAINT LUKES HOSPITAL - BETHLEHEM, PA 2000
Residency and Year UNECOM/SAINT LUKES HOSPITAL - BETHLEHEM, PA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 7846
License Date 5/4/1988
Name **LAFLEUR, JOEL D MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 1983
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 8058
License Date 3/29/1989
Name **LAFLEUR, RICHARD P MD**
Address SOUTHERN NH INTERNAL MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038-
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON, VT USA 1983
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1984
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 8294
License Date 4/4/1990
Name **LAFONTAINE, MILDRED H MD**
Address CONCORD NEUROLOGICAL ASSOC, 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301-3799
Specialty N
Board Certified N
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1977
Internship and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1978
Residency and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 12798
License Date 7/6/2005
Name **LAFORTUNE-GREENBERG, TESSA J MD**
Address 253 PLEASANT ST, CONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA USA 2002
Internship and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 2003
Residency and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 7895
License Date 6/8/1988
Name **LAGARENNE, PAUL R MD**
Address 757 BACKHUS ESTATES RD, GLEN GARDNER, NJ, 08826
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIV SCHOOL MEDICINE - WASHINGTON, DC USA 1981
Internship and Year SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1982
Residency and Year SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1984
License Expiration Date **6/30/1998**
Remarks

License Number 10212
License Date 1/7/1998
Name **LAGUETTE, JULIA G MD**
Address HARVARD SCHOOL OF PUBLIC HLTH, 677 HUNTINGYTON AVEBOSTON, MA, 02115
Specialty BBK
Board Certified PTH
School and Year of Graduation CORNELL UNIV MED COLL NY, NY USA 1984
Internship and Year HOSPITAL UNIV OF PENNSYLVANIA , PA 1989
Residency and Year MEMORIAL HOSPITAL CANCER-ALLIED - NY 1993
License Expiration Date **6/30/1999**
Remarks

License Number 11111
License Date 11/1/2000
Name **LAHEY, MICHAEL D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty ORS
Board Certified ORS
School and Year of Graduation TEXAS TECH UNIV HLTH SCI CTR - LUBBOCK, TX USA 1980
Internship and Year FINCH UNIV OF HLTH SCI/CHICAGO MEDICAL SCHOOL - N CHICAGO, IL 1983
Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1985
License Expiration Date **6/30/2002**
Remarks

License Number 12746
License Date 6/1/2005
Name **LAHEY, TIMOTHY P MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified ID
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1998
Internship and Year DUKE UNIVERSITY, DURHAM NC 1999
Residency and Year UNIVERSITY OF UTAH, SALT LAKE CITY UT 2002
License Expiration Date **6/30/2017**
Remarks

License Number 11964
License Date 6/4/2003
Name **LIDLAW, MICHAEL G MD**
Address CONCORD PULMONARY MEDICINE, 248 PLEASANT ST STE G-100CONCORD, NH, 03301
Specialty PUD
Board Certified PUD
School and Year of Graduation TEMPLE UNIVERSITY - PHILADELPHIA PA USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 10426
License Date 10/7/1998
Name **LAKE, AHNNA MD**
Address 4285 MOUNTAIN RD, STOWE, VT, 05672
Specialty FP
Board Certified
School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC CANADA 1983
Internship and Year MC GILL UNIV FACULTY OF MEDICINE - MONTREAL QUEBEC CANADA 1988
Residency and Year MC GILL UNIV - MONTEAL QUEBEC, CANADA 1990
License Expiration Date **6/30/2000**
Remarks

License Number 9702
License Date 5/1/1996
Name **LAKE, CHRISTOPHER J MD**
Address COOS COUNTY FAMILY HEALTH, 133 PLEASANT STBERLIN, NH, 03570
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1993
Internship and Year FAMILY MEDICINE ONTARIO 1994
Residency and Year FAMILY MEDICINE ONTARIO 1995
License Expiration Date **6/30/2016**
Remarks

License Number 8244
License Date 11/1/1989
Name **LAKEY, WILLIAM E MD**
Address 580 ST JOHNSBURY RD, STE CLITTLETON, NH, 03561-1821
Specialty PD
Board Certified PD
School and Year of Graduation WAYNE STATE UNIV SCH OF MED - DETROIT, MI USQA 1983
Internship and Year MAINE DARTMOUTH FAMILY PRACTICE - AUGUSTA, ME 1984
Residency and Year UNIV MICHIGAN HOSPITAL - ANN ARBOR, MI 1987
License Expiration Date **6/30/2015**
Remarks

License Number 16118
License Date 5/1/2013
Name **LAKHANPAL, SANJIV MD**
Address 3700 N HARBOR CITY BLVE, STE 2AMELBOURNE, FL, 32935
Specialty
Board Certified TS
School and Year of Graduation GOVERNMENT COLLEGE COLLEGE AMRITSAR INDIA 1986
Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 1992
Residency and Year UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9679
License Date 4/3/1996
Name **LAKNER, GEORGE S MD**
Address MICHAEL O'CALLAGHAN MED CTR, NELLIS AIRFORCE BASE, NV, 89191
Specialty P
Board Certified
School and Year of Graduation SEMMELWEIS OROSTUDOMANYI EGYETEM - BUDAPEST HUNGARY 1964
Internship and Year SEMMELWEIS UNIV - BUDAPEST, HUNGARY 1964
Residency and Year COLUMBIA UNIV - NY, NY 1983
License Expiration Date **6/30/2000**
Remarks

License Number 13908
License Date 4/2/2008
Name **LAL, INDER MD**
Address CONCORD HOSPITAL, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SIND PAKISTAN 1999
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2006
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13803
License Date 1/11/2008
Name **LALKA, JOSEPH P MD**
Address 1556 STATE ROUTE 203, CHATHAM, NY, 12037
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK UNIV USA 1978
Internship and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 1979
Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 1981
License Expiration Date **6/30/2010**
Remarks

License Number 12067
License Date 9/3/2003
Name **LALLANA, ENRICO C MD**
Address KP SACRAMENTO MED CTR, 2025 MORSE AVESACRAMENTO, CA, 95825
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF E AURORA, QUEZON CITY, PHILIPPINES PHILIPPINES 1995
Internship and Year MONTEFIORE MEDICAL CTR, BRONZ NY 1999
Residency and Year UNIVERSITY OF TEXAS, DALLAS TX 2002
License Expiration Date **6/30/2013**
Remarks

License Number 8315
License Date 5/9/1990
Name **LALLY, TERRI L MD**
Address DOVER PEDIATRICS, 17 OLD ROLLINSFORD RD SUITE 5DOVER, NH, 03820
Specialty PD
Board Certified PD
School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1987
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1988
Residency and Year YALE-NEWHAVEN MEDICAL CENTER - NEW HAVEN, CT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 4633
License Date 11/16/1970
Name **LALLY, THOMAS E MD**
Address 15 LESNYK RD, GOFFSTOWN, NH, 03045
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF VERMONT USA 1961
Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1962
Residency and Year DARTMOUTH-HITCHCOCK AFFILIATED HOSPITAL - HANOVER, NH 1968
License Expiration Date **6/30/2008**
Remarks

License Number 5580
License Date 8/12/1976
Name **LAMANNA, JOSEPH P MD**
Address 4 STANTON CIRCLE, BOXFORD, MA, 01921
Specialty IM
Board Certified IM
School and Year of Graduation ADELPHI UNIV NEW YORK USA 1967
Internship and Year STATEN ISLAND HOSPITAL 1972
Residency and Year GOOD SAMARITAN HOSPITAL PHOENIX 1973
License Expiration Date **6/30/2016**
Remarks

License Number 16374
License Date 11/6/2013
Name **LAMB, ASHLEY K MD**
Address EPPING REGIONAL HEALTH CTR, 212 CALEF HWYEPING, NH, 03042
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2007
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 15447
License Date 11/2/2011
Name **LAMBA, SHILPA MD**
Address MANCHESTER UROLOGY ASSOC, 10 MEMBERS WAY STE 402DOVER, NH, 03820
Specialty U
Board Certified
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2005
Internship and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2006
Residency and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2010
License Expiration Date **6/30/2017**
Remarks

License Number 16831
License Date 11/6/2014
Name **LAMBE, JENNIFER S MD**
Address STRATADX, ONE CRANBERRY HILL #303LEXINGTON, MA, 02420
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF CONNECTICUT SCHOOL OF MED USA 2004
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2005
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL-COLUMBIA CAMPUS - NY, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 8395
License Date 7/11/1990
Name **LAMBERT, BRYCE D MD**
Address CONCORD EMERGENCY MED ASSOC PA, 250 PLEASANT STCONCORD, NH, 03301-
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF IL COLL OF MED -CHICAGO,IL USA 1987
Internship and Year UNIV IL MET GROUP HOSP-CHICAGO,IL 1988
Residency and Year UNIV IL MET GROUP HOSP-CHICAGO,IL 1991
License Expiration Date **6/30/2016**
Remarks

License Number 10091
License Date 8/6/1997
Name **LAMBERT, DONALD H MD**
Address ANESTHESIA ASSOC OF MA, 690 CANTON STWESTWOOD, MA, 02090
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1978
Internship and Year FLETCHER ALLEN HEALTH CARE - VT 1979
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - MA 1995
License Expiration Date **6/30/2013**
Remarks

License Number 10719
License Date 10/6/1999
Name **LAMBERT, LAURA A MD**
Address DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON MA USA 1996
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR 1997
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER 1998
License Expiration Date **6/30/2003**
Remarks

License Number 14166
License Date 9/3/2008
Name **LAMBERT, LISA A MD**
Address 11 DOUGLAS RIDGE, NORWICH, VT, 05055
Specialty P
Board Certified P
School and Year of Graduation LOYOLA UNIV USA 2000
Internship and Year BROWN UNIV BUTLER HOSPITAL - PROVIDENCE, RI 2002
Residency and Year BROWN UNIV BUTLER HOSPITAL - PROVIDENCE, RI 2004
License Expiration Date **6/30/2016**
Remarks

License Number 4080
License Date 6/7/1967
Name **LAMBERT, RENE J MD**
Address MANCHESTER COUSELING CENTER, 445 CYPRESS ST STE 8MANCHESTER, NH, 03103`
Specialty P
Board Certified
School and Year of Graduation LAVEL UNIV CANADA 1962
Internship and Year ST SACREMENT HOSPITAL - QUEBEC, CANADA 1962
Residency and Year TRAVERSE CITY STATE HOSPITAL - TRAVERSE CITY, MI 1967
License Expiration Date **4/30/2010**
Remarks **Deceased 4/30/10**

License Number 8694
License Date 4/1/1992
Name **LAMBERT, ROBERT A MD**
Address REGIONAL MEDICAL PRACTICE, 1095 COMMONS AVECORTLAND, NY, 13045
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1985
Internship and Year UNIVERSITY HOSPITAL SUNY STONY BROOK STONY BROOK - NEW YORK 1986
Residency and Year UNIVERSITY HOSPITAL SUNY STONY BROOK STONY BROOK - NEW YORK 1992
License Expiration Date **6/30/2016**
Remarks

License Number 7727
License Date 10/7/1987
Name **LAMBERT, VINCENT MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1991**
Remarks **6/7/94 - Settlement Agreement. Voluntary surrender of license in lieu of disciplinary action based on allegations of unprofessional conduct.**

License Number 6532
License Date 5/6/1982
Name **LAMBRUKOS, JOHN H MD**
Address PO BOX 10191, CONCORD, NH, 03301-0191
Specialty ORS
Board Certified
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1977
Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1978
Residency and Year ALBANY MED CTR HOSP-ALBANY,NY 1982
License Expiration Date **6/30/2016**
Remarks

License Number 6647
License Date 1/6/1983
Name **LAMHUT, JEROLD J MD**
Address 33 LINDSAY LN, READING, MA, 01867-
Specialty GP
Board Certified
School and Year of Graduation VRIJE UNIV BRUSSEL BELGIUM 1978
Internship and Year BOSTON CITY HOSP-BOSTON,MA 1980
Residency and Year MALDEN HOSPITAL-MALDEN,MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 11630
License Date 6/5/2002
Name **LAMM, EVERETT J MD**
Address EXETER PEDIATRIC ASSOC, 9 BUZELL AVEEXETER, NH, 03833
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1999
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2000
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6348
License Date 3/5/1981
Name **LAMMERS, KEITH A MD**
Address ELLIOT FAMILY MEDICINE @AMHERS, 199 RT 101AMHERST, NH, 03031
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF COL SCH OF MED-DINVER,CO USA 1976
Internship and Year UNIV OF COLO MED CTR-DENVER,CO 1977
Residency and Year UNIV OF COLO MED CTR-DENVER,CO 1979
License Expiration Date **6/30/2017**
Remarks

License Number 7685
License Date 8/5/1987
Name **LAMPERT, RICHARD P MD**
Address 32 YORK ST, YORK, ME, 03909-1006
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1974
Internship and Year SHANDS HOSPITAL CLINIC- GAINESVILLE, FL 1975
Residency and Year SHANDS HOSPITAL CLINIC- GAINESVILLE, FL 1976
License Expiration Date **6/30/2011**
Remarks

License Number 2724
License Date 1/31/1949
Name **LAMPESIS, PETER T MD**
Address 240 ROLLINS RD, ROLLINSFORD, NH, 03869-
Specialty FP
Board Certified
School and Year of Graduation MC GILL UNIVERSITY - MONTREAL CANADA 1943
Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL 1944
Residency and Year FRENCH HOSPITAL - NY CITY 1949
License Expiration Date **6/30/2005**
Remarks **DECEASED 09/05/2007**

License Number 5568
License Date 7/28/1976
Name **LAMPHERE, GARY W MD**
Address 17 GREENLEAF DR, EXETER, NH, 03833
Specialty EM
Board Certified
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MED AND DENTISTRY USA 1971
Internship and Year RUSH PRISBY-ST LUKES HOSPITAL 1976
Residency and Year RUSH PRISBY - ST LUKES HOSPITAL 1976
License Expiration Date **6/30/2016**
Remarks

License Number 9347
License Date 1/11/1995
Name **LAMPHIER, JONATHAN B MD**
Address 6 DOCTORS CIRCLE, SUITE 5, SUPPLY, NC, 28462
Specialty GE
Board Certified GE
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year JAMES A HALEY VETERANS HOSPITAL - TAMPA FL 1994
Residency and Year JAMES A HALEY VETERANS HOSPITAL - TAMPA FL 1994
License Expiration Date **6/30/2017**
Remarks

License Number 3060
License Date 3/9/1955
Name **LAMPHIER, TIMOTHY A MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1975**
Remarks

License Number 11027
License Date 8/2/2000
Name **LAMPROS, ELENA M MD**
Address 211 LINWOOD ST, LYNN, MA, 01905
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1995
Internship and Year LAHEY CLINIC - BURLINGTON, MA 1999
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2000
License Expiration Date **6/30/2001**
Remarks

License Number 16454
License Date 1/8/2014
Name **LAMURAGLIA, GLENN M MD**
Address 15 PARKMAN ST, WACC 4-440BOSTON, MA, 02116
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1979
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 9222
License Date 7/6/1994
Name **LAMY JR, FRANCIS R DO**
Address NUTFIELD OPHTHALMOLOGY, 3 ORCHARD VIEW DR LONDONDERRY, NH, 03053
Specialty OPH
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO MEDICINE USA 1990
Internship and Year SINAI HOSPITAL - DETROIT MI 1994
Residency and Year SINAI HOSPITAL - DETROIT MI 1994
License Expiration Date **6/30/2016**
Remarks

License Number 16119
License Date 5/1/2013
Name **LANCASTER, ROBERT T MD**
Address FOUNDATION VASCULAR SURGERY, 8 PROSPECT STREET NASHUA, NH, 03060
Specialty GS
Board Certified
School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 15448
License Date 11/2/2011
Name **LANCE, JASON N MD**
Address MEDICAL IMAGING ASSOC, 2265 EAST SUNNYSIDE RD IDAHO FALLS, ID, 83404
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 2003
Internship and Year CHRIST HOSPITAL - CINCINNATI, OH 2004
Residency and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2005
License Expiration Date **6/30/2013**
Remarks

License Number 2725
License Date 1/31/1949
Name **LAND, WILLIAM MD**
Address 25 MASON DR, SALEM, NH, 03079-
Specialty GP
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 1945
Internship and Year ST ELIZABETHS HOSPITAL - WASHINGTON, DC 1946
Residency and Year ST ELIZABETHS HOSPITAL - WASHINGTON, DC 1946
License Expiration Date **6/30/2003**
Remarks

License Number 9520
License Date 8/2/1995
Name **LANDAY, NANCY C MD**
Address ANDOVER SURGICAL ASSOCIATES, 140 HAVERHILL STANDOVER, MA, 01810-1504
Specialty GS
Board Certified GS
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year BETH ISRAEL HOSPITAL - BOSTON MA 1994
Residency and Year BETH ISRAEL HOSPITAL - BOSTON MA 1994
License Expiration Date **6/30/2013**
Remarks

License Number 11568
License Date 4/3/2002
Name **LANDES, ANDREW B MD**
Address SPECTRUM MED GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation WASHINGTON UNIV - ST LOUIS, MO USA 1988
Internship and Year MALLINCKRODT INSTITUTE OF RADIOLOGY- ST LOUIS, MO 1989
Residency and Year MALLINCKRODT INSTITUTE OF RADIOLOGY- ST LOUIS, MO 1992
License Expiration Date **6/30/2016**
Remarks

License Number 16279
License Date 8/7/2013
Name **LANDES, FRED MD**
Address 14 GASTON DR, PITTSFIELD, MA, 01201
Specialty
Board Certified EM
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1981
Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NEW YORK, NY 1982
Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 8990
License Date 7/7/1993
Name **LANDIS, ERIC S MD**
Address SOUTHERN NH RADIOLOGY, 703 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1988
Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1989
Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9761
License Date 6/5/1996
Name **LANDIS, LOREN A MD**
Address 167 MAIN ST STE 103, PO BOX 366BRATTLEBORO, VT, 05302
Specialty P
Board Certified
School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS, OH USA 1977
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1978
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1981
License Expiration Date **9/22/2000**
Remarks **9/8/00 - ORDER FOR SUSPENSION OF MEDICAL LICENSE EFFECTIVE 9/22/00. LICENSE SUSPENDED 4:00 PM 9/22/00**

License Number 10588
License Date 6/2/1999
Name **LANDMAN, MICHAEL J MD**
Address 25 MARSTON STREET, STE 403LAWRENCE, MA, 01841
Specialty NEP
Board Certified IM
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1994
Internship and Year UNIV OF NORTH CAROLINA SCH - CHAPEL HILL, NC 1997
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10092
License Date 8/6/1997
Name **LANDOW, STEPHEN S MD**
Address 15 NOVELTY LN, ESSEX, CT, 06426
Specialty P
Board Certified
School and Year of Graduation MED FAK DER UNIV HEIDELBERG BADEN WURTTENBERG 1966
Internship and Year KINGS COUNTY HOSPITAL CENTER-NY 1971
Residency and Year KINGS COUNTY HOSPITAL CENTER - NY 1971
License Expiration Date **6/30/2000**
Remarks

License Number 10809
License Date 1/5/2000
Name **LANDRY, SCOTT H MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation LOUISIANA STATE UNIV - NEW ORLEANS, LA USA 1996
Internship and Year WAKE FOREST UNIV BAPTIST MEDICAL CENTER - WINSTON-SALEM, NC 1997
Residency and Year WAKE FOREST UNIV BAPTIST MEDICAL CENTER - WINSTON-SALEM, NC 1999
License Expiration Date **6/30/2002**
Remarks

License Number 11000
License Date 7/5/2000
Name **LANDSBERG, DAVID M MD**
Address CRITICAL CARE ASSOCIATES, 736 IRVING AVESYRACUSE, NY, 13210
Specialty IM
Board Certified IM
School and Year of Graduation SABA UNIV SCH OF MED - SABA NETHERLANDS NETHERLANDS 1998
Internship and Year ENGLEWOOD HOSPITAL MEDICAL CENTER - ENGLEWOOD, NJ 1999
Residency and Year ENGLEWOOD HOSPITAL MEDICAL CENTER - ENGLEWOOD, NJ 2000
License Expiration Date **6/30/2004**
Remarks

License Number 7524
License Date 3/4/1987
Name **LANDT, KYLE W MD**
Address 5 WING RD, EPSOM, NH, 03234
Specialty PDE
Board Certified PDE
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1978
Internship and Year CHILDRENS HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1981
Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1981
License Expiration Date **6/30/2015**
Remarks

License Number 3106
License Date 9/14/1955
Name **LANE JR, FRANK W MD**
Address 983 JOHN ANDERSON DR, ORMOND BEACH, FL, 32176-4176
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1950
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1951
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1955
License Expiration Date **6/30/2003**
Remarks

License Number 11252
License Date 5/2/2001
Name **LANE, LEO W DO**
Address 421 MERRIMACK ST STE 201, METHUEN, MA, 01844
Specialty IM
Board Certified IM
School and Year of Graduation U OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE USA 1996
Internship and Year ST VINCENT HOSPITAL - WORCESTER MA 1997
Residency and Year ST VINCENT HOSPITAL - WORCESTER MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12389
License Date 7/7/2004
Name **LANE, MICHAEL D MD**
Address 11 WHITEHALL ROW, ROCHESTER, NH, 03867
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1989
Internship and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1990
Residency and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11215
License Date 4/4/2001
Name **LANE, RICHARD A MD**
Address 441 RIVER ST, PO BOX 830SPRINGFIELD, VT, 05156
Specialty OPH
Board Certified OPH
School and Year of Graduation ALBANY MEDICAL COLL- ALBANY, NY USA 1980
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1981
Residency and Year MEDICAL UNIV OF SOUTH CAROLINA- CHARLESTON, SC 1984
License Expiration Date **6/30/2017**
Remarks

License Number 8089
License Date 5/10/1989
Name **LANE, RONALD W MD**
Address , , ,
Specialty OTO
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 7618
License Date 6/3/1987
Name **LANE, WENDY S MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 6253
License Date 7/9/1980
Name **LANES, DOUGLAS M MD**
Address 5917 SW 37TH AVE, FORT LAUDERDALE, FL, 33312
Specialty P
Board Certified P
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE OF PHILA, PA USA 1970
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1971
Residency and Year HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1976
License Expiration Date **6/30/2000**
Remarks

License Number 8335
License Date 5/9/1990
Name LANES, TERRY L MD
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON USA 1972
Internship and Year
Residency and Year
License Expiration Date 6/30/1992
Remarks

License Number 13750
License Date 11/7/2007
Name LANESE, DONALD D DO
Address SPECTRUM RADIOLOGY, INC, 155 W MAIN ST, STE 1904 COLUMBUS, OH, 43215
Specialty R
Board Certified
School and Year of Graduation KIRKSVILLE COLLEGE USA 1964
Internship and Year OUCOM/CUYAHOGA FALLS GENERAL HOSPITAL - CUYAHOGA FALLS, OH 1965
Residency and Year OUCOM/CUYAHOGA FALLS GENERAL HOSPITAL - CUYAHOGA FALLS, OH 1969
License Expiration Date 6/30/2011
Remarks

License Number 13406
License Date 2/7/2007
Name LANG, BIANCA J MD
Address SLEEP DISORDERS CENTER, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DALHOUSIE UNIV CANADA 1997
Internship and Year UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 1998
Residency and Year UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 2000
License Expiration Date 6/30/2017
Remarks

License Number 11133
License Date 12/6/2000
Name LANG, JEROME P MD
Address PO BOX 430, SOMERSWORTH, NH, 03878-0430
Specialty FP
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1982
Internship and Year INLAND EMPIRE HOSPITAL - SPOKANE, WA 1983
Residency and Year VALLEY MEDICAL CENTER - RENTON, WA 1987
License Expiration Date 6/30/2016
Remarks

License Number 13112
License Date 6/7/2006
Name **LANG, KENNETH C MD**
Address COOS COUNTY FAMILY HEALTH SRVC, 2 BROADWAY STGORHAM, NH, 03581
Specialty FP
Board Certified FP
School and Year of Graduation OHIO STATE UNIV USA 1970
Internship and Year MT CARMEL HEALTH SYSTEM-COLUMBUS OH 1971
Residency and Year UNIV OF TEXAS MED CTR @ SAN ANTONIO, SAN ANTONIO, TX 1974
License Expiration Date **6/30/2016**
Remarks

License Number 13909
License Date 4/2/2008
Name **LANGBURD, ALAN B MD**
Address CENTRAL MAINE HEART & VAS INST, 60 HIGH STLEWISTON, ME, 04240
Specialty CD
Board Certified CD
School and Year of Graduation UNIV NEW YORK USA 1980
Internship and Year EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 1981
Residency and Year EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 9521
License Date 8/2/1995
Name **LANGDON, DAVID R MD**
Address MERCY HOSP-RADIOLOGY, 144 STATE STPORTLAND, ME, 04101
Specialty DR
Board Certified DR
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 7088
License Date 5/2/1985
Name **LANGE, ERWIN MD**
Address NORTH COUNTRY HOSPITAL, 189 PROUTY DRNEWPORT, VT, 05855
Specialty EM
Board Certified FP
School and Year of Graduation BROWN UNIVERSITY-PROVIDENCE, RI USA 1978
Internship and Year ST JOSEPHS HOSPITAL HLTH CENTER-SYRACUSE, NY 1979
Residency and Year ST JOSEPHS HOSPITAL HLTH CENTER-SYRACUSE, NY 1981
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/13/15.**

License Number 13593
License Date 7/11/2007
Name **LANGEVIN, JEAN MD**
Address 202-300 COLUMBIA ST, KAMLOOPS BCCANADA, , V2C 6L1
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF MONTREAL CANADA 1994
Internship and Year UNIV OF MONTREAL-MONTREAL, QUEBEC CANADA 1995
Residency and Year UNIV OF MONTREAL-MONTREAL, QUEBEC CANADA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 3128
License Date 7/6/1956
Name **LANGLOIS, ALFRED E MD**
Address 426 CRESTVIEW CIR, MANCHESTER, NH, 03104
Specialty GS
Board Certified
School and Year of Graduation TUFTS COLLEGE MEDICAL SCHOOL USA 1948
Internship and Year THE MERCY HOSPITAL SPRINGFIELD - MASSACHUSETTS 1949
Residency and Year WORCESTER CITY HOSPITAL WORCESTER - MASSACHUSETTS 1956
License Expiration Date **6/30/2000**
Remarks **DECEASED 1/14/2009**

License Number 10487
License Date 1/6/1999
Name **LANGSTON, ROBERT H MD**
Address 23 STILES RD STE 210, SALEM, NH, 03079
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF SO ALABAMA COLL OF MED - MOBILE, AL USA 1977
Internship and Year LOS ANGELES COUNTY - USC MEDICAL CENTER- LOS ANGELES, CA 1978
Residency and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1980
License Expiration Date **6/30/2001**
Remarks **Deceased 11/23/2012**

License Number 16229
License Date 7/3/2013
Name **LANGSTRAAT, CARRIE L MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 2003
Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2004
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2007
License Expiration Date **6/30/2017**
Remarks

License Number 7124
License Date 6/6/1985
Name **LANGWEILER, CLIFFORD B MD**
Address VALLEY REGIONAL HOSPITAL, 243 ELM STREETCLAREMONT, NH, 03743
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VIRGINIA USA 1980
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1981
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1983
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/97...REINSTATED 2/4/09**

License Number 15884
License Date 10/3/2012
Name **LANIER, DEREK MD**
Address 8450 BROWER LAKE RD NE, ROCKFORD, MI, 49341
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1991
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1991
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1993
License Expiration Date **6/30/2014**
Remarks

License Number 13973
License Date 5/7/2008
Name **LANIER, MELANIE E DO**
Address EXETER INTERNAL MEDICINE, 21 HAMPTON RD BLDG 3EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND USA 2003
Internship and Year PROVIDENCE ST VINCENT HOSPITAL & MEDICAL CENTER - PORTLAND, OR 2004
Residency and Year PROVIDENCE ST VINCENT HOSPITAL & MEDICAL CENTER - PORTLAND, OR 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14687
License Date 12/2/2009
Name **LANIEWSKI, MARY JO A DO**
Address STEPHENS MEMORIAL, 181 MAIN STREETNORWAY, ME, 04268
Specialty EM
Board Certified EM
School and Year of Graduation PHILADELPHIA COLLEGE USA 1992
Internship and Year MERCY SUBURBAN HOSPITAL - NORRISTOWN, PA 1993
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1994
License Expiration Date **6/30/2013**
Remarks

License Number 6696
License Date 5/5/1983
Name **LANKENNER JR, PETER A MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1977
Internship and Year
Residency and Year
License Expiration Date **4/8/1986**
Remarks **DECEASED 8/4/86**

License Number 3389
License Date 9/16/1960
Name **LANNI, JOHN P MD**
Address , BOX 775YORK, ME, 03909
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1951
Internship and Year NEW ENGLAND CENTER- BOSTON, MA 1952
Residency and Year NEW ENGLAND CENTER 1954
License Expiration Date **6/30/2001**
Remarks

License Number 8443
License Date 10/10/1990
Name **LANNI, JOSEPH A MD**
Address HEALTH SOUTH, 256 PLEASANT STCONCORD, NH, 03301
Specialty PM
Board Certified PM
School and Year of Graduation UNIV CENTRAL DEL ESTE SAN PEDRO DE MACORIS DOMINICAN REPUBLIC 1981
Internship and Year NY MEDICAL COLL HOSPITAL - NY, NY 1982
Residency and Year LINCOLN MEDICAL MENTAL HEALTH CENTER - BRONX, NY 1984
License Expiration Date **6/30/2006**
Remarks

License Number 15194
License Date 4/6/2011
Name **LANNON, BENJAMIN M MD**
Address BOSTON IVF, 778 MAIN ST SUITE 2SO PORTLAND, ME, 04106
Specialty OBG
Board Certified REN
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 2003
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 5637
License Date 10/13/1976
Name **LANNON, MICHAEL J MD**
Address 139A SOUTH ST, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified
School and Year of Graduation UNIV OF WITWATERSRAND UNITED KINGDOM 1969
Internship and Year JOHANNESBURG HOSPITAL S AFRICA 1971
Residency and Year SHOREHAM HOSPITAL SUSSEX /ST JOHNS HOSPITAL CHELMSFORD 1971
License Expiration Date **6/30/2014**
Remarks

License Number 8059
License Date 3/29/1989
Name **LANOCHA, KARL I MD**
Address TMS CENTER OF NEW ENGLAND, 231 CORPORATE DRPORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MD SCH OF MED BALTIMORE MD USA 1982
Internship and Year SHEPPARD & ENOCH PRATT HOSP TOWSON MD 1982
Residency and Year SHEPPARD & ENOCH PRATT HOSP TOWSON MD 1986
License Expiration Date **6/30/2015**
Remarks

License Number 10560
License Date 5/5/1999
Name **LANOUE, MARK Z MD**
Address SEACOAST RADIOLOGY, 383 CENTRAL AVE STE 313DOVER, NH, 03820
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT COLL - BURLINGTON, VT USA 1993
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14513
License Date 7/1/2009
Name **LANSIGAN, FREDERICK MD**
Address DHMC/HEM/ONC, 1 MED CTR DRLEBANON, NH, 03756
Specialty HO
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2002
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2003
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11664
License Date 7/3/2002
Name **LANTER, PATRICIA L MD**
Address DHMC - EMERGENCY MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIV - RICHMOND, VA USA 1991
Internship and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1992
Residency and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 6927
License Date 7/5/1984
Name **LANTINEN JR, ALBERT J MD**
Address 155 GRIFFIN RD, PORTSMOUTH, NH, 03801-4174
Specialty OBG
Board Certified OBG
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1972
Internship and Year RIVERSIDE METHODIST HSOP-COLUMBUS,OH 1973
Residency and Year RIVERSIDE METHODIST HOSP-COLUMBUS,OH 1976
License Expiration Date **6/30/2014**
Remarks

License Number 15195
License Date 4/6/2011
Name **LANTZ, GEORGE B DO**
Address INTERVENTIONAL SPINE MEDICINE, 944 CALEF HWYBARRINGTON, NH, 03825
Specialty AN
Board Certified AN
School and Year of Graduation MIDWESTERN UNIVERSITY USA 2000
Internship and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER - CHICAGO, IL 2001
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 3613
License Date 5/8/1963
Name **LANZER, ROBERT C MD**
Address , PO BOX 173MELVIN VILLAGE, NH, 03743
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CINCINNATI - CINCINNATI, OH USA 1955
Internship and Year CINCINNATI GENERAL HOSPITAL - CINCINNATI, OH 1956
Residency and Year UNIVERSITY HOSPITAL - MADISON, WI 1960
License Expiration Date **6/30/1998**
Remarks **DECEASED 1/28/2015**

License Number 5529
License Date 6/14/1976
Name **LANZETTA, PATRICK W MD**
Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MONTPELLIER-MONTPELLIER FRANCE FRANCE 1974
Internship and Year LONG ISLAND COLLEGE-BROOKLYN NY 1974
Residency and Year LONG ISLAND COLLEGE-BROOKLYN NY 1976
License Expiration Date **6/30/2016**
Remarks **2/11/98 - SETTLEMENT AGREEMENT**

License Number 16832
License Date 11/6/2014
Name **LAPADULA, JOHN V DO**
Address 115 PAYNE WHITNEY LN, MANHASSET, NY, 11030
Specialty IM
Board Certified IM
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2010
Residency and Year SOUTHAMPTON HOSPITAL - SOUTHAMPTON, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 11873
License Date 4/2/2003
Name **LAPETINA, GRACIANA MD**
Address , 15 WEST 12TH ST STE 1C NEW YORK, NY, 10011
Specialty P
Board Certified P
School and Year of Graduation NEW YORK UNIV - NEW YORK, NY USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2011**
Remarks

License Number 13216
License Date 8/2/2006
Name **LAPLACA, THOMAS J MD**
Address MID-VERMONT ANESTHESIA, 297 WYNNRIDGE DR RUTLAND, VT, 05701
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VERMONT USA 1974
Internship and Year UNIV OF MASSACHUSETTS MEDICAL CTR-WORCESTER, MA 1975
Residency and Year UNIV OF MASSACHUSETTS MEDICAL CTR- WORCESTER, MA 1977
License Expiration Date **6/30/2012**
Remarks

License Number 5581
License Date 8/12/1976
Name **LAPOINTE, THOMAS A MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF REPUBLIC URUGUAY URUGUAY 1972
Internship and Year
Residency and Year
License Expiration Date **12/17/1989**
Remarks **DECEASED 12/17/89**

License Number 12168
License Date 12/3/2003
Name **LAPP, MARK A MD**
Address ORTHOPAEDIC SURGICAL ASSOCIATE, 14 RESEARCH PLACENORTH CHELMSFORD, MA, 01863
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIVERSITY OF NY, STONY BROOK NY US 1993
Internship and Year NEW ENGLAND MED CTR, BOSTON MA 1994
Residency and Year NEW ENGLAND MED CTR, BOSTON MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 15582
License Date 3/7/2012
Name **LAQUER, MATTHEW T MD**
Address PRH HOSPITALISTS LLC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2008
Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2011
License Expiration Date **6/30/2016**
Remarks

License Number 11631
License Date 6/5/2002
Name **LARACY JR, RICHARD J DO**
Address SACO RIVER MEDICAL GROUP, 7 GREENWOOD STCONWAY, NH, 03818
Specialty PD
Board Certified PD
School and Year of Graduation PHILADELPHIA COLL - PHILADELPHIA, PA USA 1995
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1996
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date **6/30/2016**
Remarks

License Number 5186
License Date 6/10/1974
Name **LARAIA, PAUL J MD**
Address 217 FRANKLIN RD, SALISBURY, NH, 03268
Specialty CD
Board Certified CD
School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1962
Internship and Year VA HOSPITAL, BOSTON MA 1966
Residency and Year HARVARD MEDICAL SCHOOL, CAMBRIDGE MA 1968
License Expiration Date **6/30/2016**
Remarks

License Number 9419
License Date 5/3/1995
Name **LARAMEE, RACHEL C MD**
Address DOVER PEDIATRICS, 17 OLD ROLLINSFORD RD SUITE 5DOVER, NH, 03820-
Specialty PD
Board Certified PD
School and Year of Graduation PENN STATE UNIVERSITY USA 1992
Internship and Year UNIV OF NORTH CAROLINA - CHAPEL HILL, NC 1995
Residency and Year UNIV OF NORTH CAROLINA- CHAPEL HILL, NC 1995
License Expiration Date **6/30/2017**
Remarks

License Number 12169
License Date 12/3/2003
Name **LARIMER, ALAN M MD**
Address 560 QUEENS DR S, NEWARK, OH, 43055
Specialty ORS
Board Certified ORS
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1964
Internship and Year PHILADELPHIA GENERAL HOSPITAL, PHILADELPHIA PA 1965
Residency and Year TEMPLE UNIVERSITY, PHILADELPHIA PA 1973
License Expiration Date **6/30/2009**
Remarks **LAPSED FOR NON-RENEWAL 6/30/05..REINSTATED 6/6/07**

License Number 3942
License Date 9/13/1966
Name **LARIVIERE, EUGENE W MD**
Address 20 FAIRWAY DR, PO BOX 1734GRANTHAM, NH, 03753
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL UNIV OF ROCHESTER, NY USA 1965
Internship and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1966
Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL , NC 1966
License Expiration Date **6/30/2014**
Remarks

License Number 13255
License Date 9/6/2006
Name **LARKIN, KENDRA L MD**
Address 580 COURT ST, KEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NEW JERSEY USA 1997
Internship and Year US NAVAL MEDICAL CTR-SAN DIEGO CA 1998
Residency and Year COOK COUNTY HOSPITAL 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11001
License Date 7/5/2000
Name **LARKIN, ROBERT J MD**
Address WEBSTER ST INTERNAL MEDICINE, 57 WEBSTER STMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MED COLL- VALHALLA, NY USA 1997
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1999
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15666
License Date 5/2/2012
Name **LARKINS, MARK V MD**
Address 889 GRAND AVE, SUITE 102ST PAUL, MN, 55105
Specialty NS
Board Certified NS
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 1984
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1985
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 6303
License Date 10/2/1980
Name **LARMON, STEVEN S MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1719
Specialty HEM
Board Certified HO
School and Year of Graduation COLUMBIA UNIV COLL PHYSICIANS SURGEONS NY, NY USA 1978
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
License Expiration Date **6/30/2016**
Remarks

License Number 6484
License Date 1/7/1982
Name **LARNEY, WILLIAM T MD**
Address 52 BROWNING AVE, NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MED COLL-NEW YORK,NY USA 1974
Internship and Year MONTEFIORE HOSP-MED CTR-BRONX,NY 1975
Residency and Year CMDNJ RUTGERS MED SCH HOSP-PISCATAWAY,NJ 1977
License Expiration Date **6/30/2008**
Remarks **10/11/01 - SETTLEMENT AGREEMENT**

License Number 9929
License Date 2/5/1997
Name **LAROCHELLE JR, FREDERICK T MD**
Address ROCHESTER HILL FAMILY PRACTICE, 5 WHITEHALL RD ROCHESTER, NH, 03867
Specialty EM
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1986
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1987
Residency and Year KENNEBEC VALLEY MEDICAL CENTER - ME 1990
License Expiration Date **6/30/1998**
Remarks

License Number 17066
License Date 5/6/2015
Name **LAROCHELLE, NICHOLAS A MD**
Address 300 HEINZ ST APT C419, PITTSBURGH, PA, 15212
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2012
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2013
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 17067
License Date 5/6/2015
Name **LAROCHELLE, ZEA L MD**
Address 300 HEINZ ST APT C419, PITTSBURGH, PA, 15212
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 2012
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2013
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 7913
License Date 7/6/1988
Name **LAROUCHE, MONIQUE M MD**
Address MILL POND FAMILY PRACTICE, 44 NEWMARKET RDDURHAM, NH, 03824
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF SHRBROOKE FAC OF MED-SHERBROOKE CANADA 1984
Internship and Year FAMILY MEDICINE -SHERBROOKE 1985
Residency and Year FAMILY MEDICINE-SHERBROOKE 1986
License Expiration Date **6/30/2016**
Remarks

License Number 16230
License Date 7/3/2013
Name **LARSEN, CHRISTOPHER P MD**
Address NEPHROPATHOLOGY ASSOC, 10810 EXECUTIVE CTR DR STE 100LITTLE ROCK, AR, 72211
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2005
Internship and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 2006
Residency and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 8316
License Date 5/9/1990
Name **LARSEN, ERIC C MD**
Address MAINE CHILDREN'S CANCER PROGRA, 100 CAMPUS DRSCARBOROUGH, ME, 04074
Specialty HEM
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLL OF MED BURLINGTON,VT USA 1983
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1984
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1986
License Expiration Date **6/30/2008**
Remarks

License Number 14423
License Date 5/6/2009
Name **LARSEN, JENNIFER A MD**
Address , 2 OAK LNSTRATHAM, NH, 03885
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1990
Internship and Year UNIVERSITY OF CINCINNATI - CINCINNATI, OH 1991
Residency and Year UNIVERSITY OF CINCINNATI - CINCINNATI, OH 1993
License Expiration Date **6/30/2013**
Remarks

License Number 15928
License Date 11/7/2012
Name **LARSEN, TERRY L DO**
Address NORTHEASTERN VT REG HOSP, 1315 HOSPITAL DRST JOHNSBURY, VT, 05819
Specialty GS
Board Certified
School and Year of Graduation KANSAS CITY UNIVERSITY OF MEDICINE USA 2004
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2006
Residency and Year UNIVERSITY OF NEBRASKA MEDICAL CENTER - OMAHA, NE 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13163
License Date 7/5/2006
Name **LARSON, APRIL A MD**
Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation UNIV OF UTAH USA 2002
Internship and Year UNIV OF UTAH-SALT LAKE CITY, UT 2003
Residency and Year UNIV OF UTAH-SALT LAKE CITY, UT 2004
License Expiration Date **6/30/2008**
Remarks

License Number 7414
License Date 8/14/1986
Name **LARSON, ERIC MD**
Address 280 PLEASANT ST STE 12, CONCORD, NH, 03301-2944
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1981
Internship and Year GEORGE WASHINGTON UNIV HOSPITAL 1982
Residency and Year UNIVERSITY OF MARYLAND HOSPITAL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13804
License Date 1/11/2008
Name **LARSON, JULI A MD**
Address VERMONT EYE ASSOCIATES, 1100 HINESBURG RD STE 201SO BURLINGTON, VT, 05403
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF ILLINOIS USA 1989
Internship and Year ST FRANCIS HOSPITAL OF EVANSTON - CHICAGO, IL 1990
Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1993
License Expiration Date **6/30/2016**
Remarks

License Number 14255
License Date 12/3/2008
Name **LARSON, PAUL R MD**
Address UPMC ST MARGARET, 3937 BUTLER STPITTSBURGH, PA, 15201
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2002
Internship and Year WASHINGTON HOSPITAL FAMILY PRACTICE CTR - WASHINGTON, PA 2003
Residency and Year WASHINGTON HOSPITAL FAMILY PRACTICE CTR - WASHINGTON, PA 2005
License Expiration Date **6/30/2012**
Remarks

License Number 7879
License Date 6/8/1988
Name **LARSON, RICHARD D MD**
Address FAMILY HEALTH CENTERS, 2215 PORTLAND AVELOUISVILLE, KY, 40212
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1974
Internship and Year UNIVERSITY OF VA MEDICAL CENTER, VIRGINIA 1978
Residency and Year VIRGINIA BAPTIST HOSPITAL, VIRGINIA 1979
License Expiration Date **6/30/2014**
Remarks **lapsed for non-renewal 6/30/91..reinstated 7/7/10...**

License Number 11418
License Date 10/3/2001
Name **LARSON, ROBIN J MD**
Address VA OUTCOMES RESEARCH, VAMC MAIL CODE 111BWHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation OREGON HEALTH SCI UNIV - PORTLAND, OR USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 14424
License Date 5/6/2009
Name **LARUSSO, ELIZABETH M MD**
Address ABBOTT-NW HOSP MENTAL HLTH CLINIC, 800 E 28TH STMINNEAPOLIS, MN, 55407
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2004
Internship and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2005
Residency and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2009
License Expiration Date **6/30/2013**
Remarks

License Number 12307
License Date 5/5/2004
Name **LASALA, PAUL R MD**
Address FAHC/SMITH 2 LABORATORY, 111 COLCHESSTER AVE BURLINGTON, VT, 05401
Specialty PTH
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 1998
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2003
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2004
License Expiration Date **6/30/2006**
Remarks

License Number 8166
License Date 7/12/1989
Name **LASCALA, CARLO P MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT ST KEENE, NH, 03431-1718
Specialty AN
Board Certified AN
School and Year of Graduation COLUMBIA UNIV COLL PHYSICIANS - NY, NY USA 1984
Internship and Year UNIV OF VIRGINIA MEDICAL CENTER - CHARLOTTESVILLE, VA 1985
Residency and Year UNIV OF VIRGINIA MEDICAL CENTER - CHARLOTTESVILLE, VA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 13407
License Date 2/7/2007
Name **LASKY, ERIC M MD**
Address MONADNOCK COMMUNITY HOSPITAL, 454 OLD ST RD PETERBOROUGH, NH, 03458
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF CINCINNATI USA 1988
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1990
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1991
License Expiration Date **6/30/2017**
Remarks

License Number 9380
License Date 3/1/1995
Name **LASONDE, RICHARD J MD**
Address 155 GRIFFIN RD 1, PORTSMOUTH, NH, 03801
Specialty OPH
Board Certified OPH
School and Year of Graduation BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1989
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD MA 1990
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET NY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9420
License Date 5/3/1995
Name **LASRY, VALERIE A MD**
Address LACONIA CLINIC, PO BOX 637LACONIA, NH, 03247-0637
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MONTREAL CANADA 1990
Internship and Year HARBOR HOSPITAL CENTER - BALTIMORE, MD 1995
Residency and Year HARBOR HOSPITAL CENTER- BALTIMORE, MD 1995
License Expiration Date **6/30/1999**
Remarks

License Number 10237
License Date 2/4/1998
Name **LASSEY, STEVE MD**
Address PICTOU MEDICAL CLINIC, PO BOX 520 PICTOU NSCANADA, , B0K 1H0
Specialty FP
Board Certified FP
School and Year of Graduation DOWNING COLL UNIV CAMBRIDGE - UK UNITED KINGDOM 1976
Internship and Year ADDEN BROOKE'S HOSPITAL - CAMBRIDGE, UK 1981
Residency and Year ADDEN BROOKE'S HOSPITAL - CAMBRIDGE, UK 1981
License Expiration Date **6/30/2000**
Remarks

License Number 16949
License Date 2/4/2015
Name **LASTRA, BRUCE A DO**
Address 15 HOSPITAL DR, BRIDGTON OB GYNBRIDGTON, ME, 04009
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 1995
Internship and Year BI-COUNTY CUMMUNITY HOSPITAL - WARREN, MI 1997
Residency and Year PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 1999
License Expiration Date **6/30/2017**
Remarks

License Number 9451
License Date 6/7/1995
Name **LATCHAW, JOHN P MD**
Address STE 123, 100 HIGHLAND STMILTON, MA, 02186-
Specialty NS
Board Certified NS
School and Year of Graduation TEMPLE UNIVERSITY USA 1978
Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1979
Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1984
License Expiration Date **9/20/2013**
Remarks **Deceased 9/20/13**

License Number 9930
License Date 2/5/1997
Name **LATCHAW, LAURIE A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PDS
Board Certified PDS
School and Year of Graduation RUSH MED COLL OF RUSH UNIV CHICAGO, IL USA 1976
Internship and Year HIGHLAND GENERAL HOSPITAL - CA 1977
Residency and Year UNIV TEXAS MEDICAL SCHOOL AT HOUSTON - TX 1981
License Expiration Date **6/30/2017**
Remarks

License Number 12799
License Date 7/6/2005
Name **LATHAM, BRUCE D DO**
Address BRUCE D LATHAM FAMILY PRACTICE, 29 MONADNOCK STCOLEBROOK, NH, 03576
Specialty FP
Board Certified FP
School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY, FT LAUDERDALE FL USA 1991
Internship and Year ST JOSEPHS HOSPITAL AND MEDICAL CENTER, PHOENIX AZ 1992
Residency and Year COMMUNITY HOSPITAL MEDICAL CENTER, PARADISE VALLEY, AZ 1993
License Expiration Date **6/30/2017**
Remarks **7/12/10 - Settlement Agreement**
2/6/12 - Order in Furtherance of Settlement Agreement.
3/9/12 - 2nd Order in Furtherance of Settlement Agreement.

License Number 17012
License Date 4/1/2015
Name **LATHAM, WHITNEY L DO**
Address ROCHESTER PEDIATRIC ASSOC, 245 ROCHESTER HILL RD, UNIT 2ROCHESTER, NH, 03067
Specialty PD
Board Certified PD
School and Year of Graduation OK STATE UNIV CTR FOR HLTH SCI COLL OF OSTEOPATHIC USA 2005
Internship and Year OKLAHOMA STATE UNIVERSITY MEDICAL CENTER - TULSA, OK 2006
Residency and Year OKLAHOMA STATE UNIVERSITY MEDICAL CENTER - TULSA, OK 2008
License Expiration Date **6/30/2017**
Remarks

License Number 8025
License Date 1/4/1989
Name **LATINA, MARK A MD**
Address READING HEALTH CENTER, 20 POND MEADOW DR STE 203READING, MA, 01867-
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED -FARMINGTON USA 1980
Internship and Year NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO, IL 1981
Residency and Year MASS EYE & EAR INFIRMARY - BOSTON, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 17221
License Date 8/5/2015
Name **LAU, LINDA C MD**
Address 412 CHEYENNE LANE, MADISON, MS, 39110
Specialty DR
Board Certified DR
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 1995
Internship and Year DREXEL UNIV COLLEGE MEDICINE/ HAHNEMANN UNIV HOSPITAL - PHILADELPHIA, PA 1998
Residency and Year MCP HAHNEMANN UNIVERSITY - PHILADELPHIA, PA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9452
License Date 6/7/1995
Name **LAU, SAMUEL S MD**
Address CARDIOVASCULAR ASSOC, 677 EAST 12TH ST STE N205EUGENE, OR, 94701
Specialty CD
Board Certified IM
School and Year of Graduation CREIGHTON UNIVERSITY USA 1988
Internship and Year AMI ST JOSEPH HP CREIGHTON UNIV - OMAHA, NE 1991
Residency and Year AMI ST JOSEPH HP CREIGHTON UNIV, OMAHA NE 1991
License Expiration Date **6/30/2000**
Remarks

License Number 6834
License Date 1/5/1984
Name **LAUB, RONALD M MD**
Address 3010 N CIRCLE DR, #202COLORADO SPRINGS, CO, 80909
Specialty AN
Board Certified AN
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PHIL,P USA 1977
Internship and Year WILFORD HALL USAF MED CTR-LACKLAND AFB-TX 1978
Residency and Year WILFORD HALL USAF MED CTR-LACKFORD AFB,TX 1980
License Expiration Date **6/30/2008**
Remarks

License Number 16593
License Date 5/7/2014
Name **LAUDATE, JAMES D MD**
Address 241 PERKINS ST UNIT F201, JAMAICA PLAIN, MA, 02130
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MED USA 2007
Internship and Year UNIVERSITY OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 2008
Residency and Year UNIVERSITY OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16672
License Date 7/2/2014
Name **LAUDONE, JANELLE C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 9348
License Date 1/11/1995
Name **LAUER, CRAIG H MD**
Address 17 KITTREDGE RD, MONT VERNON, NH, 03057
Specialty EM
Board Certified FP
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1991
Internship and Year UNIVERSITY OF BRITISH COLUMBIA - CANADA 1993
Residency and Year UNIVERSITY OF BRITISH COLUMBIA - CANADA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9349
License Date 1/11/1995
Name **LAUER, KRISTA J MD**
Address ST JOSEPH FAMILY MEDICAL CTR, 444 NASHUA STMILFORD, NH, 03055-
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1991
Internship and Year UNIVERSITY OF BRITISH COLUMBIA - CANADA 1993
Residency and Year UNIVERSITY OF BRITISH COLUMBIA - CANADA 1993
License Expiration Date **6/30/2015**
Remarks

License Number 10624
License Date 7/7/1999
Name **LAUER, SCOTT W MD**
Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03103
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MED OF NEW JERSEY - NEWARK, NJ USA 1989
Internship and Year JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE, MD 1990
Residency and Year JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE, MD 1991
License Expiration Date **6/30/2017**
Remarks

License Number 15508
License Date 1/4/2012
Name **LAURETANO, ARTHUR M MD**
Address MASS ENT ASSOC INC, 3 MEETING HOUSE RD #24CHELMSFORD, MA, 01824
Specialty OTO
Board Certified OTO
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1989
Residency and Year MASSACHUSETTS EYE AND EAR INFIRMARY - BOSTON, MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 10213
License Date 1/7/1998
Name **LAURIA, MICHELE R MD**
Address DHMC-OBGYN, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty OBG
Board Certified MFM
School and Year of Graduation SUNY AT BUFFALO SCH OF MED - BUFFALO, NY USA 1988
Internship and Year MICHAEL REESE HOSPITAL MEDICAL CENTER - IL 1990
Residency and Year MECHAEL REESE HOSPITAL MEDICAL CENTER - IL 1990
License Expiration Date **6/30/2016**
Remarks

License Number 11766
License Date 10/30/2002
Name **LAURIDSEN, JENS H MD**
Address 63 PARK STREET VILLAGE, ANDOVER, MA, 01810
Specialty CD
Board Certified
School and Year of Graduation COPENHAGEN UNIV - COPENHAGEN, DENMARK DENMARK 1967
Internship and Year THE HOSPITAL CENTER AT ORANGE - ORANGE, NJ 1970
Residency and Year BRONX VA MEDICAL CENTER - BRONX, NY 1972
License Expiration Date **6/30/2016**
Remarks **4/19/02 ORDER OF CONDITIONAL DENIAL**
10/30/02 CONSENT ORDER

License Number 6950
License Date 8/2/1984
Name **LAUTER, M DAVID MD**
Address 200 GRIFFIN RD STE 11, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MEDICAL COOOEGE OF THOMAS JEFFERSON UNIV USA 1978
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1979
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1981
License Expiration Date **6/30/2016**
Remarks **REINSTATED 9/3/03**
LASPED FOR NONRENEWAL 6/30/14
RENEWED 7/18/14

License Number 17175
License Date 7/1/2015
Name **LAUWERS, GREGORY Y MD**
Address MGH, 55 FRUIT ST BOSTON, MA, 02114
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITE DE PARIS VII UF R DE MED LARIBOISIERE FRANCE 1987
Internship and Year LENOX HILL HOSPITAL - NY, NY 1988
Residency and Year LENOX HILL HOSPITAL - NY, NY 1990
License Expiration Date **6/30/2017**
Remarks

License Number 9603
License Date 12/6/1995
Name **LAUZE, KAREN P MD**
Address 330 BORTHWICK AVE, SUITE 107 PORTSMOUTH, NH, 03801
Specialty N
Board Certified N
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1985
Internship and Year WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1986
Residency and Year WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1989
License Expiration Date **6/30/2017**
Remarks

License Number 8396
License Date 7/11/1990
Name **LAVALLEE, ROLAND A MD**
Address FARNUM CENTER, 140 QUEEN CITY AVE MANCHESTER, NH, 03103
Specialty FP
Board Certified
School and Year of Graduation UNIV OF LOUISVILLE SCH OF MED-LOUISVILLE, KY USA 1983
Internship and Year NEW ENGLAND MEM HOSP-STONEHAM, MA 1984
Residency and Year MOUNTAINSIDE HOSP-MONTCLAIR, NJ 1986
License Expiration Date **6/30/2016**
Remarks

License Number 9950
License Date 3/5/1997
Name **LAVERDIERE, JOSEPH T MD**
Address KENNEBEC VALLEY RADIOLOGY, 28 ABENAL STA AUGUSTA, ME, 04330
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VTG USA 1990
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1991
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1995
License Expiration Date **6/30/1999**
Remarks

License Number 6173
License Date 3/6/1980
Name **LAVERY, ROBERT M MD**
Address ELLIOT CARDIOVASCULAR CONSULT, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty CD
Board Certified CD
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MED.BALTIMORE MD USA 1976
Internship and Year UNIV HOSP.BOSTON,MA 1977
Residency and Year UNIV HOSP.BOSTON,MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 15256
License Date 6/1/2011
Name **LAVRIK, IRINA V MD**
Address UT FAMILY PHYSICIANS, 2480 HIGHWAY 72N SUITE 200LOUDON, TN, 37774
Specialty FP
Board Certified
School and Year of Graduation NATIONAL MEDICAL UNIVERSITY UKRAINE 1990
Internship and Year READING HOSPITAL & MEDICAL CENTER - WEST READING, PA 2009
Residency and Year READING HOSPITAL & MEDICAL CENTER - WEST READING, PA 2011
License Expiration Date **6/30/2013**
Remarks

License Number 3052
License Date 10/20/1954
Name **LAW, AUGUSTA F MD**
Address 95 N RIVER RD, MILFORD, NH, 03055-4217
Specialty PH
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 1947
Internship and Year ST LUKE'S HOSPITAL - NEW BEDFORD, MA 1948
Residency and Year ST LUKE'S HOSPITAL - NEW BEDFORD, MA 1948
License Expiration Date **6/30/1999**
Remarks

License Number 3697
License Date 5/27/1964
Name **LAW, JOHN E MD**
Address 60 BLOOD HILL RD, PO BOX 66NORWICH, VT, 05055
Specialty PTH
Board Certified PTH
School and Year of Graduation MIDDLESEX HOSPITAL MED SCH - LONDON,ENGLAND ENGLAND 1956
Internship and Year MIDDLESEX HOSPITAL - LONDON, ENGLAND 1958
Residency and Year DARTMOUTH AFFILIATED HOSPITALS - HANOVER, NH 1964
License Expiration Date **6/30/2016**
Remarks

License Number 15310
License Date 7/6/2011
Name **LAWLESS, BRYAN M MD**
Address ELLIOT ORTHOPAEDIC SPEC, 185 QUEEN CITY AVEMANCHESTER, NH, 03104
Specialty ORS
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2006
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15800
License Date 8/1/2012
Name **LAWLOR, DAVID MD**
Address MGH-PEDIATRIC GEN SURG & UROLOGY, 55 FRUIT ST WARREN IIBOSTON, MA, 02114
Specialty PDS
Board Certified PDS
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1987
Internship and Year TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 1988
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 13433
License Date 3/7/2007
Name **LAWRENCE, BRENDA J MD**
Address MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST SUITE N 103NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ROCHESTER USA 2002
Internship and Year BAYSTATE MEDICAL CTR - SPRINGFIELD, MA 2003
Residency and Year STRONG MEMORIAL HOSPITAL-ROCHESTER, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 2587
License Date 6/25/1947
Name **LAWRENCE, HOMER E MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **12/1/2000**
Remarks **DECEASED - 12/1/00**

License Number 12034
License Date 8/6/2003
Name **LAWRENCE, MELANIE A MD**
Address NEWBURY HEALTH CLINIC, 4628 MAIN ST PO BOX 37NEWBURY, VT, 05051
Specialty FP
Board Certified FP
School and Year of Graduation U OF VERMONT, BURLINGTON VT US 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 6069
License Date 6/11/1979
Name **LAWRENCE, PATRICK J MD**
Address CENTRAL ME HEAT AND VASCULAR, 60 HIGH STLEWISTION, ME, 04240
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF FLORIDA COLLEGE MEDICINE - GAINESVILLE, FL USA 1967
Internship and Year D C GENERAL HOSPITAL - WASHINGTON, DC 1968
Residency and Year FITZSIMONS ARMY MEDICAL CENTER - DENVER, CO 1974
License Expiration Date **6/30/2009**
Remarks

License Number 2968
License Date 6/10/1953
Name **LAWRENCE, RAYMOND W MD**
Address RR 1 BOX 77, ALSTEAD, NH, 03602
Specialty EM
Board Certified
School and Year of Graduation NY MEDICAL COLLEGE USA 1948
Internship and Year US NAVAL HOSPITAL - NEWPORT, RI 1949
Residency and Year VETERANS ADMINISTRATION HOSPITAL - WHITE RIVER JCTVERMONT 1952
License Expiration Date **6/30/1999**
Remarks **Deceased 10/98**

License Number 9304
License Date 10/5/1994
Name **LAWRENCE, STEPHEN J MD**
Address FAMILY TREE HEALTH-HOPKINTON, 19 FARRINGTON CORNER RDHOPKINTON, NH, 03229-
Specialty FP
Board Certified FP
School and Year of Graduation QUEENS UNIVERSITY FAC OF MEDICINE CANADA 1979
Internship and Year QUEENS UNIVERSITY - KINGSTON ONTARIO 1980
Residency and Year QUEEN UNIVERSITY - KINGSTON ONTARIO 1981
License Expiration Date **6/30/2016**
Remarks

License Number 16987
License Date 3/4/2015
Name **LAWRENCE, VICTOR J MD**
Address 20 THOMASINA LANE, DARIEN, CT, 06820
Specialty IM
Board Certified
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1976
Residency and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1978
License Expiration Date **6/30/2017**
Remarks

License Number 9421
License Date 5/3/1995
Name **LAWSON, ANDREW J MD**
Address BEDFORD COMMONS RADIOLOGY, 29 RIVERWAY PL BLDG 7BEDFORD, NH, 03110-6745
Specialty DR
Board Certified NM
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1988
Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH PITTSBURGH PA 1990
Residency and Year YALE NEW HAVEN HOSPITAL, NEW HAVEN CT 1995
License Expiration Date **6/30/1999**
Remarks

License Number 15715
License Date 6/6/2012
Name **LAWSON, CHRISTOPHER D MD**
Address THE CARDIOVASCULAR GROUP, 10 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 9996
License Date 5/7/1997
Name **LAWSON, PHILIP H I MD**
Address AMMONOOSOC COMMUNITY HLTH SER, 25 MT EUSTIS RDLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CALGARY MED SCHOOL-ALBERTA CANADA 1993
Internship and Year NORTHWESTERN FAMILIY MEDICINE-THUNDER BAY,ONTARIO 1995
Residency and Year NORTHWESTERN FAMILY MEDICINE-THUNDER BAY-ONTARIO 1995
License Expiration Date **6/30/2017**
Remarks

License Number 17222
License Date 8/5/2015
Name **LAWSON, VICTORIA H MD**
Address OSU-DEPT OF NEUROLOGY, 395 W 12TH AVE 7TH FLCOLUMBUS, OH, 43210
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF CALGARY FACULTY OF MEDICINE CANADA 1995
Internship and Year WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER - WINSTON-SALEM, NC 1996
Residency and Year WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 1999
License Expiration Date **6/30/2017**
Remarks

License Number 9453
License Date 6/7/1995
Name **LAYCOCK, WILLIAM S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation BROWN UNIVERSITY USA 1988
Internship and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1989
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 14384
License Date 4/1/2009
Name **LAYTON, ROBERT G MD**
Address MED SOLUTIONS, 730 COOL SPRINGS BLVD #800FRANKLIN, TN, 37067
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV USA 1972
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1973
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 12068
License Date 9/3/2003
Name **LAZAR, BARBARA B MD**
Address GIFFORD PRIMARY CARE, 44 S MAIN STRANDOLPH, VT, 05060
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PA, PHILADELPHIA PA US 1993
Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1994
Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1996
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13 - reinstated 8/5/15**

License Number 12390
License Date 7/7/2004
Name **LAZAR, CRAIG S MD**
Address 22 AUTUMN RIVER LN, OGUNQUIT, ME, 03907
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF GUADALAJARA, GUADALAJARA MEXICO JALISCO MEXICO 1984
Internship and Year STATE UNIVERSITY OF NY, BROOKLYN NY 1986
Residency and Year STATE UNIVERSITY OF NY, BROOKLYN NY 1988
License Expiration Date **6/30/2006**
Remarks

License Number 9906
License Date 1/8/1997
Name **LAZAR, GERALD K MD**
Address 32 CRAFTSLAND RD, CHESTNUT HILL, MA, 02467-2632
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1967
Internship and Year RUSH-PRESBY ST LUKE'S MEDICAL CENTER - IL 1968
Residency and Year MASS GENERAL HOSPITAL - MA 1972
License Expiration Date **6/30/2013**
Remarks

License Number 12069
License Date 9/3/2003
Name **LAZAR, JOEL S MD**
Address DARTMOUTH HEALTH CONNECT, 7 ALLEN STHANOVER, NH, 03755
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PA, PHILADELPHIA PA US 1993
Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1994
Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 15583
License Date 3/7/2012
Name **LAZARO, LARRY R MD**
Address BATTLE CREEK HEALTH SYSTEM, 300 NORTH AVE BATTLE CREEK, MI, 49301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1991
Internship and Year NY DOWNTOWN HOSPITAL, NY, NY 1995
Residency and Year NY DOWNTOWN HOSPITAL, NY, NY 1997
License Expiration Date **6/30/2014**
Remarks

License Number 12660
License Date 4/6/2005
Name **LAZARON, VICTOR MD**
Address RELIANT MEDICAL GROUP SURGERY-WORCESTER MED CTR, 123 SUMMER STWORCESTER, MA, 016
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1996
Internship and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1998
Residency and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 2005
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/9/15.**

License Number 14881
License Date 6/2/2010
Name **LAZAROU, STEPHEN A MD**
Address 1 WASHINGTON ST STE 206, WELLESLEY HILLS, MA, 02481
Specialty U
Board Certified U
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1999
Internship and Year UNIVERSITY OF TORONTO - TORONTO, ONTARIO, CANADA 2001
Residency and Year UNIVERSITY OF TORONTO - TORONTO, ONTARIO, CANADA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 6533
License Date 5/6/1982
Name **LAZAROW, NORMAND H MD**
Address 16 HARBOR HILL RD, WOODS HOLE, MA, 02543
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1976
Internship and Year ABBOTT-NORTHWESTERN HOSPITAL - MINNEAPOLIS MN 1977
Residency and Year ABBOTT-NORTHWESTERN HOSPITAL - MINNEAPOLIS MN 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11120
License Date 11/21/2000
Name **LAZNICKOVA, HANA M MD**
Address ALLERGY & ASTHMA CLINIC, LEXINGTON MED BLDG 16 CLARKE SLEXINGTON, MA, 02421-4988
Specialty AI
Board Certified AI
School and Year of Graduation HAHNEMANN MED COLL - PHILADELPHIA, PA USA 1994
Internship and Year LAHEY CLINIC - BURLINGTON, MA 1997
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 14843
License Date 5/5/2010
Name **LAZOS, VASILIOS P DO**
Address NORTHEAST CORNEAL CONSULTANTS, 155 GRIFFIN RD #1PORTSMOUTH, NH, 03801
Specialty OPH
Board Certified OPH
School and Year of Graduation PHILADELPHIA COLLEGE USA 2001
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2002
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2007
License Expiration Date **6/30/2016**
Remarks

License Number 11569
License Date 4/3/2002
Name **LE, DA H MD**
Address PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1999
Internship and Year UNIV HOSPITAL - SYRACUSE, NY 2000
Residency and Year UNIV HOSPITAL - SYRACUSE, NY 2002
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/12 - reinstated 5/1/13**

License Number 13630
License Date 8/1/2007
Name **LE, LIEN H MD**
Address 2680 HARTFORD AVE UNIT#25, WRJ, VT, 05001
Specialty IM
Board Certified
School and Year of Graduation BROWN UNIV USA 2004
Internship and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSPITAL - BOSTON, MA 2005
Residency and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSPITAL - BOSTON, MA 2007
License Expiration Date **6/30/2009**
Remarks

License Number 15964
License Date 12/5/2012
Name **LEA, RANDALL D MD**
Address ALICE PECK DAY MEM HOSP, 10 ALICE PECK DAY DRLEBANON, NH, 03766
Specialty ORS
Board Certified ORS
School and Year of Graduation LOUISIANA STATE UNIVERSITY SCHOOL OF MED USA 1979
Internship and Year TULANE UNIV SCHOOL OF MEDICITAINNE - NEW ORLEANS, LA 1981
Residency and Year TULANE UNIV SCHOOL OF MED 1985
License Expiration Date **6/30/2016**
Remarks

License Number 13069
License Date 5/3/2006
Name **LEACH, BRIAN C MD**
Address STAFF CARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty D
Board Certified D
School and Year of Graduation TULANE UNIV USA 1993
Internship and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1994
Residency and Year NAVAL MEDICAL CENTER, SAN DIEGO CA 2003
License Expiration Date **6/30/2008**
Remarks

License Number 7202
License Date 9/10/1985
Name **LEACH, JOHN S MD**
Address 333 BORTHWICK AVE, PO BOX 5566PORTSMOUTH, NH, 03801-4152
Specialty AN
Board Certified
School and Year of Graduation UNIV OF KENTUCKY COLL IF MED USA 1979
Internship and Year MAINE MED CTR-PORTLAND,ME 1980
Residency and Year MAINE MED CTR,PORTLAND,ME 1982
License Expiration Date **6/30/2002**
Remarks **Deceased 7/01/10**

License Number 13166
License Date 7/5/2006
Name **LEACH, MEREDITH A MD**
Address 3107 N E 91ST TERR, KANSAS CITY, MO, 64156
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MISSOURI USA 2002
Internship and Year TRUMAN MEDICAL CTR-KANSAS CITY, MO 2003
Residency and Year TRUMAN MEDICAL CTR 2005
License Expiration Date **6/30/2008**
Remarks

License Number 10161
License Date 11/5/1997
Name **LEAHY JR, JOSEPH M DO**
Address SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 032061
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED USA 1992
Internship and Year NYCOM - UNION HOSPITAL - NJ 1993
Residency and Year NYCOM - UNION HOSPITAL - NJ 1996
License Expiration Date **6/30/2017**
Remarks

License Number 9776
License Date 7/3/1996
Name **LEAHY, KATHLEEN C DO**
Address LEWIS PHYSICAL MEDICINE ASSOC. P.A, 9 WASHINGTON PLACE SUITE 201BEDFORD, NH, 03110
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED BIDDEFORD ME USA 1992
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1996
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 6195
License Date 5/8/1980
Name **LEARNER, LAWRENCE M MD**
Address MERRIMACK VALLEY PEDIATRICS, 387 E DUNSTABLE RD NASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK MED COLL NY USA 1976
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1978
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1979
License Expiration Date **6/30/2016**
Remarks

License Number 14167
License Date 9/3/2008
Name **LEASE, MEREDITH A MD**
Address CHOP, 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA, 19104
Specialty PD
Board Certified
School and Year of Graduation UNIV OF WISCONSIN USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2010**
Remarks

License Number 17267
License Date 9/2/2015
Name **LEATHER, GREGORY P MD**
Address 73 LEGRAND DR, CAMDEN, ME, 04843-4351
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1984
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1985
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 14688
License Date 12/2/2009
Name **LEBEL, JACQUELINE MD**
Address ST VINCENT'S, 2425 HIGHLAND AVE FALL RIVER, MA, 02720
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1997
Internship and Year BROWN UNIVERSITY BUTLER HOSPITAL - PROVIDENCE, RI 1998
Residency and Year BROWN UNIVERSITY BUTLER HOSPITAL - PROVIDENCE, RI 2000
License Expiration Date **6/30/2011**
Remarks

License Number 9871
License Date 11/6/1996
Name **LEBENZON, JOSEPH E MD**
Address WASHINGTON COUNTY PSYCHOTHERAP, WCPA ADMINISTRATION PO BOX 29 MACHIAS, ME, 04654
Specialty CHP
Board Certified
School and Year of Graduation UNIV OF CALIFORNIA UCLA SCHOOL OF MEDICINE LA, CA USA 1970
Internship and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1971
Residency and Year CAMARILLO STATE HOSPITAL - CAMARILLO, CA 1976
License Expiration Date **6/30/2008**
Remarks

License Number 16180
License Date 6/5/2013
Name **LEBLANC, LOUIS J MD**
Address EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation LOUISIANA STATE UNIVERSITY SCHOOL OF MED USA 1995
Internship and Year EARL K LONG MEDICAL CENTER - BATON ROUGE, LA 1996
Residency and Year EARL K LONG MEDICAL CENTER - BATON ROUGE, LA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 9964
License Date 4/2/1997
Name **LEBLANC, MEDERIC W MD**
Address WEEKS MEDICAL CTR, LANCASTER, NH, 03584
Specialty FP
Board Certified
School and Year of Graduation UNIV OF MONTREAL QUEBEC, CANADA CANADA 1990
Internship and Year MCGILL UNIV - CANADA 1991
Residency and Year MONTREAL QUEBEC HOSP CANADA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 17113
License Date 6/3/2015
Name **LEBLANC, ROBERT E MD**
Address DHMC- PATHOLOGY, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty DMP
Board Certified PTH
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2009
Internship and Year JOHNS HOPKINS HOSPITAL-JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD 2010
Residency and Year JOHNS HOPKINS HOSPITAL-JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11598
License Date 5/1/2002
Name **LEBLANC, SCOTT A DO**
Address WEBSTER STREET INTERNAL MED, 57 WEBSTER STMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1997
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1998
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10051
License Date 7/2/1997
Name **LEBLANC, STEPHAN R MD**
Address 155 KINSLEY ST, NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL - HANOVER, NH USA 1994
Internship and Year UNIV OF MICHIGAN HOSPITAL-MI 1995
Residency and Year UNIV OF MICHIGAN HOSPITAL - MI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14465
License Date 6/3/2009
Name **LEBLANC, SUSANN MD**
Address FOUNDATION MED PARTNERS, PO BOX 567XNASHUA, NH, 03061
Specialty PD
Board Certified PD
School and Year of Graduation PONCE SCHOOL OF MEDICINE PUERTO RICO 2002
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2003
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11325
License Date 7/11/2001
Name **LEBOEUF IV, HERVE J MD**
Address 320 WOODLAND DR, FRANKLIN, VA, 23851
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF TEXAS HEALTH & SCIENCE CENTER USA 1996
Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON TX 1997
Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON TX 2000
License Expiration Date **6/30/2005**
Remarks **4/23/06 - Deceased.**

License Number 13829
License Date 2/6/2008
Name **LEBOIT, PHILIP E MD**
Address UCSF DERMATOPATHOLOGY, 1701 DIVISADERO ST STE 280SAN FRANCISCO, CA, 94115
Specialty PTH
Board Certified PTH
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1979
Internship and Year UNIV OF CALIFORNIA SAN FRANCISCO - SAN FRANCISCO, CA 1980
Residency and Year UNIV OF CALIFORNIA SAN FRANCISCO - SAN FRANCISCO, CA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 13217
License Date 8/2/2006
Name **LEBOSQUET III, THOMAS P MD**
Address PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE WASHINGTON UNV USA 2003
Internship and Year DUKE UNIV MEDICAL CTR-DURHAM, NC 2004
Residency and Year DUKE UNIV MEDICAL CTR-DURHAM, NC 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8257
License Date 12/6/1989
Name **LECLAIR, MARC F MD**
Address BEDFORD COMMONS OB-GYN, 201 RIVERWAY PLBEDFORD, NH, 03110-6733
Specialty OBG
Board Certified OBG
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILA, PA USA 1982
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1983
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 6215
License Date 6/9/1980
Name **LECLAIR, WAYNE R MD**
Address MONADNOCK COMM HOSP, 452 OLD STREET ROADPETERBOROUGH, NH, 03458
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MED SCH HANOVER,HN USA 1977
Internship and Year LANCASTER GEN HOSP LANCASTER,PA 1978
Residency and Year LANCASTER GEN HOSP LANCASTER,PA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 13048
License Date 4/5/2006
Name **LECOMTE, AMY R MD**
Address BRIGHAM & WOMEN'S HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-LEBANON NH USA 1999
Internship and Year METROWEST MEDICAL CENTER-FRAMINGHAM MA 2000
Residency and Year MT AUBURN HOSPITAL-CAMBRIDGE MA 2004
License Expiration Date **6/30/2008**
Remarks

License Number 14929
License Date 7/7/2010
Name **LECOMTE, KAREN A MD**
Address COASTAL NEUROLOGY SERVICES, 158 E NH ROUTE 108DOVER, NH, 03820
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF VERMONT USA 2009
Internship and Year MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2001
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2004
License Expiration Date **6/30/2014**
Remarks

License Number 12704
License Date 5/4/2005
Name **LEDBETTER, MONTY S MD**
Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty R
Board Certified R
School and Year of Graduation WAKE FOREST UNIVERSITY, WINSTON-SALEM NC US 1992
Internship and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1994
Residency and Year BRIGHAM AND WOMEN'S HOSP, BOSTON MA 1998
License Expiration Date **6/30/2007**
Remarks

License Number 9423
License Date 5/3/1995
Name **LEDNER, DAVID M MD**
Address 39 SIMON ST UNIT 5, NASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 1981
Internship and Year TIMBERLAWN PSYCH HOSPITAL, DALLAS TX 1982
Residency and Year TIMBERLAWN PSYCH HOSPITAL, DALLAS TX 1985
License Expiration Date **6/30/2017**
Remarks

License Number 16120
License Date 5/1/2013
Name **LEE III, GEORGE R MD**
Address REAL TIME NEUROMONITORING ASSOC, 336 22ND AVE NNASHVILLE, TN, 37203
Specialty N
Board Certified
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 1999
Internship and Year UNIVERSITY OF ALABAMA - MONTGOMERY, AL 2000
Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2004
License Expiration Date **6/30/2017**
Remarks

License Number 14844
License Date 5/5/2010
Name **LEE KELLY, SONYA MD**
Address CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation THE QUEENS UNIVERSITY OF BELFAST IRELAND 1990
Internship and Year CONNECTICUT VALLEY HOSPITAL - MIDDLETOWN, CT 1993
Residency and Year ONNECTICUT VALLEY HOSPITAL - MIDDLETOWN, CT 1995
License Expiration Date **6/30/2016**
Remarks

License Number 12345
License Date 6/2/2004
Name **LEE, AUGUSTINE J MD**
Address CORE GENERAL & VASCULAR SURGER, 3 ALUMNI DR STE 201EXETER, NH, 03833
Specialty CRS
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS, DALLAS TX US 1998
Internship and Year SUNY, BROOKLYN NY 1999
Residency and Year SUNY, BROOKLYN NY 2002
License Expiration Date **6/30/2006**
Remarks

License Number 16519
License Date 3/5/2014
Name **LEE, BONNIE A MD**
Address 100 MIDLAND AVE, PORT CHESTER, NY, 10573
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIVERSITY OF CALIFORNIA LOS ANGELES USA 2005
Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE- ST LOUIS, MO 2006
Residency and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE- ST LOUIS, MO 2009
License Expiration Date **6/30/2016**
Remarks

License Number 17013
License Date 4/1/2015
Name **LEE, BRIAN DO**
Address 144 WOODLAND FARMS RD, PITTSBURGH, PA, 15238
Specialty OTO
Board Certified
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2010
Residency and Year PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2014
License Expiration Date **6/30/2017**
Remarks

License Number 15540
License Date 2/1/2012
Name **LEE, CHIA W MD**
Address S COVE COMMUNITY HEALTH CTR, 435 HANCOCK STQUINCY, MA, 02171
Specialty IM
Board Certified IM
School and Year of Graduation INSTITUTE OF MEDICINE I MYANMAR 2001
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 12170
License Date 12/3/2003
Name **LEE, CHYH-WOEI MD**
Address PO BOX 530, 75 GUILCREST RDLONDONDERRY, NH, 03053
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIVERSITY, CHICAGO IL US 1999
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2000
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2002
License Expiration Date **6/30/2005**
Remarks

License Number 11064
License Date 9/6/2000
Name **LEE, GENE H MD**
Address PORTSMOUTH FAMILY PRAC, 26 MANCHESTER SQ STE 1PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1997
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - WILIMINGTON, DE 1998
Residency and Year CHRISTIANA CARE HEALTH SYSTEM - WILMINGTON, DE 2000
License Expiration Date **6/30/2002**
Remarks

License Number 16594
License Date 5/7/2014
Name **LEE, GLADYS MD**
Address FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVE 358WP5BURLINGTON, VT, 05401
Specialty OPH
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON, MA 2008
Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NEW YORK, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16317
License Date 9/4/2013
Name **LEE, JANICE R DO**
Address 31 STILES ROAD, SALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1998
Internship and Year NYCOM-MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 1998
Residency and Year NYCOM-MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15196
License Date 4/6/2011
Name **LEE, JAY B MD**
Address NAPA, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty AN
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2006
Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NEW YORK - NEW YORK, NY 2007
Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NEW YORK - NEW YORK, NY 2010
License Expiration Date **6/30/2015**
Remarks

License Number 16181
License Date 6/5/2013
Name **LEE, JONATHAN H MD**
Address 14 MAPLE ST STE 100, GILFORD, NH, 03249
Specialty ORS
Board Certified ORS
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 2003
Internship and Year COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS - NY, NY 2005
Residency and Year COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS - NY, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10625
License Date 7/7/1999
Name **LEE, JOSHUA MD**
Address UCSD, 200 W ARBOR DR #8415SAN DIEGO, CA, 92103-8415
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CA SCH OF MED - SAN FRANCISCO, CA USA 1995
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1996
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1997
License Expiration Date **6/30/2005**
Remarks

License Number 13290
License Date 10/4/2006
Name **LEE, JULIA L MD**
Address 2 SHEPHERDS NEEDLE, WYNANTSKILL, NY, 12198
Specialty R
Board Certified R
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1999
Internship and Year SOUND SHORE MED CTR, NEW ROCHELLE NY 2000
Residency and Year MT SINAI HOSPITAL, NEW YORK NY 2004
License Expiration Date **6/30/2010**
Remarks

License Number 12800
License Date 7/6/2005
Name **LEE, KAROLYN F MD**
Address ELLIOT PRIM CARE @ LONDONDERRY, 40 BUTTRICK RDLONDONDERRY, NH, 03045
Specialty FP
Board Certified FP
School and Year of Graduation MEMORIAL UNIVERSITY OF NEWFOUNDLAND, ST JOHNS CANADA 2001
Internship and Year THE HEALTH SCIENCES CENTRE FACULTY OF MEDICINE, ST JOHNS, NF CANADA 2003
Residency and Year THE HEALTH SCIENCES CENTRE FACULTY OF MEDICINE, ST JOHNS, NF CANADA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10826
License Date 2/2/2000
Name **LEE, KATHRYN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF NC AT CHAPEL HILL SCH OF MED- NC USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON , NH 1999
License Expiration Date **6/30/2001**
Remarks

License Number 12215
License Date 2/4/2004
Name **LEE, KRISTIN M MD**
Address CORE PHYSICIAN LLC, 20 HAMPTON RDEXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIVERSITY, NEW YORK NY US 1995
Internship and Year CORNELL UNIVERSITY, NEW YORK NY 1996
Residency and Year CORNELL UNIVERSITY, NEW YORK NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 16549
License Date 4/2/2014
Name **LEE, MARVIN J MD**
Address 78 MAYFLOWER HGTS DR, OAKLAND, ME, 04963
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CALIFORNIA LOS ANGELES USA 1989
Internship and Year VALLEY FM RESIDENCY OF MODESTO - MODESTO, CA 1991
Residency and Year VALLEY FM RESIDENCY OF MODESTO - MODESTO, CA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 15801
License Date 8/1/2012
Name **LEE, NAM P MD**
Address 7 INDUSTRIAL WAY UNIT 5, SALEM, NH, 03079
Specialty DR
Board Certified DR
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE, FL 1991
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE, FL 1992
License Expiration Date **6/30/2014**
Remarks

License Number 15584
License Date 3/7/2012
Name **LEE, NICOLE N MD**
Address DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DR.LEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation OREGON HEALTH & SCIENCE UNIVERSITY USA 2005
Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NY, NY 2006
Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NY, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 12661
License Date 4/6/2005
Name **LEE, PATRICK W MD**
Address CMC EMERGENCY DEPT, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation MEMORIAL UNIV OF NEWFOUNDLAND CANADA 2001
Internship and Year UNIV OF FLORIDA COLLEGE, JACKSONVILLE FL 2002
Residency and Year UNIV OF FLORIDA HEALTH SCIENCE, JACKSONVILLE FL 2005
License Expiration Date **6/30/2017**
Remarks

License Number 9045
License Date 9/1/1993
Name **LEE, RICHARD H MD**
Address EAR NOSE & THROAT PHYSICIANS &, 130 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF ALBERTA FACULTY MEDICINE CANADA 1986
Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL QUEBEC CANADA 1987
Residency and Year MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 13751
License Date 11/7/2007
Name **LEE, ROGER P MD**
Address RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST STE 300BEACHWOOD, OH, 44122
Specialty R
Board Certified R
School and Year of Graduation NEW JERSEY MEDICAL SCHOOL USA 2000
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2001
Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10278
License Date 5/6/1998
Name **LEE, SARA J MD**
Address NORTH SHORE PHY GROUP-NEUR, 4 CENTENNIAL DR ST 204PEABODY, MA, 01960
Specialty PM
Board Certified PM
School and Year of Graduation TUFTS UNIVERSITY USA 1994
Internship and Year MALDEN HOSPITAL/BOSTON UNIVERSITY MEDICAL CENTER PROGRAM, MALDEN MA 1995
Residency and Year SPAULDING REHAB HOSPITAL, BOSTON MA 1996
License Expiration Date **6/30/2012**
Remarks

License Number 12562
License Date 1/5/2005
Name **LEE, STEPHEN L MD**
Address DHMC - DEPT OF NEUROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1997
Internship and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1998
Residency and Year WASHINGTON UNIVERSITY, ST LOUIS MO 2001
License Expiration Date **6/30/2017**
Remarks

License Number 2457
License Date 4/26/1946
Name **LEE, THEODORE H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1981**
Remarks **DECEASED 10/30/92**

License Number 10279
License Date 5/6/1998
Name **LEE, WILLIAM MD**
Address THE HEART CENTER, 1 COLUMBIA STPOUGHKEEPSIE, NY, 12601
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 1992
Internship and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1993
Residency and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1995
License Expiration Date **6/30/2003**
Remarks

License Number 15837
License Date 9/5/2012
Name **LEE, YONG H MD**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation ST LOUIS UNIVERSITY PHILIPPINES 1991
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1993
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9424
License Date 5/3/1995
Name **LEE-CHIONG JR, TEOFILO L MD**
Address 4301 W MARKHAM ST, SLOT 555LITTLEROCK, AR, 72205
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE EAST PHILIPPINES 1985
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1995
Residency and Year YALE NEW HAVEN HOSPITAL- NEW HAVEN CT 1995
License Expiration Date **6/30/2001**
Remarks

License Number 14657
License Date 11/4/2009
Name **LEE-DYNES, LINDA J MD**
Address SOUZA BARANOWSKI CORRECTIONAL, HARVARD RD PO BOX 8000SHIRLEY, MA, 01464
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF KANSAS USA 1985
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1991
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1994
License Expiration Date **6/30/2011**
Remarks

License Number 8354
License Date 6/6/1990
Name **LEEFMANS, ERIC A MD**
Address CORE GENERAL SURGERY, 3 ALUMNI DRIVE SUITE 201EXETER, NH, 03833
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MED SCHOOL - BOSTON, MA USA 1981
Internship and Year NEW YORK UNIV MED CTR - NEW YORK, NY 1982
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 10280
License Date 5/6/1998
Name **LEE-GLAZIER, MARIA G MD**
Address UNIV OF PENNSYLVANIA HLTH, 3400 SPRUCE ST HUP 2 GATESPHILADELPHIA, PA, 19104-4283
Specialty FP
Board Certified
School and Year of Graduation TRINITY COLLEGE USA 1992
Internship and Year THE ADELAIDE HOSPITAL, DUBLIN IRELAND 1993
Residency and Year THE ADELAIDE HOSPITAL, DUBLIN IRELAND 1994
License Expiration Date **6/30/1999**
Remarks

License Number 16318
License Date 9/4/2013
Name **LEE-IANNOTTI, JOYCE K MD**
Address MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF SC SCHOOL OF MEDICINE USA 2005
Internship and Year THE CLEVELAND CLINIC - CLEVELAND, OH 2006
Residency and Year THE CLEVELAND CLINIC - CLEVELAND, OH 2009
License Expiration Date **6/30/2015**
Remarks

License Number 7686
License Date 8/5/1987
Name **LEESE, ROBERT M MD**
Address 14 PINWOOD DR, AMHERST, NH, 03031
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF VA COMMONWEALTH UNIV SCH OF MED USA 1979
Internship and Year MALCOLM GROW USAF MEDICAL CENTER - WASHINGTON DC 1980
Residency and Year MALCOLM GROW USAF MEDICAL CENTER - WASHINGTON DC 1982
License Expiration Date **6/30/2015**
Remarks

License Number 15352
License Date 8/3/2011
Name **LEESON, THOMAS A DO**
Address DHMC - COMMUNITY & FAMILY MEDICINE, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY-AUGUSTA, ME 2008
Residency and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY-AUGUSTA, ME 2010
License Expiration Date **6/30/2013**
Remarks

License Number 9657
License Date 3/6/1996
Name **LEFTIN, HOWARD I MD**
Address 6125 FARNSWOOD LN, APT 1205FORT WORTH, TX, 76112-2784
Specialty P
Board Certified P
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE - TX USA 1977
Internship and Year DEPT OF PSYCHISTRY BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1978
Residency and Year DEPT OF PSYCHISTRY BAYLOR COLLEGE OF MEDICINE- HOUSTON, TX 1981
License Expiration Date **6/30/1999**
Remarks

License Number 14256
License Date 12/3/2008
Name **LEGNER, MARGARET A MD**
Address SOUTHERN NH INTERNAL MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038
Specialty IM
Board Certified
School and Year of Graduation BOSTON UNIV USA 2000
Internship and Year ROGER WILLIAMS GENERAL HOSPITAL - PROVIDENCE, RI 2001
Residency and Year ROGER WILLIAMS GENERAL HOSPITAL - PROVIDENCE, RI 2003
License Expiration Date **6/30/2016**
Remarks

License Number 11922
License Date 5/7/2003
Name **LEGRO, DAVID L MD**
Address MERCY HOSPITAL, 144 STATE STREETPORTLAND, ME, 04101
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLLEGE - NEW YORK, NY USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 8628
License Date 9/4/1991
Name **LEHMAN, EVAN L MD**
Address 7440 N SHADELAND AVE, STE 202INDIANAPOLIS, IN, 46250
Specialty OBG
Board Certified OBG
School and Year of Graduation INDIANA UNIV SCH OO MED - INDIANAPOLIS, IN USA 1964
Internship and Year UC -SAN DIEGE MEDICAL CENTER - SAN DIEGO, CA 1965
Residency and Year METHODIST HOSPITAL - INDIANAPOLIS, IN 1969
License Expiration Date **6/30/2011**
Remarks

License Number 15647
License Date 5/2/2012
Name **LEHOUILIER, PIA MARIE E MD**
Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 2003
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2007
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2009
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/9/14

License Number 14385
License Date 4/1/2009
Name **LEHRER, IRA S DO**
Address WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF NORTH TEXAS USA 2005
Internship and Year MERCY MEDICAL CENTER - BALTIMORE, MD 2006
Residency and Year JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 2008
License Expiration Date **6/30/2017**
Remarks

License Number 16280
License Date 8/7/2013
Name **LEI, JUNYI MD**
Address METAMARK GENETICS INC, 100 KESTREL DR COLLEGEVILLE, PA, 19426
Specialty PTH
Board Certified PTH
School and Year of Graduation HENAN MEDICAL UNIVERSITY CHINA 1993
Internship and Year NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER - BETHESDA, MD 1997
Residency and Year NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER - BETHESDA, MD 2001
License Expiration Date **6/30/2017**
Remarks

License Number 11174
License Date 2/7/2001
Name **LEIGH, HOYLE MD**
Address UNIV OF CALIFORNIA, 2615 E CLINTON FRESNO, CA, 93703
Specialty P
Board Certified P
School and Year of Graduation COLL OF MED YONSEI UNIV - SEOUL REPUBLIC OF KOREA KOREA 1965
Internship and Year LONG ISLAND COLL HOSPITAL - BROOKLYN, NY 1966
Residency and Year UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1967
License Expiration Date **6/30/2003**
Remarks

License Number 11175
License Date 2/7/2001
Name **LEIGH, LAWRENCE D MD**
Address 3680 BROADWAY, FT MYERS, FL, 33901
Specialty R
Board Certified R
School and Year of Graduation PULSE BEAT MED SC UNIV OF WITWATERSRAND SO AFRICA 1991
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1995
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2002**
Remarks

License Number 9401
License Date 4/5/1995
Name **LEIN, ALAN D MD**
Address DARTMOUTH-HITCHCOCK KEENE, 580-590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IMG
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/01..REINSTATED ON 7/9/08**

License Number 11632
License Date 6/5/2002
Name **LEINAU, LISA A MD**
Address CHESHIRE MEDICAL CTR, 590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6175
License Date 3/10/1980
Name **LEIPOLD, ROBERT A MD**
Address GARRISON MED PROF ASSOC, 770 CENTRAL AVEDOVER, NH, 03820-3469
Specialty OBG
Board Certified OBG
School and Year of Graduation JEFFERSON MED. COLL,PHILA.PA USA 1976
Internship and Year GEISINGER MEDICAL CENTER - DANVILLE ,PA 1977
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1977
License Expiration Date **6/30/1999**
Remarks

License Number 17176
License Date 7/1/2015
Name **LEIS, ANGEL A MD**
Address MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF ARIZONA USA 1983
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1984
Residency and Year UNIVERSITY OF TX - HOUSTON, TX 1987
License Expiration Date **6/30/2017**
Remarks

License Number 7687
License Date 8/5/1987
Name **LEITER, JAMES C MD**
Address DHMC-PHYSIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1979
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1980
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date **6/30/2015**
Remarks

License Number 17223
License Date 8/5/2015
Name **LELAND, THOMAS M MD**
Address 1739 MAYBAND HWY, STE T-112 CHARLESTON, SC, 29412
Specialty OPH
Board Certified OPH
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 1975
Internship and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1977
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1978
License Expiration Date **6/30/2017**
Remarks

License Number 12171
License Date 12/3/2003
Name **LELORIER, PAUL A MD**
Address BOSTON MED CTR - CARDIOLOGY, 88 E NEWTON ST BOSTON, MA, 02118
Specialty IM
Board Certified IM
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA CANADA 1994
Internship and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1995
Residency and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1997
License Expiration Date **6/30/2009**
Remarks

License Number 4211
License Date 4/16/1968
Name **LEMBESSIS, NICOLA MD**
Address 5000 N OCEAN BLVD, APT 1201LAUDERDALE BY THE SE, FL, 33308
Specialty IM
Board Certified
School and Year of Graduation UNIV OF BOLOGNA ITALY 1961
Internship and Year SALEM HOSPITAL - SALEM, MA 1965
Residency and Year LAHEY CLINIC - BOSTON, MA 1967
License Expiration Date **6/30/2016**
Remarks

License Number 11419
License Date 10/3/2001
Name **LEMEI, SUSAN L MD**
Address SUSAN LEMEI, MD PC, PO BOX 1024 23 SCHOOL STCHESTER, VT, 05143
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NY USA 1995
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1997
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1998
License Expiration Date **6/30/2013**
Remarks

License Number 15083
License Date 12/1/2010
Name **LEMIRE, GUY G MD**
Address 12451 WEMBLEY RD, PO BOX 6179LOS ALAMITOS, CA, 90721
Specialty CDS
Board Certified CDS
School and Year of Graduation LAVAL UNIVERSITY CANADA 1966
Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL, QUEBEC CANADA 1970
Residency and Year ROYAL VICTORIA HOSPITAL - MONTREAL, QUEBEC CANADA 1972
License Expiration Date **6/30/2016**
Remarks

License Number 5827
License Date 9/22/1977
Name **LEMMON, KATHRYN S MD**
Address EYE ANESTHESIA OF CONCORD PLLC, 246 PLEASANT ST STE 105BCONCORD, NH, 03301
Specialty AN
Board Certified
School and Year of Graduation WEST VIRGINIA UNIV SCHOOL OF MEDICINE - MORGANTOWN USA 1972
Internship and Year UNIV KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 1973
Residency and Year UNIV KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 1975
License Expiration Date **6/30/2017**
Remarks

License Number 11709
License Date 8/7/2002
Name **LEMMOND, KERI L MD**
Address 91 RICHARDSON RD, HOLLIS, NH, 03049
Specialty P
Board Certified P
School and Year of Graduation TEXAS A & M UNIV HLTH CTR - COLLEGE STATION, TX USA 1996
Internship and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1997
Residency and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13070
License Date 5/3/2006
Name **LEMONICK, DAVID MD**
Address ARMSTONG COUNTY MEMORIAL HOSPI, ONE NOLTE DR KITTANNING, PA, 16201
Specialty EM
Board Certified EM
School and Year of Graduation NY MEDICAL COLLEGE 1981 1981
Internship and Year ST LUKES ROOSEVELT HOSPITAL CTR, NY NY 1986
Residency and Year WINTHROP UNIV MEDICAL CTR, MINEOLA NY 1990
License Expiration Date **6/30/2014**
Remarks

License Number 3293
License Date 4/2/1959
Name **LENA, PAUL J MD**
Address 16 MADISON ST, CONCORD, NH, 03301-4343
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1953
Internship and Year EVANSTON HOSPITAL- EVANSTON, IL 1954
Residency and Year EVANSTON HOSPITAL - EVANSTON, IL 1954
License Expiration Date **1/30/2007**
Remarks **DECEASED 1-30-07**

License Number 16718
License Date 8/6/2014
Name **LENKOVSKY, FIMA MD**
Address 3301 ELAM CT, PLANO, TX, 75093
Specialty AN
Board Certified AN
School and Year of Graduation KEMEROVO STATE MEDICAL ACADEMY RUSSIA 1972
Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1998
Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 8593
License Date 7/17/1991
Name **LENZ, JAMES E MD**
Address VA MEDICAL CENTER, DEPT OF RADIOLOGYWHITE RIVER JCT, VT, 05009
Specialty R
Board Certified R
School and Year of Graduation UNIV OF NC AT CHAPEL HILL SCH OF - NC USA 1980
Internship and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1981
Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1984
License Expiration Date **6/30/2013**
Remarks

License Number 5670
License Date 1/18/1977
Name **LEONARD, RICHARD J MD**
Address 7600 N 15TH ST STE 130, PHOENIX, AZ, 85020-
Specialty PD
Board Certified PD
School and Year of Graduation TEMPLE UNIV SCHOOL OF MEDICINE PHILADELPHIA, PA USA 1971
Internship and Year USPHS HOSPITAL SAN FRANCISCO, CA 1971
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL RICHMOND, VA 1975
License Expiration Date **6/30/2005**
Remarks

License Number 6399
License Date 6/4/1981
Name **LEONARD-SCHWARTZ, PAULA A MD**
Address 121 MADELINE RD, MANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED USA 1977
Internship and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1978
Residency and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1980
License Expiration Date **6/30/2017**
Remarks

License Number 14658
License Date 11/4/2009
Name **LEONE, GUY R MD**
Address P O BOX 225, FORBES ROAD, PA, 15633
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1979
Internship and Year CHILDRENS HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 1982
Residency and Year MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 1984
License Expiration Date **6/30/2017**
Remarks

License Number RT364
 License Date 7/1/1995
 Name **LEONE, MICHAEL A MD**
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL DRIVELEBANON, NH, 03756
 Specialty N
 Board Certified
 School and Year of Graduation UNIVERSITY OF INDIANA USA 1994
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
 Residency and Year
 License Expiration Date **6/30/1998**
 Remarks **The Board took disciplinary action against Dr. Leone on August 22, 2000. On January 14, 2008, the Board issued an order vacating the August 22, 2000 Order. Dr. Leone is in good standing with the NH Board of Medicine.**

License Number 13774
 License Date 12/5/2007
 Name **LEONG, KENNETH MD**
 Address 227 WEST JANSS ROAD SUITE 205, THOUSAND OAKS, CA, 91360
 Specialty PS
 Board Certified PS
 School and Year of Graduation UNIV OF CALIFORNIA USA 1992
 Internship and Year UCLA MEDICAL CENTER-LOS ANGELES, CA 1993
 Residency and Year UCLA MEDICAL CENTER-LOS ANGELES, CA 1995
 License Expiration Date **6/30/2011**
 Remarks **7-9-13 - Order**

License Number 7813
 License Date 4/6/1988
 Name **LEONG, PATRICK L DO**
 Address ST JOSEPH FAMILY MED CTRS, 382 DW HIGHWAYMERRIMACK, NH, 03054
 Specialty GP
 Board Certified GP
 School and Year of Graduation UNIV OF OSTEOPATHIC MED AND HEALTH SCI-IA USA 1983
 Internship and Year DESMOINES HOSP-IA 1984
 Residency and Year DESMOINES HSOP-IA 1985
 License Expiration Date **6/30/2016**
 Remarks

License Number 11134
 License Date 12/6/2000
 Name **LEONIAK, THADDEUS R MD**
 Address 100 DRUM POINT RD, BRICK, NJ, 08723
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation NEW YORK MEDICAL COLLEGE-VALHALLA, NY USA 1967
 Internship and Year NEW YORK MEDICAL COLL- VALHALLA, NY 1968
 Residency and Year NEW YORK MEDICAL COLL - VALHALLA, NY 1971
 License Expiration Date **12/20/2004**
 Remarks **DECEASED 12-20-04**

License Number 8920
License Date 4/7/1993
Name **LEOPOLD, KENNETH A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty ON
Board Certified R
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1982
Internship and Year GRADUATE HOSPITAL - PHILADELPHIA PA 1983
Residency and Year HARVARD MEDICAL SCHOOL JOINT CENTER FOR RADIATION THERAPY - BOSTON MA 1986
License Expiration Date **6/30/1999**
Remarks

License Number 15449
License Date 11/2/2011
Name **LEPESKA, MICHAEL J MD**
Address MICHAEL J. LEPESKA, MD, 1502 WILD PEAKSAN ANTONIA, TX, 78258
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2002
Internship and Year AULTMAN HOSPITAL- TEOUCOM PROGRAM - CANTON, OH 2003
Residency and Year AULTMAN HOSPITAL- TEOUCOM PROGRAM - CANTON, OH 2007
License Expiration Date **6/30/2015**
Remarks

License Number 14323
License Date 2/4/2009
Name **LEPLER, LAWRENCE S MD**
Address WALTER REED ARMY MED CTR, 6900 GEORGIA AVEWASHINGTON, DC, 20307
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1988
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1989
Residency and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1992
License Expiration Date **6/30/2011**
Remarks

License Number 10953
License Date 6/7/2000
Name **LERNER, KENNETH G MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty P
Board Certified P
School and Year of Graduation WAYNE STATE UNIV - DETROIT, MI USA 1965
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1966
Residency and Year MAYO GRADUATE SCH OF MED - ROCHESTER, MN 1970
License Expiration Date **6/30/2016**
Remarks

License Number 12747
License Date 6/1/2005
Name **LERNER, LISA H MD**
Address DERMATOPATHOLOGY ASSOCIATES, 2 WELLS AVENEWTON, MA, 02459
Specialty DMP
Board Certified D
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1988
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1989
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 11376
License Date 9/5/2001
Name **LERNER, LORI B MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty U
Board Certified U
School and Year of Graduation UNIV OF ARIZONA - TUCSON, AZ USA 1994
Internship and Year UNIV OF ARIZONA - AHSC- TUSCON, AZ 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1996
License Expiration Date **6/30/2009**
Remarks

License Number 12430
License Date 8/4/2004
Name **LERO, WILLIAM P MD**
Address MERRIMACK MEDICAL CENTER, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1983
Internship and Year MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1984
Residency and Year MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 9139
License Date 4/6/1994
Name **LESLIE, BRUCE M MD**
Address 2000 WASHINGTON ST STE 343, NEWTON, MA, 02462-
Specialty ORS
Board Certified ORS
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT SYRACUSE USA 1978
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1979
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 15385
License Date 9/7/2011
Name **LESLIE-MAZWI, THABELE M MD**
Address MASS GENERAL HOSP - TELESTROKE PROG, 15 PARKMAN ST #WAC 729JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF ZIMBABWE ZIMBABWE 2000
Internship and Year MAYO CLINIC - JACKSONVILLE, FL 2005
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - JACKSONVILLE, FL 2008
License Expiration Date **6/30/2015**
Remarks

License Number 16719
License Date 8/6/2014
Name **LESSAC CHENEN, SIMONE R MD**
Address LITTLE RIVERS HEALTH CARE, 65 S MAIN STWELLS RIVER, VT, 05081
Specialty FP
Board Certified FP
School and Year of Graduation SUNY DOWNSTATE MEDICAL CENTER USA 2010
Internship and Year PROVIDENCE MILWAUKIE HOSPITAL - MILWAUKIE, WI 2012
Residency and Year PROVIDENCE MILWAUKIE HOSPITAL - MILWAUKIE, WI 2014
License Expiration Date **6/30/2016**
Remarks

License Number 15667
License Date 5/2/2012
Name **LESSARD, LAUREN C MD**
Address WENTWORTH HEALTH PTNRS - GYN & INFERTILITY ASSOC, 15 OLD ROLLINSFORD RD #102DOVER,
Specialty OBG
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 8714
License Date 5/6/1992
Name **LESSER, EUGENE A DO**
Address SJ NEUROLOGY ASSOCIATES, 166 KINSLEY ST STE101NASHUA, NH, 03060
Specialty N
Board Certified N
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 1986
Internship and Year KENNEDY MEMORIAL HOSPITAL 1987
Residency and Year BOSTON UNIVERSITY 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10626
License Date 7/7/1999
Name **LESTER, SARAH S MD**
Address NEW LONDON PEDIATIC, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty PD
Board Certified PD
School and Year of Graduation HAHNEMANN MED COLL - PHILADELPHIA, PA USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10281
License Date 5/6/1998
Name **LESTINA, LISA S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH 1998
License Expiration Date **6/30/2002**
Remarks

License Number 10720
License Date 10/6/1999
Name **LESZNIK, GEORGE R MD**
Address 788 ELM ST, FLORENCE, VT, 05744
Specialty AN
Board Certified
School and Year of Graduation SACKLER FACULTY OF MED TEL AVIV UNIV TEL AVIV ISRAEL 1983
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN 1984
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX NY 1986
License Expiration Date **6/30/2000**
Remarks

License Number 14736
License Date 2/3/2010
Name **LEUNG, CALVIN C MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 14969
License Date 8/4/2010
Name **LEUNG, CHRISTOPHER H MD**
Address FOUNDATION GASTROENTEROLOGY, 8 PROSPECT ST NORTH II SPECIALTY SUITE NASHUA, NH, 0306
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MED & DENTISTRY NJ USA 2004
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2005
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 11780
License Date 11/6/2002
Name **LEUSNER, CHARLES R MD**
Address 3402 S 18TH ST, TACOMA, WA, 98405
Specialty R
Board Certified R
School and Year of Graduation UNIV OF WASHINGTON - SEATTLE, WA USA 1994
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1995
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **6/30/2008**
Remarks

License Number 6390
License Date 5/28/1981
Name **LEUTZINGER, CHARLES G MD**
Address CRICKET HILL FARM, 78 TIGHE FARM RD WILTON, NH, 03086
Specialty R
Board Certified ON
School and Year of Graduation UNIV OF CONN. SCH OF MED, FARMINGTON, CT USA 1976
Internship and Year YALE NEW HAVEN HOSP, NEW HAVEN, CT 1977
Residency and Year YALE NEW HAVEN HOSP, NEW HAVEN, CT 1980
License Expiration Date **6/30/2017**
Remarks

License Number 13167
License Date 7/5/2006
Name **LEV, EFRAT MD**
Address 20 WEST 64TH ST APT#20-S, NEW YORK, NY, 10023
Specialty PD
Board Certified PD
School and Year of Graduation HEBREW UNIV ISRAEL 2000
Internship and Year JACOBI MEDICAL CTR-BRONX, NY 2005
Residency and Year JACOBI MEDICAL CENTER 2006
License Expiration Date **6/30/2008**
Remarks

License Number 14712
License Date 1/6/2010
Name **LEVASSEUR, PETER W MD**
Address 732 RIDGE RD, PLYMOUTH, ME, 04969
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VERMONT USA 1985
Internship and Year UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 1986
Residency and Year UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 1988
License Expiration Date **6/30/2016**
Remarks

License Number 7814
License Date 4/6/1988
Name **LEVENE, DAVID R MD**
Address MONADNOCK COMMUNITY HOSPITAL, 454 OLD STREET RD STE 302 PETERBOROUGH, NH, 03458
Specialty OBG
Board Certified OBG
School and Year of Graduation MED COLL OF PENNSYLVANIA - PHILA, PA USA 1983
Internship and Year LOS ANGELES MEDICAL CENTER - LOS ANGELES, CA 1984
Residency and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1987
License Expiration Date **6/30/2016**
Remarks

License Number 8530
License Date 5/8/1991
Name **LEVENE, STEVEN R MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT ST KEENE, NH, 03431-1718
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1980
Internship and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1981
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 11665
License Date 7/3/2002
Name **LEVENGOD, ROBERT A MD**
Address PO BOX 189, ELKINS, NH, 03233-0189
Specialty P
Board Certified P
School and Year of Graduation WAYNE STATE UNIV - DETROIT, MI USA 1970
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CTR - NEW YORK, NY 1971
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CTR - NEW YORK, NY 1974
License Expiration Date **6/30/2010**
Remarks

License Number 14352
License Date 3/4/2009
Name **LEVENICK, JOHN M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2015**
Remarks

License Number 9140
License Date 4/6/1994
Name **LEVENSON, MARC F MD**
Address 15129 GOLF VIEW DR, HAYMARKET, VA, 20169
Specialty IM
Board Certified IM
School and Year of Graduation SUNY HEALTH SCIENCES CENTER AT SYRACUSE USA 1976
Internship and Year UNIVERSITY OF NC HOSPITALS - CHAPEL HILL NC 1977
Residency and Year UNIVERSITY OF NC HOSPITALS - CHAPEL HILL NC 1977
License Expiration Date **6/30/2016**
Remarks

License Number 11028
License Date 8/2/2000
Name **LEVENSON, STEWART I MD**
Address VA MEDICAL CENTER, 718 SMYTH RD AMBULATORY CAREMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIV COLL - COLUMBUS, OH USA 1986
Internship and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1987
Residency and Year NEW YORK HOSPITAL MEDICAL CENER OF QUEENS - FLUSHING, NY 1989
License Expiration Date **6/30/2016**
Remarks

License Number 9585
License Date 11/1/1995
Name **LEVENSTEIN, BABS R MD**
Address 14 TSIENNETO RD, SUITE 302DERRY, NH, 03038
Specialty OBG
Board Certified OBG
School and Year of Graduation ALBANY MEDICAL COLLEDGE ALBANY, NY USA 1984
Internship and Year UNIV OF CA IRVINE MEDICAL CENTER ORANGE, CA 1985
Residency and Year KAISER FNDN HOSPITAL OF LA LOS ANGELES, CA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9658
License Date 3/6/1996
Name **LEVERETT, TERESA M DO**
Address FREEDOM FAMILY PRACTICE, 875 GREENLAND RD, UNIT C8PORTSMOUTH, NH, 03801-4163
Specialty
Board Certified FP
School and Year of Graduation NY COLLEGE OF OSTEO MEDICINE USA 1986
Internship and Year NORTH OAKLAND MEDICAL CENTER - PONTIAC, MI 1987
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1993
License Expiration Date **6/30/2016**
Remarks

License Number 13503
License Date 5/9/2007
Name **LEVI, ANGELIQUE W MD**
Address AUREON LABORATORIES, INC, 28 WELLS AVEYONKERS, NY, 10701
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF ROCHESTER USA 1997
Internship and Year JOHN HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 1998
Residency and Year JOHN HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 2001
License Expiration Date **6/30/2009**
Remarks

License Number 5530
License Date 6/14/1976
Name **LEVI, DONALD S MD**
Address NASHUA PEDIATRIC INC, 155 KINSLEY STNASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1972
Internship and Year BELLEVUE HOSPITAL - NY, NY 1973
Residency and Year BELLEVUE HOSPITAL - NY, NY 1975
License Expiration Date **6/30/2016**
Remarks

License Number 6736
License Date 7/7/1983
Name **LEVICK, CARL E MD**
Address NEWPORT HOSPITAL, FRIENDSHIP STNEWPORT, RI,
Specialty IM
Board Certified CD
School and Year of Graduation UNIV OF MASS SCH MED WORESTER, MA USA 1978
Internship and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1979
Residency and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1981
License Expiration Date **6/30/2015**
Remarks

License Number 9544
License Date 9/6/1995
Name **LEVIN, ALBERT B MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty CD
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON, MA USA 1960
Internship and Year BOSTON CITY HOSPITAL BOSTON, MA 1961
Residency and Year BOSTON CITY HOSPITAL BOSTON,MA 1962
License Expiration Date **6/30/2000**
Remarks

License Number 8772
License Date 7/1/1992
Name **LEVIN, COLEMAN H MD**
Address 8 STREAMSIDE RD UNIT 1, PO BOX 910CAMPTON, NH, 03223
Specialty IM
Board Certified IM
School and Year of Graduation LOYOLA UNIVERSITY OF CHIAGO STRITCH SCHOOL OF MED USA 1957
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA PA 1958
Residency and Year LEMUEL SHATTUCK HOSPITAL - BOSTON MA 1961
License Expiration Date **6/30/2016**
Remarks

License Number 9872
License Date 11/6/1996
Name **LEVIN, DANIEL L MD**
Address DHMC-PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CCP
Board Certified
School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE - CHICAGO, IL USA 1969
Internship and Year RUSH-PRESBY ST LIKJES MEDICAL CENTER - IL 1971
Residency and Year MOFFITT HOSPITAL UNIV OF CALIFORNIA, CA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 12881
License Date 9/7/2005
Name **LEVIN, LARA J MD**
Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified END
School and Year of Graduation UNIVERSITY OF COLORADO, BOULDER CO US 1998
Internship and Year MOUNT SINAI MED CTR, NEW YORK NY 1999
Residency and Year MOUNT SINAI MED CTR, NEW YORK NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 8756
 License Date 7/1/1992
 Name **LEVIN, MORRIS MD**
 Address UCSF DEPT OF NEUROLOGY, 2330 POST STSAN FRANCISCO, CA, 94115
 Specialty N
 Board Certified N
 School and Year of Graduation UNIVERSITY OF HEALTH SCIENCES USA 1980
 Internship and Year UMDNJ - UNIVERSITY HOSPITAL NEWARK - NEW JERSEY 1981
 Residency and Year UMDNJ - UNIVERSITY HOSPITAL NEWARK - NEW JERSEY 1982
 License Expiration Date **6/30/2016**
 Remarks

License Number 3076
 License Date 7/22/1955
 Name **LEVIN, MURRAY N MD**
 Address 2 ROLLING RIDGE RD, WINDHAM, NH, 03087-2120
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1943
 Internship and Year NEW ROCHELLE HOSPITAL - NY 1944
 Residency and Year MT SINAI HOSPITAL 1947
 License Expiration Date **6/30/2003**
 Remarks

License Number 14466
 License Date 6/3/2009
 Name **LEVIN, RICHARD D MD**
 Address 21150 BISCAYNE BLVD STE 104, AVENTURA, FL, 33180
 Specialty U
 Board Certified U
 School and Year of Graduation GEORGE WASHINGTON UNIV USA 1989
 Internship and Year GEORGE WASHINGTON UNIVERSITY-WASHINGTON, DC 1990
 Residency and Year WASHINGTON HOSPITAL CENTER-WASHINGTON, DC 1991
 License Expiration Date **6/30/2011**
 Remarks

License Number 15030
 License Date 10/6/2010
 Name **LEVIN, STEVEN I MD**
 Address 3093-A COUNTRYSIDE BAY, WOODBURY, MN, 55129
 Specialty GS
 Board Certified GS
 School and Year of Graduation HAHNEMANN UNIVERSITY USA 1993
 Internship and Year COOPER HOSPITAL UNIVERSITY MEDICAL CENTER - CAMDEN, NJ 1994
 Residency and Year COOPER HOSPITAL UNIVERSITY MEDICAL CENTER - CAMDEN, NJ 1995
 License Expiration Date **6/30/2014**
 Remarks

License Number 11710
License Date 8/7/2002
Name **LEVINE, GARY M MD**
Address DHMC-GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1968
Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1969
Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1970
License Expiration Date **6/30/2016**
Remarks

License Number 7434
License Date 9/4/1986
Name **LEVINE, GILBERT D MD**
Address 58 REDBONE DRIVE, BRISTOL, NH, 03222
Specialty PD
Board Certified PD
School and Year of Graduation UNIV IOWA COLL MED IOWA CITY IA USA 1979
Internship and Year SHAND HOS UN FL MED CTR GAINSVILLE FL 1980
Residency and Year SHAND HOS UN FL MED CTR GAINESVILLE FL 1982
License Expiration Date **6/30/2016**
Remarks

License Number 7443
License Date 10/2/1986
Name **LEVINE, LAURENCE E MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1978
Internship and Year
Residency and Year
License Expiration Date **7/11/1996**
Remarks **DECEASED 7/19/10 2/20/96 - Settlement Agreement. Temporary Suspension effective 2/20/96 until hearing can be held on charges of illegal prescribing. 7/11/96 - Consent Decree. Voluntary surrender of license in lieu of formal disciplinary action.**

License Number 10255
License Date 4/1/1998
Name **LEVINE, MARC J MD**
Address 3514 21ST ST, LUBBOCK, TX, 79410
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN UNIV SCHOOL OF MED USA 1983
Internship and Year UNIV OF CALIFORNIA -SAN FRANCISCO,CA 1984
Residency and Year UNIV OF CALIFORNIA-DAN FRANCISCO,CA 1986
License Expiration Date **6/30/1999**
Remarks

License Number 8475
License Date 1/9/1991
Name **LEVINE, MATTHEW L MD**
Address ASSOCIATED RADIOLOGISTS PA, 8 E PEARL ST NASHUA, NH, 03060-9029
Specialty R
Board Certified R
School and Year of Graduation UMDNA-ROBERT W JOHNSON MED SCH - NJ USA 1983
Internship and Year UMDNJ ROBERT W JOHNSON MEDICAL SCHOOL - PISCATAWAY, NJ 1984
Residency and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 8531
License Date 5/8/1991
Name **LEVINE, ROBERT A MD**
Address 5 COLISEUM AVE, NASHUA, NH, 03063
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1981
Internship and Year MT AUBURN HOSPITAL - CAMBRIDGE MA 1982
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN CT 1987
License Expiration Date **6/30/2017**
Remarks

License Number 7580
License Date 5/6/1987
Name **LEVINE, STEVEN S MD**
Address NASHUA WEST ADULT MEDICINE, 5 DOW JONES AVENASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NY DOWNSTATE MED CTR USA 1982
Internship and Year MONTEFIORE HOSPITAL MEDICAL CENTER - BRONX, NY 1983
Residency and Year MONTEFIORE HOSPITAL MEDICAL CENTER - BRONX, NY 1985
License Expiration Date **6/30/2017**
Remarks

License Number 11112
License Date 11/1/2000
Name **LEVINE, ZALMAN MD**
Address 75 FRANCIS ST, APT ASB1-3-073 BOSTON, MA, 02115
Specialty OBG
Board Certified
School and Year of Graduation ALBERT EINSTEIN COLL YESHIVA UNIV-BRONX, NY USA 1995
Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1996
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1999
License Expiration Date **6/30/2002**
Remarks

License Number 3877
License Date 2/1/1966
Name **LEVIS, EILEEN H MD**
Address 139 EAST MAIN ST, WARNER, NH, 03278
Specialty FP
Board Certified
School and Year of Graduation NATIONAL UNIV OF MEXICO MEXICO 1962
Internship and Year REGINA GREYHUNS - SASKATCHEWAN CANADA 1963
Residency and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1966
License Expiration Date **6/30/1999**
Remarks **DECEASED 1/4/99**

License Number 6580
License Date 6/24/1982
Name **LEVITAN, NATHAN MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIVERSITY IN MA USA 1980
Internship and Year
Residency and Year
License Expiration Date **8/22/1988**
Remarks

License Number 15668
License Date 5/2/2012
Name **LEVITAN, RICHARD M MD**
Address COTTAGE HOSPITAL, 90 SWIFT WATER ROADWOODSVILLE, NH, 03785
Specialty EM
Board Certified EM
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year BELLEVUE HOSPITAL CENTER - NY, NY 1991
Residency and Year BELLEVUE HOSPITAL CENTER - NY, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 6338
License Date 2/5/1981
Name **LEVITT, STEPHAN M MD**
Address 9510 BONITA BENCH RD SE, UNIT 101BONITA SPRING, FL, 34135
Specialty D
Board Certified D
School and Year of Graduation UNIV OF NY AT BUFFALO SCH OF MED-BUFFALO,NY USA 1976
Internship and Year STRONG MEM HOSP UNIV OF ROCHESTER 1977
Residency and Year STRONG MEM HOSP UNIV OF ROCHESTER 1978
License Expiration Date **6/30/2007**
Remarks

License Number 8715
 License Date 5/6/1992
 Name **LEVY, CLIFFORD M MD**
 Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-7500
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation MOUNT SINAI SCHOOL OF MEDICINE USA 1986
 Internship and Year MOUNT SINAI MEDICAL CENTER 1987
 Residency and Year MOUNT SINAI MEDICAL CENTER 1991
 License Expiration Date **6/30/2016**
 Remarks

License Number 12346
 License Date 6/2/2004
 Name **LEVY, L CAMPBELL MD**
 Address DHMC - GASTROENTEROLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty IM
 Board Certified IM
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 2001
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
 License Expiration Date **6/30/2016**
 Remarks

License Number 8820
 License Date 10/7/1992
 Name **LEVY, NORMAN B MD**
 Address DHMC PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty PTH
 Board Certified PTH
 School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1976
 Internship and Year UNIVERSITY HOSPITALS AND CLINICS COLUMBIA - MISSOURI 1977
 Residency and Year UNIVERSITY HOSPITALS AND CLINICS COLUMBIA - MISSOURI 1980
 License Expiration Date **6/30/2014**
 Remarks

License Number 6534
 License Date 5/6/1982
 Name **LEVY, RICHARD L MD**
 Address PO BOX 1074, HAMPTON, NH, 03843
 Specialty N
 Board Certified N
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1978
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1981
 License Expiration Date **6/30/2016**
 Remarks

License Number 11155
License Date 1/3/2001
Name **LEVY, RICHARD P MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIVERSITY USA 1947
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH 1949
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH 1953
License Expiration Date **11/14/2007**
Remarks **11/14/07 - Voluntary Surrender of License**

License Number 9568
License Date 10/4/1995
Name **LEWIN, SETH M MD**
Address 115 STANDISH RD, NEEDHAM, MA, 02492-1117
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE WASHINGTON, DC USA 1972
Internship and Year BOSTON CITY HOSPITAL BOSTON,MA 1973
Residency and Year NEW ENGLAND DEACONESS HOSPITAL BOSTON,MA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 8821
License Date 10/7/1992
Name **LEWINSOHN, HILTON C MD**
Address 20 CHESTNUT N27, EXETER, NH, 03833
Specialty OM
Board Certified
School and Year of Graduation UNIVERSITY OF THE WITWATERSRAND SOUTH AFRICA 1952
Internship and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1962
Residency and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1962
License Expiration Date **6/30/2010**
Remarks

License Number 5388
License Date 8/7/1975
Name **LEWIS, BRUCE J MD**
Address 4526 JERICHO ST, WHITE RIVER JCT, VT, 05001
Specialty PTH
Board Certified CLP
School and Year of Graduation UNIV OF LAUSANNE SWITZERLAND 1972
Internship and Year CORNELL UNIV MEDICAL CENTER - NY CITY, NY 1973
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1975
License Expiration Date **6/30/2015**
Remarks

License Number 12882
License Date 9/7/2005
Name **LEWIS, CLEMENTINA J MD**
Address KENMORE WELLNESS CENTER, 1110 COLVIN BLVDBUFFALO, NY, 14223
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF CATTOLICA DEL SACRO CUORE, ROME ITAL ITALY 1977
Internship and Year CABRINI MEDICAL CTR, NEW YORK NY 1980
Residency and Year CABRINI MEDICAL CTR, NEW YORK NY 1984
License Expiration Date **6/30/2007**
Remarks

License Number 8091
License Date 5/10/1989
Name **LEWIS, DAVID B DO**
Address LEWIS PHYSICAL MEDICINE ASSOCIATES, 9 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty PM
Board Certified PM
School and Year of Graduation PHIL COLLEGE OF OSTEO MED PHILADELPHIA PA USA 1985
Internship and Year TEMPLE U HLTH SCI CTR SCH MED PHIL - PA 1989
Residency and Year TEMPLE U HLTH SCI CTR SCH MED PHIL- PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 8695
License Date 4/1/1992
Name **LEWIS, ERIC C MD**
Address WOLFEBORO FAMILY MEDICINE, 240 S MAIN STREETWOLFEBORO, NH, 03894
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1986
Internship and Year NAVAL HOSPITAL JACKSONVILLE - FLORIDA 1987
Residency and Year LATROBE AREA HOSPITAL LATROBE - PENNSYLVANIA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 5627
License Date 10/7/1976
Name **LEWIS, HENRY A MD**
Address 216 VISTA HERMOSA, SANTA FE, NM, 87501
Specialty U
Board Certified U
School and Year of Graduation UNIV OF MARYLAND SCHOOL OF MED BALTIMORE USA 1970
Internship and Year MED CENTER HOSP OF VERMONT 1971
Residency and Year UNIV OF MARYLAND HOSPITAL 1975
License Expiration Date **6/30/2006**
Remarks **12/13/05 - Settlement Agreement**

License Number 15386
License Date 9/7/2011
Name **LEWIS, JOHN D MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY USA 2005
Internship and Year MERCY HOSPITAL - PITTSBURGH, PA 2006
Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 4812
License Date 8/3/1971
Name **LEWIS, JOHN M MD**
Address KENNEBEC VALLEY MED CTR, AUGUSTA, ME, 04330
Specialty EM
Board Certified EM
School and Year of Graduation ST BARTHOLOMEWS HOSPITAL LONDON 1962
Internship and Year UNIV OF LONDON - LONDON 1965
Residency and Year FAMILY PRACTICE BARNSTAPLE - DEVON , LONDON 1970
License Expiration Date **6/30/1998**
Remarks

License Number 15585
License Date 3/7/2012
Name **LEWIS, JUSTIN R MD**
Address COLUMBUS RADIOLOGY INC, 2400 E 17TH STCOLUMBUS, IN, 47201
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year BALL MEMORIAL HOSPITAL - MUNCIE, IN 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12546
License Date 12/1/2004
Name **LEWIS, LINDA K MD**
Address RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST 3RD FLBEACHWOOD, OH, 44122
Specialty R
Board Certified R
School and Year of Graduation EASTERN VIRGINIA MED SCHOOL, NORFOLK VA US 1982
Internship and Year LOMA LINDA UNIVERSITY, LOMA LINDA CA 1983
Residency and Year LOMA LIINDA UNIVERSITY, LOMA LINDA CA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 8991
License Date 7/7/1993
Name **LEWIS, LIONEL D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty OS
Board Certified
School and Year of Graduation UNIVERSITY OF WALES COLLEGE OF MEDICINE ENGLAND 1988
Internship and Year GUY'S AND ST THOMAS'S HOSPITAL - LONDON, ENGLAND 1989
Residency and Year THE JOHN'S HOPKINS UNIV SCH OF MEDICINE - BALTIMORE, MD 1991
License Expiration Date **6/30/2017**
Remarks

License Number 16375
License Date 11/6/2013
Name **LEWIS, MARCIA L MD**
Address HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 1999
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
License Expiration Date **6/30/2015**
Remarks

License Number 10627
License Date 7/7/1999
Name **LEWIS, MCLEAN A MD**
Address , PO BOX 2041MILLER PLACE, NY, 11764-8820
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MARYLAND SCH OF MED- BALTIMORE, MD USA 1993
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date **6/30/2011**
Remarks

License Number 9004
License Date 7/7/1993
Name **LEWIS, PETRA J MD**
Address DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NM
Board Certified NM
School and Year of Graduation LONDON UNIVERSITY ENGLAND 1987
Internship and Year GUYS HOSPITAL - LONDON 1989
Residency and Year JOHNS HOPKINS UNIVERSITY - BALTIMORE MD 1991
License Expiration Date **6/30/2017**
Remarks

License Number 14353
License Date 3/4/2009
Name **LEWIS, RICHARD J DO**
Address 13 BELL HILL RD, BEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NEW JERSEY USA 1986
Internship and Year KENNEDY MEMORIAL HOSPITAL-UMDNJ-SOM - STRATFORD, NJ 1987
Residency and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1991
License Expiration Date **6/30/2011**
Remarks

License Number 5061
License Date 8/15/1973
Name **LEWIS, ROBERT E MD**
Address JOEL ARMY HEALTH CLINIC, 1701 HARDEE AVE SWFT MCPHERSON, GA, 30330-1062
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF KANSAS-KANSAS CITY KS USA 1966
Internship and Year MADIGAN GENERAL HOSP-TACOMA WA 1967
Residency and Year WALSON ARMY HOSP-FORT DIX NJ 1969
License Expiration Date **6/30/2009**
Remarks

License Number 4156
License Date 10/10/1967
Name **LEWIS, ROBERT V MD**
Address 441 ANGELL ST, PROVIDENCE, RI, 02906-4407
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1943
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1944
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1948
License Expiration Date **6/30/2007**
Remarks **Deceased 7/6/2013**

License Number 16763
License Date 9/3/2014
Name **LEWIS, WILLIAM V MD**
Address SPECTRUM MED GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation LOMA LINDA UNIVERSITY USA 1972
Internship and Year FLORIDA HOSPITAL EAST ORLANDO -ORLANDO, FL 1973
Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1977
License Expiration Date **6/30/2016**
Remarks

License Number 11999
License Date 7/2/2003
Name **LEWY, JOHN E MD**
Address 8 LANDS END LANE, MOULTONBORO, NH, 03254
Specialty PD
Board Certified PD
School and Year of Graduation TULANE UNIV - NEW ORLEANS, LA USA 1960
Internship and Year MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1961
Residency and Year MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1964
License Expiration Date **4/19/2007**
Remarks **DECEASED 4/19/07**

License Number 8126
License Date 6/7/1989
Name **LEWY, MARK H MD**
Address LINCOLN FINANCIAL GROUP, 1 GRANITE PLACECONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK UNIV SCH OF MED - NY, NY USA 1983
Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1984
Residency and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1986
License Expiration Date **6/30/2013**
Remarks

License Number 16673
License Date 7/2/2014
Name **LEYSE, JESSIE L MD**
Address 18 MOODY AVE, CLAREMONT, NH, 03743
Specialty PD
Board Certified
School and Year of Graduation LOYOLA UNIV OF CHICAGO STRITCH SCHOOL OF MEDICINE USA 2010
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2011
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 13323
License Date 11/1/2006
Name **L'HEUREUX, MICHELLE M MD**
Address DHMC - DEPT OF GIM, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year MAINE MEDICAL CTR - PORTLAND, ME 1993
Residency and Year MAINE MEDICAL CTR - PORTLAND, ME 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9892
License Date 12/4/1996
Name **LHOWE, DAVID W MD**
Address 10 HAWTHORNE PLACE STE 114, BOSTON, MA, 02114
Specialty ORS
Board Certified ORS
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MED CLEVELAND USA 1978
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1984
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1984
License Expiration Date **6/30/2002**
Remarks

License Number 9907
License Date 1/8/1997
Name **LI, ERIC MD**
Address HITCHCOCK CLINIC, 173-A MIDDLE STLANCASTER, NH, 03584
Specialty ATP
Board Certified
School and Year of Graduation PEKING UNIV MED COLL PEKING CHINA CHINA 1986
Internship and Year YALE NEW HAVEN HOSPITAL - CT 1995
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date **6/30/1999**
Remarks

License Number 11965
License Date 6/4/2003
Name **LI, HONGMEI MD**
Address DERM. PATH NEW ENGLAND LLC, 1380 SOLDIERS FIELD RD STE 100BRIGTON, MA, 02135
Specialty D
Board Certified D
School and Year of Graduation HARBIN MEDICAL UNIVERSITY - HARBIN CHINA 1985
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 2001
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 11923
License Date 5/7/2003
Name **LI, TO SHAN DO**
Address DMHC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL OF OSTEO - PHILA, PA USA 1995
Internship and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BEIVOIR, VA 1996
Residency and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BEIVOIR, VA 1998
License Expiration Date **6/30/2005**
Remarks

License Number 11815
License Date 1/8/2003
Name **LIANG, LI MD**
Address 9 VILLAGE SQUARE, CHELMSFORD, MA, 01824
Specialty AI
Board Certified AI
School and Year of Graduation HARBIN MEDICAL UNIV - HARBIN PEOPLES REPUBLIC CHINA 1982
Internship and Year UNIV OF LOUISVILLE - LOUISVILLE, KY 1997
Residency and Year UNIV OF LOUISVILLE - LOUISVILLE, KY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 10827
License Date 2/2/2000
Name **LIAO, PETER W MD**
Address 168 KINSLEY ST, STE 12 NASHUA, NH, 03060
Specialty IM
Board Certified
School and Year of Graduation STATE UNIV OF NY AT STONY BROOK, NY USA 1996
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1999
License Expiration Date **6/30/2014**
Remarks

License Number 6228
License Date 6/9/1980
Name **LIBBEY, CARYN A MD**
Address ARTHRITIS ASSOC OF NASHUA, 19 TYLER ST STE 205 NASHUA, NH, 03060-2951
Specialty RHU
Board Certified RHU
School and Year of Graduation TUFTS UNIV-BOSTON, MA USA 1975
Internship and Year MICHEAL REESE HOSP -CHICAGO, IL 1976
Residency and Year BOSTON CITY HOSP-BOSTON, MA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11816
License Date 1/8/2003
Name **LIBBY, CURTIS M MD**
Address MAINE EYE CENTER, 15 LOWELL ST PORTLAND, ME, 04102
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year MEMORIAL MEDICAL CENTER - SAVANNAH, GA 1992
Residency and Year LOUISIANA STATE UNIV MEDICAL CENTER - SHREVEPORT, LA 1995
License Expiration Date **6/30/2005**
Remarks

License Number 11065
License Date 9/6/2000
Name **LIBBY, WENDY M MD**
Address 40 ROBERTSON DR, GILFORD, NH, 03246
Specialty FP
Board Certified FP
School and Year of Graduation MCGILL UNIV FAC OF MED - MONTREAL QUEBEC CANADA 2996
Internship and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1997
Residency and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1999
License Expiration Date **6/30/2001**
Remarks

License Number 10305
License Date 6/3/1998
Name **LIBENSON, BRADLEY N DO**
Address BERWICK FAMILY HEALTH CTR, PO BOX 719BERWICK, ME, 03901
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL OF OSTEOPATHIC MED - PA USA 1987
Internship and Year RIVERSIDE HOSPITAL - WILMINGTON, DE 1988
Residency and Year RIVERSIDE HOSPITAL - WILMINGTON, DE 1989
License Expiration Date **6/30/2016**
Remarks **Settlement Agreements 6/10/98 & 8/12/02 and 4/7/09
6/6/11 - Final Decision and Order
11/14/12 - Final Decision and Order**

License Number 15031
License Date 10/6/2010
Name **LIBERT, DAVID A MD**
Address 1215 E LAKE COLONY DRIVE, MAITLAND, FL, 32751
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF FLORIDA USA 1982
Internship and Year FLORIDA HOSPITAL - ORLANDO, FL 1983
Residency and Year FLORIDA HOSPITAL - ORLANDO, FL 1985
License Expiration Date **6/30/2016**
Remarks

License Number 5685
License Date 3/16/1977
Name **LICATA, RICHARD F MD**
Address 19 TYLER ST STE 204, NASHUA, NH, 03060-2951
Specialty END
Board Certified
School and Year of Graduation UNIVERSITY OF BOLOGNA-BOLOGNA ITALY ITALY 1971
Internship and Year ST FRANCIS HOSPITAL-HARTFORD CT 1973
Residency and Year ST FRANCIS HOSPITAL-HARTFORD CT 1976
License Expiration Date **6/30/2017**
Remarks

License Number 14856
License Date 5/5/2010
Name **LICCIARDI, KIMBERLY A MD**
Address NH EYE ASSOC, 1415 ELM STMANCHESTER, NH, 03101
Specialty OPH
Board Certified OPH
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2006
Internship and Year PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 2007
Residency and Year UNIVERSITY ILLINOIS EYE & EAR INFIRMARY - CHICAGO, IL 2010
License Expiration Date **6/30/2016**
Remarks

License Number 8971
License Date 6/2/1993
Name **LICHTER, MICHAEL D MD**
Address NASHUA DERMATOLOGY, 505 WEST HOLLIS STNASHUA, NH, 03062
Specialty D
Board Certified D
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCH OF MED USA 1987
Internship and Year NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO IL 1988
Residency and Year UNIVERSITY IL HOSPITAL - CHICAGO IL 1991
License Expiration Date **6/30/2017**
Remarks

License Number 7652
License Date 7/8/1987
Name **LIDSTROM, CAROL F MD**
Address 105 WEST MAIN ST, LITTLETON, NH, 03561
Specialty P
Board Certified P
School and Year of Graduation MEDICAL COLLEGE OF PA USA 1983
Internship and Year ALLENSTOWN HOSPITAL - ALLENSTOWN PA 1984
Residency and Year EAST VIRGINIA GRADUATE SCHOOL OF MEDICINE HOSPITALS - NORFOLK VA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 7653
License Date 7/8/1987
Name **LIDSTROM, PAUL D MD**
Address SEACOAST MENTAL HEALTH CENTER, 1145 SAGAMORE AVENUEPORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation EASTERN VA MEDICAL SCHOOL USA 1983
Internship and Year EAST VIRGINIA GRADUATE SCHOOL OF MEDICINE HOSPITALS - NORFOLK VA 1984
Residency and Year EAST VIRGINIA GRADUATE SCHOOL OF MEDICINE HOSPITALS - NORFOLK VA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11781
License Date 11/6/2002
Name **LIEBERG, GABRIELE K MD**
Address THE MENTAL HEALTH CTR OF GREAT, 401 CYPRESS STMANCHESTER, NH, 03103
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CINCINNATI - CINCINNATI, OH USA 1988
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1989
Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 15586
License Date 3/7/2012
Name **LIEBERMAN, JAMES A MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED USA 1994
Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1995
Residency and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13830
License Date 2/6/2008
Name **LIEBERMAN, RONA MD**
Address 533 HOOULU ST, KAILUA, HI, 96734
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MUNICH USA 1984
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1986
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1988
License Expiration Date **6/30/2016**
Remarks

License Number 10628
License Date 7/7/1999
Name **LIEBERMANN, GLENN S MD**
Address ORTHOPEDIC PROF ASSOC, HILLSIDE MED PK 14 MAPLE ST STGILFORD, NH, 03249
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MED NJ ROBERT WOOD JOHNSON SCH-PISCATAWAY, USA 1993
Internship and Year TEMPLE UNIV HOSP - PHILADELPHIA, PA 1994
Residency and Year TEMPLE UNIV HOSP - PHILA, PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9659
License Date 3/6/1996
Name **LIEBERT, JOHN A MD**
Address 10020 MAIN ST STE 134A, BELLEVUE, WA, 98004-
Specialty P
Board Certified P
School and Year of Graduation MCGILL UNIV CANADA 1963
Internship and Year SANTA CLARA VALLEY MEDICAL CTR - SAN JOSE, CA 1964
Residency and Year UNIV WASHINGTON MEDICAL CENTER - SEATTLE, WA 1969
License Expiration Date **6/30/1999**
Remarks

License Number 6443
License Date 8/6/1981
Name **LIEBLING, MARK J MD**
Address 166 KINSLEY ST STE 301, NASHUA, NH, 03060-3676
Specialty CD
Board Certified CD
School and Year of Graduation ALBERT EINSTEIN COLL MED-YESHIVA UNVI-BRONX,NY USA 1975
Internship and Year SAN FRANCISCO GEN HOSP-SAN FRANCISCO,CA 1976
Residency and Year SAN FRANCISCO GEN HOSP-SAN FRANCISCO,CA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 14628
License Date 10/7/2009
Name **LIGHTFOOT, THOMAS G MD**
Address AMERICAN RED CROSS, 825 JOHN STW HENRIETTA, NY, 14586
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 1989
Internship and Year EAST CAROLINA UNIVERSITY SCHOOL OF MEDICINE - GREENVILLE, NC 1990
Residency and Year EASTERN VIRGINIA GRADUATE MEDICAL SCHOOL - NORFOLK, VA 1994
License Expiration Date **6/30/2011**
Remarks

License Number 14629
License Date 10/7/2009
Name **LIGIBEL, JENNIFER A MD**
Address DANA FARBER CANCER INSTITUTE, 450 BROOKLINE AVE YAWKEY 1234BOSTON, MA, 02215
Specialty HO
Board Certified HO
School and Year of Graduation WASHINGTON UNIVERSITY USA 1996
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1997
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date **6/30/2015**
Remarks

License Number 13594
License Date 7/11/2007
Name **LILLY, KATHARINA F MD**
Address WOODBURY FAMILY MEDICINE, 101 SHATTUCK WAY STE 6NEWINGTON, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation DREXEL UNIV USA 2004
Internship and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 2005
Residency and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16720
License Date 8/6/2014
Name **LIM, LUIGI M MD**
Address 1465 HOOKSETT RD UNIT 1330, HOOKSETT, NH, 03106
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 2004
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2010
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16644
License Date 6/4/2014
Name **LIM, MARK D MD**
Address 10 MEMBERS WAY STE 201, DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF THE EAST, RAMON MAGSAYSAY MEMORIAL MED CTR PHILIPPINES 2001
Internship and Year ALASKA FAMILY MEDICINE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2004
Residency and Year ALASKA FAMILY MEDICINE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2006
License Expiration Date **6/30/2016**
Remarks

License Number 16319
License Date 9/4/2013
Name **LIM, MIIA H MD**
Address 75 STATE ST, 26th FL, BOSTON, MA, 02109
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2005
Internship and Year HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2006
Residency and Year HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 14294
License Date 1/7/2009
Name **LIM, RUTH MD**
Address MGH PED RADIOLOGY-ELL 237, 34 FRUIT ST BOSTON, MA, 02114
Specialty R
Board Certified R
School and Year of Graduation UNIV OF TORONTO CANADA 1999
Internship and Year HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2000
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 14737
License Date 2/3/2010
Name **LIM, YOUNSOOK MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation STANFORD UNIVERSITY USA 1992
Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 1993
Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 1995
License Expiration Date **6/30/2012**
Remarks

License Number 5006
License Date 6/11/1973
Name **LIMA, WALTER L MD**
Address ELLIOT HOSP, 1 ELLIOT WAY MANCHESTER, NH, 03103-3599
Specialty EM
Board Certified EM
School and Year of Graduation OSMANIA UNIVERSITY-HYDERABAD INDIA INDIA 1960
Internship and Year GANDHI HOSP-SECUNDERABAD INDIA 1962
Residency and Year IZARK WALTON KILLAM HOSP-HALIFAX CANADA 1972
License Expiration Date **8/28/2003**
Remarks **8/28/03 - Consent Decree (Emergency Suspension) 10/27/03 - Voluntary Surrender of License.**

License Number 17268
License Date 9/2/2015
Name **LIM-LIBERTY, FRANCES B MD**
Address DHMC, 1 MEDICAL CTR DR LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation RUSH MEDICAL COLLEGE OF RUSH UNIVERSITY - CHICAGO, USA 2008
Internship and Year CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND - OAKLAND, CA 2009
Residency and Year CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND - OAKLAND, CA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 13910
License Date 4/2/2008
Name **LIMPERT, JONATHAN D MD**
Address 770 FOREST AVE, GLEN ELLYN, IL, 60137
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE USA 1980
Internship and Year UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1984
Residency and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10954
License Date 6/7/2000
Name **LIN, HAN-TING MD**
Address HARVARD VANGUARD MEDICAL ASSOC, 133 BROOKLINE AVE BOSTON, MA, 02215
Specialty HEM
Board Certified
School and Year of Graduation NATIONAL YANG-MING MED COLL - SHIH-PAI TAIPEI TAIWAN 1983
Internship and Year SOUND SHORE MEDICAL CENTER OR WESTCHESTER - NEW ROCHELLE, NY 1998
Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 1999
License Expiration Date **6/30/2010**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03...
REINSTATED ON 4/2/08**

License Number 10721
License Date 10/6/1999
Name **LIN, JU WEN MD**
Address NEW ENGLAND INPATIENT SPEC, 120 WATER ST STE 404N ANDOVER, MA, 01845
Specialty GP
Board Certified IM
School and Year of Graduation CHINA MEDICAL COLLEGE TAICHUNG TAIWAN CHINA 1983
Internship and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER 1997
Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER 1999
License Expiration Date **6/30/2015**
Remarks **lapsed 6/30/07 - reinstated 8/1/12**

License Number 16281
License Date 8/7/2013
Name **LIN, TIMOTHY J MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 15929
License Date 11/7/2012
Name **LIN, TING-YI MD**
Address MASS GEN HOSP, 55 FRUIT ST FOUNDERS 526GBOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2000
Residency and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date **6/30/2014**
Remarks

License Number 9812
License Date 8/7/1996
Name **LINDAUER, THEODORE MD**
Address 50 BRENTWOOD RD, EXETER, NH, 03833
Specialty P
Board Certified
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED PITTS,PA USA 1960
Internship and Year MICHAEL REESE HOSPITAL MEDICAL CENTER - IL 1961
Residency and Year MASS MENTAL HEALTH CENTER - MA 1965
License Expiration Date **6/30/2004**
Remarks **1/13/04 - Settlement Agreement**

License Number 13595
License Date 7/11/2007
Name **LINDBERG, GUY M MD**
Address MIRACA LIFE SCIENCES, 6655 MACARTHUR BLVDIRVING, TX, 75039
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF TEXAS USA 1990
Internship and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1991
Residency and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1994
License Expiration Date **6/30/2017**
Remarks

License Number 10427
License Date 10/7/1998
Name **LINDBLAD, PETER C MD**
Address HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MEDICAL SCH - WORCESTER, MA USA 1983
Internship and Year SAINT VINCENT HOSPITAL - WORCESTER, MA 1984
Residency and Year SAINT VINCENT HOSPITAL - WORCESTER, MA 1984
License Expiration Date **6/30/2000**
Remarks

License Number 10428
License Date 10/7/1998
Name **LINDENTHAL, JOHN P MD**
Address PORTSMOUTH ANESTHESIA, 383 CENTRAL AVE STE 323DOVER, NH, 03820
Specialty AN
Board Certified AN
School and Year of Graduation TEXAS TECH UNIV HLTH SCI CTR - LUBBOCK, TX USA 1990
Internship and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1991
Residency and Year UNIV HLTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1992
License Expiration Date **6/30/2008**
Remarks

License Number 4119
License Date 9/8/1967
Name **LINDHOLM, ROBERT N MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1990**
Remarks

License Number 15509
License Date 1/4/2012
Name **LINDPAINTNER, LYN S MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 1984
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1985
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10906
License Date 5/3/2000
Name **LINDSEY, PEGGY S MD**
Address MUSC STORM EYE INSTITUTE, 167 ASHLEY AVE PO BOX 250676CHARLESTON, SC, 29425
Specialty OPH
Board Certified OPH
School and Year of Graduation DUKE UNIVERSITY - DURHAM NC USA 1978
Internship and Year WILMER EYE INSTITUTE-JOHN HOPKINS HOSPITAL (RESIDENCY) - BALTIMORE MD 1981
Residency and Year WILMER EYE INSTITUTE-JOHN HOPKINS HOSPITAL (FELLOWSHIP) - BALTIMORE MD 1983
License Expiration Date **6/30/2006**
Remarks

License Number 17114
License Date 6/3/2015
Name **LINGAM, DIWAKAR V MD**
Address 6469 RIVER BIRCHFIELD RD, JAMESVILLE, NY, 13078
Specialty IM
Board Certified IM
School and Year of Graduation SIDDHARTHA MEDICAL COLLEGE GUNADALA INDIA 1995
Internship and Year SUNY HEALTH SCIENCES CENTER - BROOKLYN, NY 2002
Residency and Year SUNY HEALTH SCIENCES CENTER - BROOKLYN, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13168
License Date 7/5/2006
Name **LINGENFELTER PIERCE, TIFFANY K MD**
Address CIGNA HEALTHCARE, 8 COTTAGE WALKBRADFORD, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation KIGEZI INTERNAT'L SCHOOL OF MEDICINE UGANDA 2003
Internship and Year UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 2004
Residency and Year UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12391
License Date 7/7/2004
Name **LINHARDT, MOLLY S MD**
Address 10 BENNING ST PMB 197, WEST LEBANON, NH, 03784
Specialty PD
Board Certified
School and Year of Graduation ROYAL COLLEGE OF SURGEONS, DUBLIN IRELAND IRELAND 2001
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date **6/30/2006**
Remarks

License Number 14514
License Date 7/1/2009
Name **LINK, TIMOTHY E MD**
Address BARROW NEUROSURGICAL ASSOC, 2910 NORTH 3RD AVEPHOENIX, AZ, 85013
Specialty NS
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 2002
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2003
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2009
License Expiration Date **6/30/2011**
Remarks

License Number 11176
License Date 2/7/2001
Name **LINKER, CAREY S MD**
Address 3680 BROADWAY, FT MYERS, FL, 33901
Specialty R
Board Certified R
School and Year of Graduation STANFORD UNIV SCH OF MED - STANFORD, CA USA 1987
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1988
Residency and Year MASSAHUSETTS GENERAL HOSPITAL, BOSTON, MA 1992
License Expiration Date **6/30/2002**
Remarks

License Number 13348
License Date 12/6/2006
Name **LINNELL, GRANT J DO**
Address FLETCHER ALLEN HEALTHCARE, 111 COLCHESTER AVE-RADIOLOGYBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF OSTEOPATHIC MED USA 1997
Internship and Year ST VINCENT HOSPITAL-WORCESTER, MA 1998
Residency and Year CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16550
License Date 4/2/2014
Name **LINOS, KONSTANTINOS MD**
Address DARTMOUTH HITCHCOCK MEDICAL CTT, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF ATHENS GREECE 2002
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2008
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16520
License Date 3/5/2014
Name **LINSKEY, KATY R MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation JOHN A BURNS SCHOOL OF MEDICINE UNIV OF HAWAII USA 2009
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 11377
License Date 9/5/2001
Name **LIOTTA, ELIZABETH A MD**
Address NORTHEAST DERMATOLOGY ASSOC, 800 BROADWAY UNIT AHAVERRHILL, MA, 01830
Specialty D
Board Certified D
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HLTH SCI- BETHESDA, USA 1990
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1991
Residency and Year NATIONAL CAPITAL CONSORTIUM PROGRAM- WASHINGTON, DC 1999
License Expiration Date **6/30/2003**
Remarks

License Number 12883
License Date 9/7/2005
Name **LIU, JEFFREY T DO**
Address 75 FRANCIS ST, BOSTON, MA, 02115
Specialty N
Board Certified N
School and Year of Graduation NOVA SOUTHWESTERN UNIVERSITY, FT LAUDERDALE FL US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13870
License Date 3/5/2008
Name **LIPARTIA, MARINE MD**
Address MASS REG GEN HOSP, 55 FRUIT STREET BOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation AIETI HIGHEST MIDICAL SCHOOL GEORGIA 2003
Internship and Year WESTERN RESERVE CARE SYSTEM FORUM HEALTH NEOUCOM - YOUNGSTOWN, OH 2006
Residency and Year WESTERN RESERVE CARE SYSTEM FORUM HEALTH NEOUCOM - YOUNGSTOWN, OH 2007
License Expiration Date **6/30/2014**
Remarks

License Number 14081
License Date 7/9/2008
Name **LIPE, BREA C MD**
Address DHMC/ INTERNAL MEDICINE, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUGH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2012**
Remarks

License Number 13218
License Date 8/2/2006
Name **LIPFERT, JENNIFER MD**
Address 1349 ROUTE 12A, CORNISH, NH, 03745
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NEW YORK USA 2003
Internship and Year SUNY @ STONY BROOK SCHOOL OF MEDICINE-STONY BROOK, NY 2004
Residency and Year SUNY @ STONY BROOK SCHOOL OF MEDICINE-STONY BROOK , NY 2006
License Expiration Date **6/30/2014**
Remarks

License Number 6479
License Date 12/28/1981
Name **LIPIN, ROBERT G MD**
Address POSTAL CENTER USA BOX 52, 614 NASHUA STMILFORD, NH, 03055-4917
Specialty GP
Board Certified
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1976
Internship and Year VET ADMIN HOSP-BOSTON,MA 1977
Residency and Year WILFORD HALL USAF MED CTR-LACKLAND AFB TX 1978
License Expiration Date **6/30/2007**
Remarks

License Number 6788
License Date 9/8/1983
Name **LIPMAN, EDWARD M MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1975
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 12662
License Date 4/6/2005
Name **LIPMAN, WILLIAM L MD**
Address 21 HIGHLAND AVE STE 16, NEWBURYPORT, MA, 01950
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MARYLAND, BALTIMORE MD US 1972
Internship and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1973
Residency and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1977
License Expiration Date **6/30/2007**
Remarks

License Number 9919
License Date 2/5/1997
Name **LIPOSKY, JULIET M MD**
Address MASS GENERAL HOSP, FRUIT ST BOSTON, MA, 02114
Specialty AN
Board Certified
School and Year of Graduation VANDERBILT UNIV SCHOOL OF MED, NASHVILLE USA 1992
Internship and Year CAMBRIDGE HOSPITAL - MA 1993
Residency and Year MASS GENERAL HOSPITAL - MA 1996
License Expiration Date **6/30/1999**
Remarks

License Number 6185
License Date 4/18/1980
Name **LIPPINCOTT, RICHARD C MD**
Address U A M S DEPT OF PSYCHIATRY, 4301 MARKOW ST SLOT 554 LITTLE ROCK, AR, 72205
Specialty P
Board Certified
School and Year of Graduation CORNELL UNIV MED COLLEGE - NEW YORK, NY USA 1955
Internship and Year NAVAL HOSPITAL - NY 1956
Residency and Year AGNEWS STATE HOSPITAL - CA 1059
License Expiration Date **6/30/2008**
Remarks **DECEASED 3/10/2015**

License Number 8757
License Date 7/1/1992
Name **LIPSHUTZ, GREG M MD**
Address CAMBRIDGE HEALTH ALLIANCE, 1493 CAMBRIDGE ST CAMBRIDGE, MA, 02139
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF IOWA USA 1986
Internship and Year METROWEST MEDICAL CENTER FRAMINGHAM - MASSACHUSETTS 1987
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1989
License Expiration Date **6/30/2002**
Remarks

License Number 13015
License Date 3/1/2006
Name **LIPSKI, MARCIA MD**
Address MA HEALTH CLINICAL AFFAIRS, 7TH FLR 100 HANCOCK ST QUINCY, MA, 02171
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BROOKLYN NH US 1987
Internship and Year MAIMONIDES MEDICAL CTR, BROOKLYN NY 1988
Residency and Year STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1991
License Expiration Date **6/30/2012**
Remarks

License Number 9880
License Date 11/6/1996
Name **LIRANZO, MARITZA O MD**
Address NORTHEAST DERMATOLOGY ASSOC, PENTUCKET MED BLDG 1 PARKWAYHAVERHILL, MA, 01830
Specialty D
Board Certified PTH
School and Year of Graduation UNIV AUTO DE SANTO DEMINGO UASD FAC CIEN MED SANTO DOMINGO 1983
Internship and Year UNIV COLORADO HEALTH SCIENCE CENTER - CO 1993
Residency and Year CLEVELAND CLINIC FOUNDATION - OH 1994
License Expiration Date **6/30/2002**
Remarks

License Number 5188
License Date 6/10/1974
Name **LISCIO, ROBERT T MD**
Address 92 RANGER RD, HOLLIS, NH, 03049
Specialty R
Board Certified R
School and Year of Graduation SUNY UPSTATE MEDICAL CENTER, NY USA 1971
Internship and Year SUNY UPSTATE MEDICAL CENTER - SYRACUSE, NY 1972
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1973
License Expiration Date **6/30/2016**
Remarks

License Number 14467
License Date 6/3/2009
Name **LISOVSKY, MIKHAIL MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation MOSCOW STATE UNIV RUSSIA 1980
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 2006
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 5092
License Date 10/10/1973
Name **LISS, JOSEPH P MD**
Address COLUMBIA REGIONAL, 2100 COMER AVECOLUMBUS, GA, 31901
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLLEGE VALHALLA, NY USA 1962
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - CT 1964
Residency and Year ST FRANCIS HOSPITAL MEDICAL CENTER - CT 1967
License Expiration Date **6/30/2003**
Remarks

License Number 5922
License Date 6/12/1978
Name **LISTER, ERIC D MD**
Address , 20 LADD STPORTSMOUTH, NH, 03801-4080
Specialty P
Board Certified P
School and Year of Graduation DUKE UNIV SCHOOL OF MEDICINE DURHAM, NC USA 1974
Internship and Year BETH ISREAL HOSPITAL - BOSTON, MA 1975
Residency and Year BETH ISREAL HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2004**
Remarks

License Number 15032
License Date 10/6/2010
Name **LISTER, JULIUS MD**
Address LINCOLN MEDICAL CTR, 61 LINCOLN ST #309FRAMINGHAM, MA, 01702
Specialty GS
Board Certified GS
School and Year of Graduation HAHNEMANN UNIVERSITY USA 1952
Internship and Year GRADUATE HOSPITAL - EULESS, TX 1953
Residency and Year UNIVERSITY OF IOWA HOSPITALS AND CLINICS - IOWA CITY, IA 1960
License Expiration Date **6/30/2012**
Remarks

License Number 14468
License Date 6/3/2009
Name **LITSCH, SARAH M DO**
Address PLAISTOW HEALTH, 24 PLAISTOW RD UNIT 2HAMPSTEAD, NH, 03865-3851
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year CONCORD HOSPITAL-CONCORD, NH 2007
Residency and Year CONCORD HOSPITAL-CONCORD, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 9252
License Date 8/3/1994
Name **LITSCHER, LARRY A MD**
Address LITSCHER EYE CENTER, 382 NORTH MAIN STREET SUITE 101EAST LONGMEADOW, MA, 01028
Specialty OPH
Board Certified OPH
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA 1978
Internship and Year SIR B DAVIS JEWISH GENERAL HOSPITAL, MONTREAL, QUEBEC, CANADA 1979
Residency and Year UPSTATE MEDICAL CENTER, SYRACUSE, NY 1982
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/95
REINSTATED 8/6/14**

License Number 9488
License Date 7/5/1995
Name **LITTELL, GLENN H MD**
Address 2067 SHADY BRROK DR, THOUSAND OAKS, CA, 91362
Specialty PTH
Board Certified PTH
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year LA CO UNIV OF SOUTHERN CALIFORNIA MEDICAL CENTER - LOS ANGELES CA 1995
Residency and Year LA CO UNIV OF SOUTHERN CALIFORNIA MEDICAL CENTER - LOS ANGELES CA 1995
License Expiration Date **6/30/2011**
Remarks

License Number 9522
License Date 8/2/1995
Name **LITTELL, KAREN D MD**
Address 762 GRABLE PLACE, NEWBURY PARK, CA, 91320
Specialty AN
Board Certified AN
School and Year of Graduation UCLA SCHOOL OF MEDICINE USA 1991
Internship and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES CA 1992
Residency and Year UCLA SCHOOL OF MEDICINE - LOS ANGELES CA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 3335
License Date 1/15/1960
Name **LITTLE, ALBERT F MD**
Address NORTHEAST MEDICAL, 83 CAMBRIDGE STBURLINGTON, MA, 01803-4181
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1955
Internship and Year CITY HOSPITAL - CAMBRIDGE MA 1957
Residency and Year BOSTON VETERANS HOSPITAL - BOSTON MA 1957
License Expiration Date **6/30/2001**
Remarks

License Number 6094
License Date 8/3/1979
Name **LITTLE, CAROL L C MD**
Address 97 QUECHEE RD, HARTLAND, VT, 05048
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLLEGE MEDICINE BURLINGTON, VT USA 1971
Internship and Year CHILDRENS HOSPITAL - DENVER, CO 1972
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITALS - HANOVER, NH 1975
License Expiration Date **6/30/2015**
Remarks

License Number 14689
License Date 12/2/2009
Name **LITTLE, DWIGHT D MD**
Address PO BOX 379, LOTTSBURG, VA, 22511
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 1976
Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1977
Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1979
License Expiration Date **6/30/2011**
Remarks

License Number 10789
License Date 12/1/1999
Name **LITTLE, GAVIN C DO**
Address 46 TOLL RD, SALISBURY, MA, 01952
Specialty N
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND OSTEO MED-BIDDEFORD,ME USA 1996
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1997
Residency and Year VANDERBILT UNIV MEDICAL CENTER - NASHVILLE, TN 1999
License Expiration Date **6/30/2007**
Remarks

License Number 4974
License Date 4/27/1973
Name **LITTLE, GEORGE A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NPM
Board Certified NPM
School and Year of Graduation MEDICAL COLLEGE OF UNIV OF VERMONT USA 1965
Internship and Year UNIV OF OREGON MEDICAL SCHOOL - PORTLAND, OR 1966
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1971
License Expiration Date **6/30/2017**
Remarks

License Number 8532
License Date 5/8/1991
Name **LITTLE, KATHERINE J MD**
Address 632 DORCHESTER RD, PO BOX 203LYME CTR, NH, 03769
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1988
Internship and Year UNIV LOUISVILLE HOSPITAL - LOUISVILLE, KY 1989
Residency and Year HUMAMA HOSPITAL - LOUISVILLE, KY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 3412
License Date 12/28/1960
Name **LITTLEFIELD, JAMES A MD**
Address 342 LANG RD, CORNISH, NH, 03745
Specialty AN
Board Certified
School and Year of Graduation COLLEGE OF MEDICAL EVANGELISTS- CA USA 1957
Internship and Year WHITE MEMORIAL HOSPITAL- LOS ANGELES, CA 1958
Residency and Year WHITE MEMORIAL HOSPITAL- LOS ANGELES, CA 1960
License Expiration Date **6/30/2012**
Remarks **Deceased 3/12/2013**

License Number 13256
License Date 9/6/2006
Name **LITTLEFIELD, RICHARD L DO**
Address 57 WATER ST, BLUE HILL, ME, 04614
Specialty OBG
Board Certified OBG
School and Year of Graduation MIDWESTERN UNIV USA 1981
Internship and Year MAINE MEDICAL CTR-PORTLAND ME 1982
Residency and Year ST LUKES HOSPITAL-AlLENTOWN PA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 12663
License Date 4/6/2005
Name **LITWACK, LEWIS J MD**
Address FED LAW ENFORCEMENT TRAINING, 1131 CGAOEK CRISSUBG RDGLYNCO, GA, 31524
Specialty FP
Board Certified FP
School and Year of Graduation ESCUELA AUTONOMA DE CIENCIAS MEDICAS COSTA RICA 2000
Internship and Year BRAZOS FAMILY MED, BRYAN TX 2001
Residency and Year BRAZOS FAMILY MED, BRYAN TX 2004
License Expiration Date **6/30/2011**
Remarks

License Number 14515
License Date 7/1/2009
Name **LITWAK, JOSEPH M MD**
Address EXETER HOSPITAL, 5 ANUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY USA 1993
Internship and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1994
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1955
License Expiration Date **6/30/2015**
Remarks

License Number 16418
License Date 12/4/2013
Name **LITZOW, MARK R MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty ON
Board Certified ON
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCH OF MED - IL USA 1980
Internship and Year MAYO SCHOOL FO GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1983
Residency and Year MAYO SCHOOL FO GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1985
License Expiration Date **6/30/2017**
Remarks

License Number 12347
License Date 6/2/2004
Name **LIU, JASON Y MD**
Address 18822 BEACH BLVD #207, HUNTINGTON BEACH, CA, 92648
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA US 1981
Internship and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1982
Residency and Year UCLA MED CTR, TORRANCE CA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10629
License Date 7/7/1999
Name **LIU, JEAN Y MD**
Address VA MEDICAL CENTER, DEPT OF SURGERY 112 WHITE RIVER JCT, VT, 05009
Specialty GS
Board Certified GS
School and Year of Graduation ALBERT EINSTEIN COLL OF EMD YESHIVA - BRONX, NY USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 14082
License Date 7/9/2008
Name **LIU, JING MD**
Address BOSTWICK LABORATORIES, 100 CHARLES LINDBERGH BLVD UNIONDALE, NY, 11553
Specialty PTH
Board Certified PTH
School and Year of Graduation SHANGHAI SECOND MEDICAL UNIV CHINA 1985
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1996
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12909
License Date 10/5/2005
Name **LIU, ROSE W MD**
Address 7228 SHANNON PARK COURT, SOUTH SAN FRANCISCO, CA, 94080
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 1999
Internship and Year UNIVERSITY OF OKLAHOMA, TULSA OK 2000
Residency and Year MARTIN LUTHER KING JR/DREW MED CTR, LOS ANGELES CA 2004
License Expiration Date **6/30/2013**
Remarks

License Number 12392
License Date 7/7/2004
Name **LIU, SHU WEI MD**
Address ALL CARE MEDICAL, 22 MAIN STSALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NY, BROOKLYN NY US 2000
Internship and Year UNIVERSITY OF MA, WORCESTER MA 2001
Residency and Year UNIVERSITY OF MA, WORCESTER MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12393
License Date 7/7/2004
Name **LIU, STEPHEN K MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation EASTERN VIRGINIA MED SCHOOL, NORFOLD VA US 2000
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 14559
License Date 8/5/2009
Name **LIU, XIAOYING MD**
Address DHMC-DEPT OF PATHOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation JINZHOU MEDICAL COLLEGE CHINA 1986
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2005
Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2008
License Expiration Date **6/30/2017**
Remarks

License Number 7204
License Date 9/10/1985
Name **LIVINGSTON JR, ROBERT D MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation TULANE UNIVERSITY IN LOUISIANA USA 1980
Internship and Year
Residency and Year
License Expiration Date **6/30/1990**
Remarks

License Number 15033
License Date 10/6/2010
Name **LIVINGSTON, BRIAN H MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date **6/30/2016**
Remarks

License Number 6737
License Date 7/7/1983
Name **LIVINGSTONE, SAMUEL A MD**
Address OFFICE OF MEDICAL EXAMINERS, 48 ORAMS ST PROVIDENCE, RI, 02904
Specialty FOP
Board Certified FOP
School and Year of Graduation INDIANA UNIV SCH MED-INDIANAPOLIS,IN USA 1975
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1976
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1979
License Expiration Date **6/30/1999**
Remarks

License Number 17014
License Date 4/1/2015
Name **LIZER, EVA L MD**
Address 360 3RD ST STE 425, SAN FRANCISCO, CA, 94107
Specialty R
Board Certified R
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2004
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11509
License Date 2/6/2002
Name **LLOYD, JOHN D MD**
Address PENACOOK FAMILY PHYSICIANS, 4 CRESCENT STPENACOOK, NH, 03303
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT- BURLINGTON, VT USA 1998
Internship and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 1999
Residency and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 2002
License Expiration Date **12/29/2014**
Remarks **Deceased 12/29/14**

License Number 9908
License Date 1/8/1997
Name **LLOYD-SMITH, WINIFRED A MD**
Address 200 TERRACE HILL ST, BRANTFORD CANADA, , N3R 1G9
Specialty AN
Board Certified
School and Year of Graduation UNIV DE MONTREAL FAC DE MED QUEBEC CANADA 1983
Internship and Year MEMORIAL UNIV - ST JOHN'S , NEWFOUNDLAND 1988
Residency and Year MEMORIAL UNIV - ST JOHN'S , NEWFOUNDLAND 1988
License Expiration Date **6/30/2003**
Remarks

License Number 10141
License Date 10/1/1997
Name **LO DOLCE, JAMES G MD**
Address NORTHEAST MEDICAL CTR, 4101 MEDICAL CENTER DRMANLIUS, NY, 13066
Specialty FP
Board Certified FP
School and Year of Graduation SUNY-HLTH SCI CTR AT BOOKLYN, NY USA 1973
Internship and Year ST JOSEPH'S HOSPITAL - NY 1974
Residency and Year ST JOSEPH'S HOSPITAL - NY 1977
License Expiration Date **6/30/2007**
Remarks **5/25/99 CONSENT DECREE**

License Number 16764
License Date 9/3/2014
Name **LO, ANN MD**
Address FOUNDATION OB/GYN, 10 PROSPECT ST. STE 402NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation KECK SCHOOL OF MEDICINE OF THE UNIV OF SOUTHERN CA USA 2005
Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2006
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2009
License Expiration Date **6/30/2016**
Remarks

License Number 10429
License Date 10/7/1998
Name **LOCHHEAD, KAREN M MD**
Address ATLANTIC NEPHROLOGY, 333 BORTHWICK AVE STE 403PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VA SCH OF MED-CHARLOTTESVILLE,VA USA 1990
Internship and Year UNIV OF WISCONSIN - MADISON, WI 1991
Residency and Year UNIV OF WISCONSIN - MADISON, WI 1992
License Expiration Date **6/30/2001**
Remarks

License Number 15930
License Date 11/7/2012
Name **LOCKARD, GRETCHEN D MD**
Address SACO RIVER MEDICAL GROUP, 7 GREENWOOD AVECONWAY, NH, 03818
Specialty FP
Board Certified FP
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSI USA 1999
Internship and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2000
Residency and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2002
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/15/14

License Number 7771
License Date 1/6/1988
Name **LOCKHART, JEFFREY T MD**
Address CONCORD CARDIOLOGY ASSOC, 246 PLEASANT ST STE 103CONCORD, NH, 03301-2597
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF PENNSYLVANIA SCH MED - PHILA, PA USA 1981
Internship and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER - ROCHESTER, NY 1982
Residency and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER - ROCHESTER, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16765
License Date 9/3/2014
Name **LOCKWOOD, DAVID W MD**
Address PO BOX 1340, GRANTHAM, NH, 03753
Specialty P
Board Certified
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1960
Internship and Year MERCY CATHOLIC MEDICAL CENTER - DERBY, PA 1961
Residency and Year UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE 1966
License Expiration Date **6/30/2016**
Remarks

License Number 7914
License Date 7/6/1988
Name **LOCURATOLO, PATRICIA MD**
Address 875 GREENLAND RD B4-5, PORTSMOUTH, NH, 03801-
Specialty N
Board Certified N
School and Year of Graduation NEW YORK MED COLL-VALHALLA,NY USA 1983
Internship and Year ST LUKES HOSP-NY 1984
Residency and Year BOSTON CITY HOSP-BOSOTN,MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 15760
License Date 7/11/2012
Name **LODATO, CAROLINE K MD**
Address GREENWICH HOSP, 5 PERRYRIDGE RDGREENWICH, CT, 06830
Specialty IM
Board Certified IM
School and Year of Graduation NY UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 16974
License Date 3/4/2015
Name **LODESPOTO, MARK J MD**
Address 3117 BUHRE AVE, BRONX, NY, 10461
Specialty DR
Board Certified DR
School and Year of Graduation UB SUNY SCHOOL OF MED & BIOMEDICAL SCIENCE USA 1986
Internship and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1987
Residency and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1990
License Expiration Date **6/30/2017**
Remarks

License Number 14970
License Date 8/4/2010
Name **LOECHNER, KAREN J MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03103
Specialty PDE
Board Certified PDE
School and Year of Graduation YALE UNIVERSITY USA 1992
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1993
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12664
License Date 4/6/2005
Name **LOEFFLER, AGNES G MD**
Address DHMC- PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF ILLINOIS US 2000
Internship and Year DARTMOUTH HITCHCOCK MED CTR 2004
Residency and Year DARTMOUTH HITCHCOCK MED CTR 2005
License Expiration Date **6/30/2007**
Remarks

License Number 16797
License Date 10/1/2014
Name **LOEFFLER, MOXIE J DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation TOURO COLLEGE OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year KAISER PERMANENTE MEDICAL CENTER - OAKLAND, CA 2010
Residency and Year KAISER PERMANENTE MEDICAL CENTER - OAKLAND, CA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 11738
License Date 9/4/2002
Name **LOESCHER, PETER M MD**
Address SHARON HEALTH CENTER, 12 SHIPPEE LANESHARON, VT, 05065
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MA MED SCH- WORCESTER MA USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 11066
License Date 9/6/2000
Name **LOESER, PETER C MD**
Address CROSSROADS FAMILY MEDICINE, 194 PLEASANT ST STE 7CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1998
Internship and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1999
Residency and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2000
License Expiration Date **6/30/2016**
Remarks **8/26/04 - Order of Emergency License Suspension and Notice of Hearing**
12/13/05 - Settlement Agreement **11/7/07 - Reinstated**

License Number 13974
License Date 5/7/2008
Name **LOEW, BURR J MD**
Address GI ASSOCIATES OF NH, 60 COMMERCIAL ST, STE 404CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV USA 2003
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2004
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6712
License Date 6/2/1983
Name **LOEW, CHARLOTTE G MD**
Address 23 STILES RD STE 213, SALEM, NH, 03079-2854
Specialty FP
Board Certified
School and Year of Graduation BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1973
Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON LOWER FALLS , MA 1974
Residency and Year NEWTON WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 16721
License Date 8/6/2014
Name **LOFTUS, CONOR G MD**
Address MAYO CLINIC, 200 FIRST ST SWROCHESTER, MN, 55905
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITY COLLEGE DUBLIN IRELAND 1996
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2001
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
License Expiration Date **6/30/2016**
Remarks

License Number 15156
License Date 3/2/2011
Name **LOFTUS, HOS C MD**
Address UNIVERSITY OF WASHINGTON DEPT OF NEUROLOGY, BOX 356465SEATTLE, WA, 98195
Specialty N
Board Certified N
School and Year of Graduation TEHRAN SCHOOL OF MEDICAL SCIENCES IRAN 1997
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2002
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2015**
Remarks

License Number 13911
License Date 4/2/2008
Name **LOFTUS, RANDY W MD**
Address DHMC-DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF IOWA USA 2003
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 10868
License Date 4/5/2000
Name **LOGAN, DONALD R MD**
Address SOUTHERN NH RADIOLOGY CONS, 703 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CALGARY CANADA 1979
Internship and Year UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER CANADA 1980
Residency and Year UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER CANADA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 11198
License Date 3/7/2001
Name **LOGAN, KENT A MD**
Address CORE PHYSICIANS, 9 BUZELL AVEEXETER, NH, 03833
Specialty N
Board Certified N
School and Year of Graduation GEORGETOWN UNIV SCH-WASHINGTON, DC USA 1995
Internship and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1996
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 6928
 License Date 7/5/1984
 Name **LOGAN, MARK E MD**
 Address , , ,
 Specialty EM
 Board Certified
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1979
 Internship and Year
 Residency and Year
 License Expiration Date **6/30/1994**
 Remarks **9/23/99 - Order of Conditional Approval. Granted a training license that allows him to practice only as a Medical Resident in the Pathology Residency Program on the main campus of the Dartmouth-Hitchcock Medical Center, Lebanon.**
1/17/01 - Order of Conditional Denial of License.
5/16/01 - Order Of The Board. Final Order Denying License. Appeal has been withdrawn.
07/27/01- Dr. Logan requesting a reconsideration of the Board's -Final Order Denying License" in New Hampshire. This request is denied.

License Number 11667
 License Date 7/3/2002
 Name **LOGAN, NEAL J MD**
 Address 1708 OAK CREEK DR, SHERMAN, TX, 75092
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIV OF KANSAS SCH - KANSAS CITY, KS USA 1963
 Internship and Year LEGACY EMANUEL & GOOD SAMARITAN HOSP - PORTLAND, OR 1964
 Residency and Year TULANE UNIV SCH OF MED - NEW ORLEANS, LA 1970
 License Expiration Date **6/30/2008**
 Remarks

License Number 15510
 License Date 1/4/2012
 Name **LOH, JOHN CHUCH SHENG MD**
 Address SOUTHERN NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACE BEDFORD, NH, 03110
 Specialty DR
 Board Certified DR
 School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1999
 Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2000
 Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2003
 License Expiration Date **6/30/2016**
 Remarks

License Number 8317
License Date 5/9/1990
Name **LOH, STEVEN P MD**
Address CORE PEDIATRICS EXETER, 9 BUZELL AVE STE 3EXETER, NH, 03833-2520
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK MED COLL - VALHALL, NY USA 1987
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1988
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 9365
License Date 2/1/1995
Name **LOHAUS, ALLAN W MD**
Address 609 S MAIN ST BOX 1317, WOLFEBORO, NH, 03894-1317
Specialty OBG
Board Certified OBG
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1968
Internship and Year MOUNTAINSIDE HOSPITAL - MONTCLAIR NJ 1969
Residency and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE MD 1974
License Expiration Date **6/30/2000**
Remarks

License Number 10124
License Date 9/10/1997
Name **LOHN, BARBARA C MD**
Address DARMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty P
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED - OH USA 1994
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1998
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date **6/30/1999**
Remarks **6/3/99 SETTLEMENT AGREEMENT**

License Number 12237
License Date 3/3/2004
Name **LOHNES, BRIAN J DO**
Address ST JOSEPH HOSPITAL EMERGENCY MEDICINE, 172 KINSLEY STNASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1997
Internship and Year DARNALL ARMY COMMUNITY HOSP, FORT HOOD TX 1998
Residency and Year DARNALL ARMY COMMUNITY HOSP, FORT HOOD TX 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15034
License Date 10/6/2010
Name **LOKA, ALFRED M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITE DE KINSHASA CONGO 2001
Internship and Year SUNY HEALTH SCIENCE CENTER @BROOKLYN DOWNSTATE - BROOKLYN, NY 2005
Residency and Year SUNY HEALTH SCIENCE CENTER @BROOKLYN DOWNSTATE - BROOKLYN, NY 2007
License Expiration Date **6/30/2012**
Remarks

License Number 14882
License Date 6/2/2010
Name **LOLLIS, S SCOTT MD**
Address DHMC-DEPT OF NEUROSURGERY, 1 MED CTR DRLEBANON, NH, 03756
Specialty NS
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY USA 2003
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14028
License Date 6/4/2008
Name **LOMBARDI, DANIEL A MD**
Address VAMC MANCHESTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty CD
Board Certified CD
School and Year of Graduation BROWN UNIV USA 2001
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2002
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12000
License Date 7/2/2003
Name **LOMBARDI, MARY H MD**
Address 3349 MONROE AVE #341, ROCHESTER, NY, 14618
Specialty PD
Board Certified PD
School and Year of Graduation ALBANY MEDICAL COLLEGE- ALBANY, NY USA 1996
Internship and Year MCGILL UNIV - MONTREAL CANADA 1997
Residency and Year MCGILL UNIV - MONTREAL CANADA 2000
License Expiration Date **6/30/2009**
Remarks **LAPSED FOR NON-RENEWAL ON 6/30/07
REINSTATED ON 5/7/08**

License Number 9545
License Date 9/6/1995
Name **LOMBARDO, BRIAN P MD**
Address COMMUNITY CARE CTR, 125 MASCOMA ST B#5LEBANON, NH, 03766-
Specialty FP
Board Certified FP
School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE NEW HAVEN CT USA 1986
Internship and Year UNIV OF MINNESOTA AFFILIATED HOSPITAL MINNEAPOLIS MN 1989
Residency and Year UNIV OF MINNESOTA AFFILIATED HOSPITAL MINNEAPOLIS MN 1989
License Expiration Date **6/30/2017**
Remarks

License Number 8972
License Date 6/2/1993
Name **LOMBARDO, MARK A MD**
Address CONCORD HOSPITAL NEUROLOGY ASSOC, 248 PLEASANT ST - STE G200CONCORD, NH, 03301-2588
Specialty N
Board Certified N
School and Year of Graduation ROBERT W JOHNSON MEDICAL SCHOOL USA 1984
Internship and Year LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO CA 1985
Residency and Year LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO CA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 5997
License Date 11/2/1978
Name **LONDON, CHARLES D MD**
Address 6 SEAVEY PASTURE RD, STRATHAM, NH, 03885
Specialty AN
Board Certified AN
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1971
Internship and Year BETH ISREAL HOSPITAL - BOSTON, MA 1972
Residency and Year STANFORD UNIV HOSPITAL - STANFORD, CA 1974
License Expiration Date **6/30/2014**
Remarks

License Number 9281
License Date 9/7/1994
Name **LONERGAN, CLAIRE A DO**
Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF OSTEO MED& HLTH SCI - DES MOINES, IA USA 1986
Internship and Year OUCOM-GRANDVIEW HOSPITAL - DAYTON,OH 1987
Residency and Year ST BARNABAS MEDICAL CENTER -LIVINGSTON, NJ 1990
License Expiration Date **12/1/2013**
Remarks **DECEASED 12/1/2013**

License Number 13679
License Date 9/5/2007
Name **LONERGAN, ERIC MD**
Address CONVENIENT MD, 2 DOBSON WAYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT USA 2003
Internship and Year MOUNTAINSIDE FAMILY PRACTICE ASSOC-UMDNJ - VERONA, NJ 2004
Residency and Year MOUNTAINSIDE FAMILY PRACTICE ASSOC-UMDNJ - VERONA, NJ 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13716
License Date 10/3/2007
Name **LONESKY, TIMOTHY A DO**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE USA 2004
Internship and Year MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 2005
Residency and Year MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 2007
License Expiration Date **6/30/2009**
Remarks

License Number 10517
License Date 3/3/1999
Name **LONG, DOUGLAS G MD**
Address 3801 E HIGHWAY 98, PORT ST JOE, FL, 32456
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OV NY HLTH SCI-SYRACUSE, NY USA 1972
Internship and Year SACRED HEART MED CTR - SPOKANE, WA 1973
Residency and Year FAMILY MEDICINE SPOKANE - SPOKANE, WA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 10125
License Date 9/10/1997
Name **LONG, JOSEPH M MD**
Address 2700 CITIZENS PLAZA 101, VICTORIA, TX, 77901
Specialty FP
Board Certified FP
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1970
Internship and Year BROOKE ARMY MEDICAL CENTER - TX 1971
Residency and Year BROOKE ARMY MEDICAL CENTER - TX 1972
License Expiration Date **6/30/2007**
Remarks

License Number 13831
License Date 2/6/2008
Name **LONG, RANDALL R MD**
Address DARTMOUTH HITCHCOCK - KEENE, 590 COURT STKEENE, NH, 03431
Specialty N
Board Certified N
School and Year of Graduation JOHN HOPKINS UNIV USA 1976
Internship and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1977
Residency and Year JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1980
License Expiration Date **6/30/2016**
Remarks

License Number 7248
License Date 12/5/1985
Name **LONG, WILLIAM J MD**
Address CARDIOLOGY INSTUTE, 1051 GAUSE BLVD STE 320SLIDELL, LA, 70458
Specialty IM
Board Certified IM
School and Year of Graduation BROWN UNIV PROGRAM IN MED-PROVIDENCE, RI USA 1982
Internship and Year TULANE UNIV HOSPITAL - NEW ORLEANS, LA 1983
Residency and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 6952
License Date 8/2/1984
Name **LONGMAID III, HAROLD E MD**
Address , , ,
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY - BOSTON, MA USA 1979
Internship and Year
Residency and Year
License Expiration Date **8/1/1988**
Remarks

License Number 4938
License Date 1/31/1973
Name **LONGNECKER, DANIEL S MD**
Address DHMC-PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF IOWA USA 1956
Internship and Year CLEVELAND METRO HOSPITAL - CLEVELAND, OH 1957
Residency and Year CLEVELAND METRO HOSPITAL - CLEVELAND, OH 1958
License Expiration Date **6/30/2011**
Remarks

License Number 16419
License Date 12/4/2013
Name **LONIGRO, ROBERT MD**
Address 45 PADDOCK WAY, MARSHFIELD, MA, 02050-8242
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MED AND DENTISTRY NJ ROBERT WOOD- NJ USA 1986
Internship and Year HARTFORD HOSPITAL-HARFORD, CT 1987
Residency and Year SAINT MARY MEDICAL CENTER - LONG BEACH, CA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 17115
License Date 6/3/2015
Name **LOO, ERIC Y MD**
Address DHMC - DEPT PATHOLOGY & LAB MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY OF MED & SCIENCE USA 2007
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2008
Residency and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 5989
License Date 10/5/1978
Name **LOOSER, KEVIN G MD**
Address 55 STRATHAM HTS RD, STRATHAM, NH, 03885
Specialty GS
Board Certified GS
School and Year of Graduation ALBANY MEDICAL COLLEGE OF UNION UNIV ALBANY, NY USA 1972
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1973
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1976
License Expiration Date **6/30/2016**
Remarks

License Number 11378
License Date 9/5/2001
Name **LOOSIGIAN, STEPHEN R DO**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND COLL OSTEO-BIDDEFORD, ME USA 1999
Internship and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 2000
Residency and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA - ST ANN'S HOSPITAL, FALL RIVER MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 10030
License Date 6/4/1997
Name **LOOSMANN, ANNE M MD**
Address 44 BIRCH ST STE 301, DERRY, NH, 03038
Specialty GS
Board Certified GS
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO-IL USA 1992
Internship and Year UNIVERSITY HOSPITAL -SUNY HLTH SCIENCE CENTER ,NY 1997
Residency and Year UNIVERSITY HOSPITAL-SUNY HLTH SCIENCE CENTER-NY 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14386
License Date 4/1/2009
Name **LOOTENS, ROBERT J MD**
Address CONCORD CARDIOLOGY ASSOC, 85 SPRING ST STE 2A1LACONIA, NH, 03246
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MICHIGAN USA 1971
Internship and Year BLODGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1972
Residency and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 1993
License Expiration Date **6/30/2017**
Remarks

License Number 6381
License Date 5/7/1981
Name **LOPEZ, ALVARO B MD**
Address 565 TURNPIKE ST STE 84, N ANDOVER, MA, 01845
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MIAMI SCH OF MED,MIAMI,FL USA 1976
Internship and Year MASS MENTAL HLTH CTR-BOSTON,MA 1978
Residency and Year MASS MENTAL HLTH CENTER - BOSTON, MA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 11485
License Date 1/2/2002
Name **LOPEZ, ARMANDO E MD**
Address MOUNTAIN VIEW UROLOGY, 130 FISHER RDBERLIN, VT, 05602
Specialty U
Board Certified U
School and Year of Graduation NATIONAL UNIV OF COLOMBIA- BOGOTA DE FEDEAL DISTRICT COLOMBIA 1986
Internship and Year UNIV OF MIAMI-JACKSON MEMORIAL MED CTR- MIAMI, FL 1990
Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1994
License Expiration Date **6/30/2010**
Remarks

License Number 8559
License Date 6/5/1991
Name **LOPEZ, CARLOS M MD**
Address PROSPECT ANESTHESIA SERVICES, 8 PROSPECT STNASHUA, NH, 03061-
Specialty AN
Board Certified AN
School and Year of Graduation SUNY ST BUFFALO SCH OF MED BIOMEDICAL - NY USA 1987
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1988
Residency and Year UNIV MIAMI/JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1991
License Expiration Date **6/30/1999**
Remarks

License Number 4760
License Date 8/15/1972
Name **LOPEZ, CARMENCITA A MD**
Address 185 GREENWOOD CT, MANCHESTER, NH, 03109
Specialty N
Board Certified
School and Year of Graduation UNIV OF THE PHILIPPINES PHILIPPINES 1965
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1966
Residency and Year BOSTON UNIV AFFILIATED HOSPITAL - BOSTON, MA 1970
License Expiration Date **6/30/2016**
Remarks

License Number 3644
License Date 9/11/1963
Name **LOPEZ, EDUARDO A MD**
Address 46 SCOTT AVE, NASHUA, NH, 03062
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF HAVANA - HAVANA, CUBA CUBA 1954
Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1955
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1959
License Expiration Date **6/30/2000**
Remarks

License Number 15587
License Date 3/7/2012
Name **LOPEZ, IVAN D MD**
Address 3820 CLARKSON ST, RIVERSIDE, CA, 92501
Specialty P
Board Certified
School and Year of Graduation UNIVERSIDAD CES PROGRAMA DE MEDICINA COLOMBIA 1984
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1999
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER -WORCESTER, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 13871
License Date 3/5/2008
Name **LOPEZ, MARIO M MD**
Address SOUTHERN NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03061
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2003
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2004
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date **6/30/2012**
Remarks

License Number 16481
License Date 2/5/2014
Name **LOPEZ-ALBAITERO, ANDRES MD**
Address MASS ENT SPEC ASSOC, 10 PROSPECT STNASHUA, NH, 03060
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSIDAD DE LA SALLE MEXICO 2000
Internship and Year UNIVERSITY OF PITTSBURGH-EYE AND EAR INSTITUTE - PITTSBURGH, PA 2006
Residency and Year UNIVERSITY OF PITTSBURGH-EYE AND EAR INSTITUTE - PITTSBURGH, PA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 15986
License Date 1/9/2013
Name **LOPEZ-DIEGO, ROCIO S MD**
Address 237 ST PAUL ST, BROOKLINE, MA, 02446
Specialty N
Board Certified N
School and Year of Graduation UNIVERSIDAD DE VALENCIA SPAIN 1996
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2003
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2006
License Expiration Date **6/30/2015**
Remarks

License Number 13434
License Date 3/7/2007
Name **LOPEZ-VALLES, JO- ANN G MD**
Address LRG HEALTH CARE, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty PD
Board Certified PD
School and Year of Graduation DAVAO MEDICAL SCHOOL FOUNDATION PHILIPPINES 2000
Internship and Year ELMHURST HOSPITAL CENTER-ELMHURST, NY 2005
Residency and Year ELMHURST HOSPITAL CENTER-ELMHURST, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10755
License Date 11/3/1999
Name **LORADITCH, JOHN C MD**
Address VALLEY REGIONAL HOSPITAL, 243 ELM STCLAREMONT, NH, 03743
Specialty EM
Board Certified EM
School and Year of Graduation SAINT GEORGE UNIVERSITY SCHOOL OF MEDICINE-NY USA 1982
Internship and Year HOSPITAL OF SAINT RAPHAEL-NEW HAVEN,CT 1983
Residency and Year HOSPITAL OF SAINT RAPHAEL-NEW HAVEN,CT 1985
License Expiration Date **6/30/2002**
Remarks

License Number 12665
License Date 4/6/2005
Name **LORANS, ROXANNE MD**
Address 13400 EAST SHEA BLVD, SCOTTSDALE, AZ, 85259
Specialty R
Board Certified R
School and Year of Graduation ALBERT EINSTEIN COLLEGE, BRONX NY US 1994
Internship and Year BETH ISRAEL MEDICAL CENTER, NEW YORK NY 1995
Residency and Year BETH ISREAL MEDICAL CENTER, NEW YORK NY 1999
License Expiration Date **6/30/2013**
Remarks

License Number 7175
License Date 8/1/1985
Name **LORD, C FREDERIC MD**
Address CT VALLEY RECOVERY SER, 15 STATE STWINDSOR, VT, 05089
Specialty ADM
Board Certified ADM
School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON, VT USA 1978
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1979
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1980
License Expiration Date **6/30/2017**
Remarks **6/16/95 - Settlement Agreement**
11/19/01-Consent Decree Restrictions
(lapsed 6/30/03-reinstated 11/7/12)

License Number 3876
License Date 2/2/1966
Name **LORD, EDWIN M MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **10/16/1987**
Remarks

License Number 2741
License Date 3/10/1949
Name **LORD, ROBERT E MD**
Address 118 SECRETARIAT WAY, #201ROCHESTER, NH, 03867
Specialty GP
Board Certified
School and Year of Graduation LONG ISLAND COLLEGE OF MEDICINE USA 1946
Internship and Year MAINE GENERAL HOSPITAL 1947
Residency and Year MAINE GENERAL HOSPITAL 1947
License Expiration Date **8/31/2006**
Remarks **DECEASED 8/31/06**

License Number 2628
License Date 11/12/1947
Name **LORD, ROBERT N MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1986**
Remarks **DECEASED 10/28/2008**

License Number 16182
License Date 6/5/2013
Name **LORDON, STEPHEN P MD**
Address DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY USA 1984
Internship and Year LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1985
Residency and Year LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 9965
License Date 4/2/1997
Name **LORENZO, MILAGROS D MD**
Address COMMUNITY COUNCIL NASHUA INC, 15 PROSPECT STNASHUA, NH, 03060-3990
Specialty CHP
Board Certified P
School and Year of Graduation UNIV CENTRAL DEL ESTE SAN PEDRO DE MACORIS DOMINICAN REPUBLIC 1985
Internship and Year A EINSTEIN COLLEGE MEDICINE - YESHIVA UNIV - NY 1995
Residency and Year A EINSTEIN COLLEGE MEDICINE - YESHIVA UNIV, NY 1997
License Expiration Date **6/30/2002**
Remarks

License Number 10471
License Date 12/2/1998
Name **LORING, KAREN S MD**
Address DHMC-GIM, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NY HLTH SCI - SYRACUSE, NY USA 1992
Internship and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1993
Residency and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1994
License Expiration Date **6/30/2016**
Remarks

License Number 4333
License Date 10/22/1968
Name **LORUSSO, ANGELO J MD**
Address 1 HEATHER ST, MANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation FLORENCE SCHOOL OF MEDICINE - FLORENCE, ITALY ITALY 1961
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1965
Residency and Year CARNEY HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2010**
Remarks

License Number 10869
License Date 4/5/2000
Name **LOSASSO, CARL J MD**
Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty R
Board Certified R
School and Year of Graduation CREIGHTON UNIVERSITY USA 1981
Internship and Year PRESBYTERIAN/ST LUKE'S HOSP - DENVER CO 1982
Residency and Year CREIGHTON UNIVERSITY - OMAHA NE 1985
License Expiration Date **6/30/2016**
Remarks

License Number 9489
License Date 7/5/1995
Name **LOSER, JEFFREY A DO**
Address 510 CONGRESS ST, PORTLAND, ME, 04101
Specialty EM
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO MED USA 1980
Internship and Year COMMUNITY GENERAL HOSPITAL - HARRISBURG PA 1981
Residency and Year MEMORIAL HOSPITAL - YORK PA 1982
License Expiration Date **6/30/2005**
Remarks

License Number 11798
License Date 12/4/2002
Name **LOSEY, LAWRENCE J MD**
Address MERE POINT MED ASSOC, 329 MAINE ST STE JBRUNSWICK, ME, 04011
Specialty PD
Board Certified PD
School and Year of Graduation LOMA LINDA UNIV SCH OF MED - LOMA LINDA, CA USA 1976
Internship and Year MAINE MEDICAL CENTER -PORTLAND, ME 1977
Residency and Year MAINE MEDICAL CENTER -PORTLAND, ME 1979
License Expiration Date **6/30/2004**
Remarks

License Number 16868
License Date 12/3/2014
Name **LOTFI, KARAN MD**
Address 2231 WAKEROBIN LN, RESTON, VA, 20191
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1992
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 1994
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 11874
License Date 4/2/2003
Name **LOTT, BRIAN M MD**
Address COMPHEALTH, 6440 SOUTH MILLROCK STE 175SALT LAKE CITY, UT, 24121
Specialty FP
Board Certified FP
School and Year of Graduation NORTHEASTERN OHIO UNIV - ROOTSTOWN, OH USA 1990
Internship and Year GRANT MEDICAL CENTER - COLUMBUS, OH 1991
Residency and Year GRANT MEDICAL CENTER - COLUMBUS, OH 1993
License Expiration Date **6/30/2015**
Remarks

License Number 14803
License Date 4/7/2010
Name **LOTUFO, DAVID G MD**
Address EYE HEALTH SERVICE, 23 WHITES PATHS. YARMOUTH, MA, 02664
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF MIAMI USA 1983
Internship and Year MOUNT SINAI MEDICAL CENTER OF FLORIDA PROGRAM - MIAMI BEACH, FL 1984
Residency and Year NEW YORK EYE AND EAR INFIRMARY - NEW YORK, NY 1987
License Expiration Date **6/30/2012**
Remarks

License Number 10518
License Date 3/3/1999
Name **LOTZ, DORIS H MD**
Address DHHS OMBP, 129 PLEASANT STCONCORD, NH, 03301
Specialty MPH
Board Certified MPH
School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS,OH USA 1986
Internship and Year LOS ANGELES COUNTY HARBOR - UCLA MEDICAL CENTER - TORRANCE, CA 1987
Residency and Year LOS ANGELES COUNTY HARBOR - UCLA MEDICAL CENTER - TORRANCE, CA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 15035
License Date 10/6/2010
Name **LOUD, KEITH J MD**
Address DHMC-GEN ACADEMIC PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation MCGILL UNIVERSITY CANADA 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 12465
License Date 9/1/2004
Name **LOUGHRAN, TIMOTHY M MD**
Address BEACON INTERNAL MEDICINE, 155 BORTHWICK AVE., STE 202WPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERSITY, BAY SHORE NY US 1998
Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1999
Residency and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2001
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/06 - reinstated 8/3/11**

License Number 15311
License Date 7/6/2011
Name **LOUKAS, ELIAS E MD**
Address DHMC - HOSPITAL MEDICINE, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2005
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2008
License Expiration Date **6/30/2017**
Remarks

License Number 3845
License Date 10/5/1965
Name **LOURES, CONSTANTIN D MD**
Address , BOX 8281CRANSTON, RI, 02920-0281
Specialty P
Board Certified
School and Year of Graduation ATHENS NATIONAL UNIV MED SCHOOL - GREECE GREECE 1942
Internship and Year LYNN HOSPITAL - LYNN, MA 1956
Residency and Year RHODE ISLAND MEDICAL CENTER - HOWARD, RI 1964
License Expiration Date **6/30/2002**
Remarks **DECEASE 7/21/05**

License Number 14591
License Date 9/2/2009
Name **LOUT, ROBERT P MD**
Address DARTMOUTH-HITCHCOCK KEENE, 580 COURT STKEENE, NH, 03431
Specialty OS
Board Certified OS
School and Year of Graduation GEORGETOWN UNIVERSITY - WASHINGTON , DC USA 1973
Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1974
Residency and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1975
License Expiration Date **6/30/2013**
Remarks

License Number 16833
License Date 11/6/2014
Name **LOVE, ZACHARY I DO**
Address ACCESS SPORTS MED, 1 HAMPTON RDEXETER, NH, 03833
Specialty ORS
Board Certified
School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF OSTEOPATHIC MED USA 2008
Internship and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 2009
Residency and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 2013
License Expiration Date **6/30/2016**
Remarks

License Number 12579
License Date 1/5/2005
Name **LOVEJOY, DAVID B MD**
Address SPORTS MEDICINE NORTH, 1 ORTHOPEDICS DR 2ND FLOORPEABODY, MA, 01960
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 1975
Internship and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 1976
Residency and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 1977
License Expiration Date **2/27/2013**
Remarks **Deceased 2/27/13**

License Number 15257
License Date 6/1/2011
Name **LOVELACE, TODD D MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE #500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TEXAS USA 1996
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1997
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2000
License Expiration Date **6/30/2015**
Remarks

License Number 7176
License Date 8/1/1985
Name **LOVELL, CHARLES W MD**
Address , , ,
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF UTAH USA 1973
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 8302
License Date 4/4/1990
Name **LOVERRO, WILLIAM A MD**
Address 311 WHEELER RD, HOLLIS, NH, 03049
Specialty IM
Board Certified
School and Year of Graduation UNIV DI ROMA-LA SAPIENZA FAC DE MED-ROMA ITALY 1973
Internship and Year FRAMINGHAMUNION HOSP-FRAMINGHAM,MA 1975
Residency and Year FRAMINGHAM UNION HOSP-FRAMINGHAM,MA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 15132
License Date 2/2/2011
Name **LOVETT, GEORGE W MD**
Address 56 SYCAMORE RD, N QUINCY, MA, 02171
Specialty D
Board Certified D
School and Year of Graduation INDIANA UNIVERSITY USA 1978
Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1980
Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1982
License Expiration Date **6/30/2017**
Remarks

License Number 6593
License Date 7/15/1982
Name **LOVETT, JAMES A MD**
Address CLEAR CHOICE MD, 96 D W HWYBELMONT, NH, 03246
Specialty EM
Board Certified EM
School and Year of Graduation MED COLL OF OHIO AT TOLEDO, OH USA 1979
Internship and Year WILMINGTON MEDICAL CENTER - WILMINGTON, DE 1980
Residency and Year WILMINGTON MEDICAL CENTER - WILMINGTON, DE 1982
License Expiration Date **6/30/2016**
Remarks

License Number 14083
License Date 7/9/2008
Name **LOVIER JR, JOHN A MD**
Address AUBURN OBSTETRICS & GYNECOLOGY, 143 NORTH STREET SUITE 4AUBURN, NY, 13021
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ROCHESTER USA 2000
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2001
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2004
License Expiration Date **6/30/2010**
Remarks

License Number 10955
License Date 6/7/2000
Name **LOVINSKI, PAULA A MD**
Address ELLIOT HOSP - HOSPITALIST DEPT, 1 ELLIOT WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIV -DETROIT, MI USA 1997
Internship and Year MAINE MEDICAL CENTER - PORTLAND,ME 1999
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date **6/30/2016**
Remarks

License Number 9523
License Date 8/2/1995
Name **LOW, SCOTT J DO**
Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MEDICINE USA 1992
Internship and Year DOWNEY COMMUNITY HOSPITAL - DOWNEY CA 1995
Residency and Year DOWNEY COMMUNITY HOSPITAL - DOWNEY CA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 14998
License Date 9/1/2010
Name **LOWDERMILK, MARY FRANCES T L MD**
Address EXETER HEALTH FAMILY PRACTICE, 21 HAMPTON RD BLDG 3EXETER, NH, 03883
Specialty FP
Board Certified FP
School and Year of Graduation RAMON MAGSAYSAY MEDICAT CENTER PHILIPPINES 2005
Internship and Year ALASKA FAMILY PRACTICE-PROVIDENCE HOSPITAL - ANCHORAGE, AK 2008
Residency and Year ALASKA FAMILY PRACTICE-PROVIDENCE HOSPITAL - ANCHORAGE, AK 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10031
License Date 6/4/1997
Name **LOWELL, DAVID M MD**
Address SPAULDING REHAB HOSP/CAPE CODE, 311 SERVICE RDEAST SANDWICH, MA, 02537
Specialty N
Board Certified N
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE-MA USA 1980
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL-NY 1981
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL-NY 1985
License Expiration Date **6/30/2015**
Remarks

License Number 12201
License Date 1/7/2004
Name **LOWENSTEIN, BENJAMIN A MD**
Address SEACOAST CARDIOLOGY, 12 HOSPITAL DR STE 9YORK, ME, 03909
Specialty IM
Board Certified CD
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1998
Internship and Year MAINE MEDICAL CENTER, PORTLAND ME 1999
Residency and Year MAINE MEDICAL CENTER, PORTLAND ME 2001
License Expiration Date **6/30/2012**
Remarks

License Number 12801
License Date 7/6/2005
Name **LOWNE, JOSEPH E DO**
Address 121 PEMBROKE ST, PEMBROKE, NH, 03275
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO, PHILADELPHIA PA USA 2002
Internship and Year EASTERN MAINE MEDICAL CENTER, BANGOR ME 2003
Residency and Year CONCORD HOSPITAL, CONCORD NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 8873
License Date 1/6/1993
Name **LOWREY, CHRISTOPHER H MD**
Address DHMC/HEMATOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty IM
Board Certified HEM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON MA 1986
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 12500
License Date 10/6/2004
Name **LOWRY, ROBERT C MD**
Address ALAMO HEALTHCARE SYSTEMS, 6136 BANDERA RDSAN ANTONIO, TX, 78238
Specialty TS
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1993
Internship and Year UNIVERSITY OF TEXAS, SAN ANTONIO TX 1994
Residency and Year UNIVERSITY OF TEXAS, SAN ANTONIO TX 1995
License Expiration Date **6/30/2006**
Remarks

License Number 6476
License Date 12/3/1981
Name **LOWTHER, CHRISTOPHER M MD**
Address BIG HORN BASIN SKIN CARE, 802 GERRANS AVECODY, WY, 82414
Specialty IM
Board Certified IM
School and Year of Graduation CMDNJ NEW JERSEY MED SCH-NEWARK,NJ USA 1976
Internship and Year CARNEY HOSP-BOSOTN,MA 1977
Residency and Year WEST VIRGINIA UNIV MED CTR-MORGANTOWN,WV 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14713
License Date 1/6/2010
Name **LOYA, DAVID M MD**
Address 1500 PLEASANT VALLEY WAY, W ORANGE, NJ, 07052
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CHICAGO USA 1989
Internship and Year SUNY@ STONY BROOK - STONY BROOK, NY 1990
Residency and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12216
License Date 2/4/2004
Name **LOYD, RYAN D DO**
Address 258 BOHANNAN RD, DANBURY, NH, 03230
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF KANSAS CITY, KANSAS CITY MO US 2000
Internship and Year CARSON CITY HOSP, CARSON CITY MI 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2006**
Remarks

License Number 11002
License Date 7/5/2000
Name **LOYNES, MARIBETH P MD**
Address DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty OBG
Board Certified
School and Year of Graduation MED UNIV OF SC COLL OF MED - CHARLESTON, SC USA 1996
Internship and Year VANDERBILT UNIV HOSPITAL - NASHVILLE, TN 1997
Residency and Year VANDERBILT UNIV HOSPITAL - NASHVILLE, TN 1999
License Expiration Date **6/30/2003**
Remarks

License Number 14425
License Date 5/6/2009
Name **LU, DAIYING MD**
Address ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty GS
Board Certified
School and Year of Graduation WASHINGTON UNIVERSITY USA 2004
Internship and Year ST ELIZABETH'S MEDICAL CENTER-BOSTON, MA 2005
Residency and Year ST ELIZABETH'S MEDICAL CENTER-BOSTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 15541
License Date 2/1/2012
Name **LU, KANG MD**
Address KENNER ARMY HLTH CLINIC, 700 24TH STFORT LEE, VA, 23801
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA,WA 2006
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA,WA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15669
License Date 5/2/2012
Name **LU, QI MD**
Address DH - NASHUA CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation SHANGHAI SECOND MEDICAL UNIVERSITY CHINA 1991
Internship and Year INTERFAITH MEDICAL CENTER - BROOKLYN, NY 2010
Residency and Year INTERFAITH MEDICAL CENTER - BROOKLYN, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12624
License Date 3/2/2005
Name **LU, STEVEN MD**
Address 177A NASSAU AVE, BROOKLYN, NY, 11222
Specialty IM
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY,GRENADA WEST INDIES GRENADA WEST INDIES 2001
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CTR, NEW YORK NY 2002
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CTR, NEW YORK NY 2004
License Expiration Date **6/30/2007**
Remarks

License Number 11510
License Date 2/6/2002
Name **LUALDI, JOHN C MD**
Address ME MED PART ME HLTH CARDIOLOGY, 96 CAMPUS DRSCARBOROUGH, ME, 04074
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1992
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1993
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 7126
License Date 6/6/1985
Name **LUBIN, JANE R MD**
Address SPECTORS EYE CARE CTR, 605 WEST AVENORWALK, CT, 06880
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON,CT USA 1977
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1890
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date **6/30/2001**
Remarks

License Number 5142
License Date 2/11/1974
Name **LUBIN, MARTIN MD**
Address 21 LYME RD, HANOVER, NH, 03755-
Specialty OS
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON MA USA 1945
Internship and Year BETH ISRAEL HOSP-BOSTON MA 1946
Residency and Year BETH ISRAEL HOSP-BOSTON MA 1949
License Expiration Date **6/30/2016**
Remarks

License Number 9524
License Date 8/2/1995
Name **LUBKIN, IRA H MD**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty EM
Board Certified EM
School and Year of Graduation FINCH UNIV CHICAGO MEDICAL SCHOOL USA 1992
Internship and Year THE MEDICAL CENTER OF DELAWARE - WILMINGTON DE 1995
Residency and Year THE MEDICAL CENTER OF DELAWARE - WILMINGTON DE 1995
License Expiration Date **6/30/2017**
Remarks

License Number 17068
License Date 5/6/2015
Name **LUCAS, BRIAN P MD**
Address 215 NORTH MAIN ST, WRJ, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEON USA 1997
Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1998
Residency and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2000
License Expiration Date **6/30/2017**
Remarks

License Number 17224
License Date 8/5/2015
Name **LUCAS, JENNIFER J MD**
Address 67 ESTLI AVE, COOPERSTOWN, NY, 13326-4016
Specialty U
Board Certified U
School and Year of Graduation UNIV OF KANSAS SCHOOL OF MEDICINE USA 2002
Internship and Year UNIV OF TX MEDICAL CTR - SAN ANTONIO 2004
Residency and Year UNIV OF TX MEDICAL CTR - SAN ANTONIO 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13169
License Date 7/5/2006
Name **LUCAS, MAUREEN C MD**
Address DR MONTANARELLA & ASSOC, 30 CANTON ST STE 6MANCHESTER, NH, 03103
Specialty OBG
Board Certified OBG
School and Year of Graduation BAYLOR COLLEGE MEDICINE USA 1998
Internship and Year ST BARNABAS MEDICAL CTR-LIVINGSTON, NJ 1999
Residency and Year ST BARNABAS MEDICAL CTR-LIVINGSTON, NJ 2001
License Expiration Date **6/30/2008**
Remarks

License Number 16482
License Date 2/5/2014
Name **LUCAS, ROBERTA M MD**
Address MINDFUL DERMATOLOGY, LTD, 205 BILLINGS FARM RD, STE 2DWHITE RIVER JCT, VT, 05001
Specialty D
Board Certified D
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1998
Internship and Year JOHN H STROGER, JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 2000
Residency and Year JOHN H STROGER, JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 2000
License Expiration Date **6/30/2016**
Remarks

License Number 16455
License Date 1/8/2014
Name **LUCAS, STEFAN E MD**
Address 64 PALMERSTON RD, ROCHESTER, NY, 14618
Specialty AN
Board Certified AN
School and Year of Graduation UB SUNY SCHOOL OF MED & BIOMEDICAL SCIENCE USA 1999
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2000
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 7464
License Date 11/12/1986
Name **LUCAS, THOMAS F MD**
Address NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF IOWA - IOWA CITY, IA USA 1983
Internship and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1984
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14765
License Date 3/3/2010
Name **LUCHANOK, ELENA MD**
Address 88 McGREGOR ST STE 105, MANCHESTER, NH, 03102
Specialty P
Board Certified P
School and Year of Graduation VITEBSK MEDICAL INSTITUTE BELARUS 1999
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2007
Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14804
License Date 4/7/2010
Name **LUCHANOK, ULADZIMIR MD**
Address DERRY NEUROLOGICAL ASSOC, 6 TSIENNETO RD STE 302DERRY, NH, 03038
Specialty N
Board Certified N
School and Year of Graduation VITEBSK MEDICAL INSTITUTE BELARUS 1999
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2005
Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10870
License Date 4/5/2000
Name **LUCHSINGER, JOANNA A MD**
Address PORTSMOUTH FAMILY PRACTICE, 26 MANCHESTER SQ STE 1PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIVERSITY OF NEW YORK AT SYRACUSE USA 1997
Internship and Year FRANKLIN SQUARE HOSP - BALTIMORE MD 1998
Residency and Year FRANKLIN SQUARE HOSP - BALTIMORE MD 2000
License Expiration Date **6/30/2016**
Remarks

License Number 9813
License Date 8/7/1996
Name **LUCIA, MARY G MD**
Address COTTAGE HOSP, SWIFTWATER RDWOODSVILLE, NH, 03785-2001
Specialty GS
Board Certified
School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1991
Internship and Year GRADUATE HOSPITAL - PA 1992
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1996
License Expiration Date **6/30/2000**
Remarks

License Number 6216
License Date 6/9/1980
Name **LUCK, GREGORY C MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 1976
Internship and Year
Residency and Year
License Expiration Date **10/16/1987**
Remarks

License Number 14029
License Date 6/4/2008
Name **LUCK, MICHAEL D MD**
Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLBEDFORD, NH, 03110
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV USA 2002
Internship and Year BROCKTON UNIV - BROCKTON MA 2003
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 7127
License Date 6/6/1985
Name **LUCKOOR, RAVINDRA R MD**
Address NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301
Specialty IM
Board Certified
School and Year of Graduation MYSORE UNIVERSITY-MYSORE, INDIA INDIA 1977
Internship and Year BROWN UNIVERSITY AFFIL HOSPITALS- PROVIDENCE, RI 1985
Residency and Year BROWN UNIVERSITY AFFIIL HOSPITALS-PROVIDENCE, RI 1985
License Expiration Date **5/27/2013**
Remarks **Deceased 5/27/2013**

License Number 8167
License Date 7/12/1989
Name **LUEDKE, MARK D MD**
Address SOUTHERN NH RADIOLOGY, 703 RIVERWAY PLACEBEDFORD, NH, 03110-6745
Specialty RNR
Board Certified DR
School and Year of Graduation UNIV OF WISCONSIN MED SCH-MADISON,WI USA 1981
Internship and Year SW MI AREA HLTH EDUC CTR-KALAMAZOO,MI 1982
Residency and Year LAHEY CLINIC FNDN-BURLINGTON,MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 11177
License Date 2/7/2001
Name **LUGO, SUSANA C MD**
Address 76 SUMMER ST, HAVERHILL, MA, 01830
Specialty P
Board Certified P
School and Year of Graduation CENTRAL DEL ESTE UNIV AVENIDA DE CIRCUNVALACION DOMINICAN REPUBLIC 1986
Internship and Year WILLIAM S HALL PSYCHIATRIC INSTITUTE- COLUMBIA, SC 1995
Residency and Year UNIV OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL 1998
License Expiration Date **6/30/2017**
Remarks

License Number 5853
License Date 1/5/1978
Name **LUHOVY, IHOR R MD**
Address , , ,
Specialty AI
Board Certified
School and Year of Graduation UNIVERSITY OF MONTREAL CANADA CANADA 1964
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 9997
License Date 5/7/1997
Name **LUHRMANN, GEORGE W MD**
Address GEORGE LUHRMANN, MD, 106 ROXBURYKEENE, NH, 03431
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS AND SURGEONS-NY USA 1965
Internship and Year USPHS HOSP-NY 1966
Residency and Year NY STATE PSYCH INST-NY 1969
License Expiration Date **6/30/2017**
Remarks

License Number 9163
License Date 5/4/1994
Name **LUKE, BARBARA A MD**
Address 22 BRAMHILL ST, PORTLAND, ME, 04102-
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MI MEDICAL SCHOOL USA 1969
Internship and Year AMI PRESBYTERIAN MEDICAL CENTER - DENVER CO 1970
Residency and Year UNIVERRSITY COLORADO HEALTH SCIENCE CENTER- DENVER CO 1971
License Expiration Date **6/30/1999**
Remarks

License Number 15133
License Date 2/2/2011
Name **LUKONIS, CHRISTOPHER J MD**
Address HABIT OPCO, 254 PLAINFIELD RDW LEBANON, NH, 03784
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1998
Internship and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2000
Residency and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 11633
License Date 6/5/2002
Name **LUKOVITS, TIMOTHY G MD**
Address DHMC - NEUROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED- ROCHESTER,NY USA 1993
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
License Expiration Date **6/30/2016**
Remarks

License Number 12501
License Date 10/6/2004
Name **LUND, LUCAS Z DO**
Address THE NASHUA TREATMENT CTR, 69 TECHNOLOGY WAYNASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation KIRKSVILLE COLLEGE, KIRKSVILLE MO US 1993
Internship and Year TRI-CITY HOSPITAL, DALLAS TX 1994
Residency and Year TRI-CITY HOSPITAL, DALLAS TX 1996
License Expiration Date **6/30/2016**
Remarks

License Number 8814
License Date 9/2/1992
Name **LUNDBERG, JOHAN F MD**
Address SKANE UNIV/DEPT PERIOPERATIVE, MEDICINE INTENSIVE CARESE-22185 LUND SWEDEN, ,
Specialty AN
Board Certified
School and Year of Graduation MED SCH AT THE UNIVERSITY OF LUND-SWEDEN SWEDEN 1978
Internship and Year LUNDS UNIV - LUND, SWEDEN 1983
Residency and Year LUNDS UNIV - LUND, SWEDEN 1983
License Expiration Date **6/30/2016**
Remarks

License Number 15312
 License Date 7/6/2011
 Name **LUNDEEN-YOUNG, CARRIE A MD**
 Address 580-590 COURT ST, KEENE, NH, 03431
 Specialty FP
 Board Certified FP
 School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 1992
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 1993
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 1995
 License Expiration Date **6/30/2017**
 Remarks

License Number 9402
 License Date 4/5/1995
 Name **LUNDGREN, LARS MD**
 Address 257A LOW ST, NEWBURYPORT, MA, 01950-
 Specialty PD
 Board Certified PD
 School and Year of Graduation KAROLINSKA INSTITUTE SWEDEN 1989
 Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1992
 Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1992
 License Expiration Date **6/30/2005**
 Remarks

License Number 9164
 License Date 5/4/1994
 Name **LUNDQUIST, PETER D MD**
 Address NASHUA WEST ADULT MEDICINE, 5 DOW JONES AVENASHUA, NH, 03062
 Specialty IM
 Board Certified
 School and Year of Graduation UNIVERSITY OF MA MEDICAL SCHOOL USA 1988
 Internship and Year UNIVERSITY HOSPITAL - STONY BROOK NY 1991
 Residency and Year UNIVERSITY HOSPITAL - STONY BROOK NY 1991
 License Expiration Date **6/30/2016**
 Remarks **6/16/00 - SETTLEMENT AGREEMENT**

License Number 9840
 License Date 9/4/1996
 Name **LUNDY, GEOFFREY A MD**
 Address DHMC - BEDFORD OFFICE, 25 S RIVER RDBEDFORD, NH, 03110
 Specialty IM
 Board Certified IM
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE, BOSTON, MA USA 1986
 Internship and Year LEMEUEL SHATTUCK HOSPITAL - MA 1992
 Residency and Year MT AUBURN HOSPITAL - MA 1995
 License Expiration Date **6/13/2015**
 Remarks **1/5/01 - Settlement Agreement**
11/19/01- Order Amending Settlement Agreement
2/4/11 - Settlement Agreement **6/13/15 - Requested inactive status.**

License Number 15313
License Date 7/6/2011
Name **LUNGU, OANA M MD**
Address 141 JOHN ST #223, LOWELL, MA, 01852
Specialty PD
Board Certified PD
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1992
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2000
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2003
License Expiration Date **6/30/2013**
Remarks

License Number 14766
License Date 3/3/2010
Name **LUNGULESCU, OVIDIU A MD**
Address QUEEN CITY MEDICAL ASSOCIATES, 775 SO MAIN STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 2005
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2007
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14714
License Date 1/6/2010
Name **LUNIANSKI, DAVID N DO**
Address GOODWIN COMMUNITY HEALTH CTR, 311 ROUTE 108SOMERSWORTH, NH, 03878
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2005
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2007
License Expiration Date **6/30/2016**
Remarks
2/4/11 - Settlement Agreement suspending license indefinitely effective 2/9/11.
3/9/12- Order Denying Request for Reinstatement.
7/26/12 - Order of Conditional Approval of Request for Reinstatement of License - effective 8/10/12.
11/7/12 - License reinstated with conditions as set out in the Board's 7/26/12 Order of Conditional Approval of Request for Reinstatement of License.
9/9/14 - Order Lifting License Restrictions

License Number 8318
License Date 5/9/1990
Name **LUNT, PETER G MD**
Address , PO BOX 2351NEW LONDON, NH, 03257
Specialty AN
Board Certified AN
School and Year of Graduation CENTRE MED UNIV FAC DE MED GENEVE SWITZERLAND 1982
Internship and Year UNIV OF TEXAS - GALVESTON, TX 1983
Residency and Year UNIV OF TEXAS - GALVESTON, TX 1986
License Expiration Date **6/30/2006**
Remarks

License Number 10519
License Date 3/3/1999
Name **LUPO JR, JOSEPH V MD**
Address MONADNOCK COMMUNITY HOSPITAL, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty AN
Board Certified AN
School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS,OH USA 1992
Internship and Year MERCY HOSPITAL - PITTSBURGH, PA 1993
Residency and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 13872
License Date 3/5/2008
Name **LUPO, JOSEPH P MD**
Address DARTMOUTH HITCHCOCK MED CENTER, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MIAMI USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2010**
Remarks

License Number 9320
License Date 11/2/1994
Name **LURIE, JONATHAN D MD**
Address DHMC-GIM, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation STANFORD UNIV SCHOOL OF MEDICINE USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14516
License Date 7/1/2009
Name **LURVEY, GABRIEL C DO**
Address 696 DANIEL WEBSTER HIGHWAY, MERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2002
Internship and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2003
Residency and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10907
License Date 5/3/2000
Name **LUTES, ROBERT B MD**
Address ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA-CHARLESTON SC USA 1988
Internship and Year CENTRAL MAINE MEDICAL CENTER (RESIDENCY) - LEWISTON ME 1989
Residency and Year MAHEC FAMILY PRACTICE RESIDENCY - ASHEVILLE NC 1991
License Expiration Date **6/30/2004**
Remarks

License Number 15965
License Date 12/5/2012
Name **LUTHER, NEAL MD**
Address 4 HAWTHORNE DRIVE, LITCHFIELD, NH, 03110
Specialty NS
Board Certified
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2005
Internship and Year NY & PRESBYTERIAN HOSPITAL - NY, NY 2006
Residency and Year NY & PRESBYTERIAN HOSPITAL - NY, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 11668
License Date 7/3/2002
Name **LUTHRA, GIRISH MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF IBADAN - NIGERIA NIGERIA 1992
Internship and Year UNIV OF NORTH DAKOTA, GRAND FORKS, ND 1997
Residency and Year UNIV OF NORTH DAKOTA, GRAND FORKS, ND 2001
License Expiration Date **6/30/2012**
Remarks

License Number 12466
License Date 9/1/2004
Name **LUTTINGER, TANYA M MD**
Address CHC/DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CALIFORNIA, DAVIS CA US 1998
Internship and Year CONCORD HOSPITAL, CONCORD NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 9321
License Date 11/2/1994
Name **LUTZ, STEPHEN S MD**
Address MARTIN'S POINT HEALTHCARE, 161 CORPORATE DRPORTSMOUTH, NH, 03801-
Specialty FP
Board Certified FP
School and Year of Graduation CREIGHTON UNIV SCHOOL OF MEDICINE USA 1984
Internship and Year HAMOT MEDICAL CENTER - ERIE PA 1985
Residency and Year HAMOT MEDICAL CENTER - ERIE PA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 9951
License Date 3/5/1997
Name **LUX, ROBERT M MD**
Address NH HOSPITAL-MEDICAL DEPT, 36 CLINTON AVECONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation NORTHWESTERN UNIV MED SCH CHICAGO, IL USA 1976
Internship and Year NEWTON WELLESLEY HOSPITAL - MA 1977
Residency and Year CONCORD HOSPITAL - CONCORD, NH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13170
License Date 7/5/2006
Name **LWIN, THIDA MD**
Address MIRACA LIFE SCIENCES, 2151 MICHELSON DR, STE 100IRVINE, CA, 92612
Specialty PTH
Board Certified PTH
School and Year of Graduation INSTITUTE OF MIDICINE I MYANMAR 1991
Internship and Year GEORGETOWN UNIV MED CTR-WASHINGTON, DC 2001
Residency and Year GEORGETOWN UNIV MED CTR-WASHINGTON, DC 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12705
License Date 5/4/2005
Name **LYDON, THOMAS J MD**
Address WENTWORTH-DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty EM
Board Certified EM
School and Year of Graduation JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 2001
Internship and Year UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 2002
Residency and Year UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13361
License Date 12/6/2006
Name **LYLE, CYNTHIA S MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2000
Internship and Year KAISER PERMANENTE MEDICAL CENTER-OAKLAND, CA 2001
Residency and Year MT AUBURN HOSPITAL-CAMBRIDGE MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 2191
License Date 9/14/1939
Name **LYLE, JOHN S MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks **DECEASED 3/20/07**

License Number 10504
License Date 2/3/1999
Name **LYNCH JR, FRANKLIN MD**
Address DHMC-ORTHOPAEDICS, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1975
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1976
Residency and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1977
License Expiration Date **6/30/2017**
Remarks

License Number 6197
License Date 5/8/1980
Name **LYNCH, CHRISTOPHER J MD**
Address 185 QUEEN CITY AVE, MANCHESTER, NH, 03101
Specialty RHU
Board Certified RHU
School and Year of Graduation CORNELL UNIV MED COLL.NY USA 1975
Internship and Year ALBANY MED CTR HOSP.ALBANY,NY 1976
Residency and Year ALBANY MED CTR HOSP.ALBANY,NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 12172
License Date 12/3/2003
Name **LYNCH, ELIZABETH A MD**
Address SLEEP INSTITUTE OF NEW ENGLAND, 1 LITTLE RIVER RDKINGSTON, NH, 03848
Specialty IM
Board Certified SM
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1997
Internship and Year BOSTON UNIVERSITY, BOSTON MA 1998
Residency and Year BOSTON UNIVERSITY, BOSTON MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9081
License Date 11/3/1993
Name **LYNCH, ELLEN M MD**
Address GREATER LAWRENCE FAMILY, 73D WINTROP AVELAWRENCE, MA, 01843
Specialty PD
Board Certified PD
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1984
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1987
License Expiration Date **6/30/2017**
Remarks

License Number 8168
License Date 7/12/1989
Name **LYNCH, GREGORY M MD**
Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038-1584
Specialty FP
Board Certified FP
School and Year of Graduation UNIV DI PADOVA FAC DI MED E CHIRURGIA-PADOVA ITALY 1984
Internship and Year UNIV MA HOSP-WORCHESTER,MA 1985
Residency and Year UNIV MA HOSP-WORCHESTER,MA 1987
License Expiration Date **6/30/2017**
Remarks **3/21/01 SETTLEMENT AGREEMENT 3/18/02 ORDER AMENDING SETTLEMENT AGREEMENT 2/24/03 INTEGRATED SETTLEMENT AGREEMENT**

License Number 3874
License Date 1/14/1966
Name **LYNCH, JOHN A MD**
Address 339 WILD HARBOR RD, PO BOX 51NORTH FALMOUTH, MA, 02556-0051
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1948
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1949
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1955
License Expiration Date **6/30/2014**
Remarks

License Number 14630
License Date 10/7/2009
Name **LYNCH, MATTHEW C MD**
Address PERTH PRMIMARY/SPECIALTY CARE, 4104 STATE HWY 30PERTH, NY, 12010
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2005
Internship and Year UNIVERSITY OF CINCINNATI - CINCINNATI, OH 2006
Residency and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11095
License Date 10/4/2000
Name **LYNCH, MICHAEL J MD**
Address THREE 163 RD AVE E, REDINGTON BEACH, FL, 33738
Specialty IM
Board Certified IM
School and Year of Graduation ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1966
Internship and Year NATIONAL PERSONNEL RECORDS CENTER - ST LOUIS, MO 1967
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1972
License Expiration Date **6/30/2016**
Remarks

License Number 9966
License Date 4/2/1997
Name **LYNCH, MICHAEL T MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VA SCH OF MED -CHARLOTTESVILLE, VA USA 1993
Internship and Year HENNEPIN COUNTY MEDIC CTR-MI 1996
Residency and Year HENNEPIN COUNTY MEDICAL CENTER - MI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 15134
License Date 2/2/2011
Name **LYNCH, SEAN P MD**
Address GASPA, 21 CLARK WAY RTE 108SOMERSWORTH, NH, 03878
Specialty IMG
Board Certified GE
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2005
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 8501
License Date 3/6/1991
Name **LYNCH, SUSAN E MD**
Address CHAD LIPID & WEIGHT MGMT CENTER, EDFORD MEDICAL PARK - 5 WASHINGTON PLACEBEDFORD,
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1986
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1988
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date **6/30/2017**
Remarks

License Number 9952
License Date 3/5/1997
Name **LYNDON, CHARLENE A MD**
Address 2021 - 6 AVE NW, CALGARY ALBERTACANADA, , T2N 0W6
Specialty OBG
Board Certified
School and Year of Graduation UNIV OF TORONTO FAC OF MED TORONTO CANADA CANADA 1989
Internship and Year UNIV OF TORONTO - ONTARIO, CANADA 1990
Residency and Year DALHOUSIE UNIV HOSPITAL - ONTARIO, CANADA 1994
License Expiration Date **6/30/2003**
Remarks

License Number 11326
License Date 7/11/2001
Name **LYNG, THOMAS P MD**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1998
Internship and Year MAINE MEDICAL CENTER PORTLAND ME 2000
Residency and Year MAINE MEDICAL CENTER PORTLAND ME 2001
License Expiration Date **6/30/2017**
Remarks

License Number 7019
License Date 12/18/1984
Name **LYNN II, JOHN T MD**
Address NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101 NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation WAYNE STATE UNIV SCH MED-DETROIT, MI USA 1979
Internship and Year HENRY FORD HOSPITAL-DETROIT, MI 1980
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13975
License Date 5/7/2008
Name **LYON, JACQUELINE M MD**
Address 41 A WINDSOR COURT, KEENE, NH, 03431
Specialty RO
Board Certified RO
School and Year of Graduation BROWN UNIV USA 1980
Internship and Year DANBURY HOSPITAL - DANBURY, CT 1981
Residency and Year DANBURY HOSPITAL - DANBURY, CT 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7937
License Date 8/2/1988
Name **LYON, TODD J MD**
Address 82 PALOMINO LN STE 703, BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation NY UNIV SCH OF MEDICINE-NY USA 1980
Internship and Year ANDERSON MEM HOSP-ANDERSON, SC 1981
Residency and Year ANDERSON MEM HOSP-ANDERSON, SC 1983
License Expiration Date **6/30/2010**
Remarks

License Number 8543
License Date 5/8/1991
Name **LYONS III, JOHN H MD**
Address 255 TURNPIKE RD, NORWICH, VT, 05055
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIVERSITY OF VERMONT USA 1984
Internship and Year ST ELIZABETH'S MED CTR, BOSTON, MA 1987
Residency and Year UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MED, CALIFORNIA 1988
License Expiration Date **6/30/2017**
Remarks **lapsed 4/30/93 - reinstated 4/2/14**

License Number 5745
License Date 6/13/1977
Name **LYONS JR, GERALD J MD**
Address COTTAGE HOSPITAL, 90 SWIFT WATER RDWOODSVILLE, NH, 03785
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1973
Internship and Year FRAMINGHAM UNION HOSPITAL-FRAMINGHAM MA 1974
Residency and Year FRAMINGHAM UNION HOSPITAL-FRAMINGHAM MA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 15716
License Date 6/6/2012
Name **LYONS JR, JAMES P MD**
Address SPRINGFIELD HOSPITAL, PO BOX 2003SPRINGFIELD, VT, 05156
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MED & DENTISTRY NEW JERSEY USA 1982
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1983
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1986
License Expiration Date **6/30/2016**
Remarks

License Number 9777
License Date 7/3/1996
Name **LYONS, JANE A DO**
Address HARBOUR WOMEN'S HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED BIDDEFORD,ME USA 1991
Internship and Year UNIV OF MASS MEDICAL CENTER - MA 1996
Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1996
License Expiration Date **6/30/2002**
Remarks

License Number 5694
License Date 4/7/1977
Name **LYONS, LAUREL D MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIVERSITY IN BOSTON, MA USA 1973
Internship and Year
Residency and Year
License Expiration Date **7/29/1994**
Remarks **DECEASED 7/29/94**

License Number 9525
License Date 8/2/1995
Name **LYONS, MICHAEL L MD**
Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR STE U3WHITE RIVER JCT, VT, 05001-9263
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1990
Internship and Year UNIVERSITY OF WA SCHOOL OF MEDICINE - SEATTLE WA 1991
Residency and Year MERRITHEW MEMORIAL HOSPITAL - MARTINEZ CA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9814
License Date 8/7/1996
Name **LYONS, TIMOTHY R MD**
Address SPEARE MEMORIAL HOSPITAL, 16 HOSPITAL RDPLYMOUTH, NH, 03264-
Specialty AN
Board Certified AN
School and Year of Graduation MED COLLEGE OF PA - PHILA, PA] USA 1987
Internship and Year ABINGTON MEMORIAL HOSPITAL - PA 1988
Residency and Year MERCY HOSPITAL - PITTSBURGH, PA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13016
License Date 3/1/2006
Name **MA, HONGBAO MD**
Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation TIANJIN MEDICAL UNIVERSITY, TIANJIN CHINA CHINA 1983
Internship and Year HENNEPIN COUNTY MED CTR, MINNEAPOLIS MN 2004
Residency and Year HENNEPIN COUNTY MED CTR, MINNEAPOLIS MN 2006
License Expiration Date **6/30/2016**
Remarks

License Number 6322
License Date 11/20/1980
Name **MAAS, JAMES C MD**
Address BIRCHWOOD MEDICAL BLDG, 212 PROUTY DRNEWPORT, VT, 05855-9802
Specialty ORS
Board Certified ORS
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PA USA 1971
Internship and Year WESLEY PAVILLION-CHICAGO,IL 1972
Residency and Year ST ANNES HOSP-CHICAGO,IL 1972
License Expiration Date **6/30/2004**
Remarks

License Number 16078
License Date 4/3/2013
Name **MABAERA, RODWELL MD**
Address 16 ROBIN LN, PO BOX 1738GRANTHAM, NH, 03753
Specialty IM
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2012
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 8453
License Date 11/7/1990
Name **MAC CAUSLAND, OWEN E MD**
Address 88 VESPER ST, PORTLAND, ME, 04101
Specialty EM
Board Certified EM
School and Year of Graduation DALHOUSIE UNIV - HALIFAX NOVA SCOTIA CANADA 1981
Internship and Year DALHOUSIE UNIV HOSPITAL - CANADA 1982
Residency and Year DALHOUSIE UNIV HOSP- CANADA 1982
License Expiration Date **6/30/2012**
Remarks

License Number 6929
License Date 7/5/1984
Name **MAC DONALD, DOUGLAS G MD**
Address DHMC INT MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VT COLL OF MED -BURLINGTON,VT USA 1981
Internship and Year MED CTR HOSP-BURLINGTON,VT 1982
Residency and Year MED CTR HOSP-BURLINGOTN ,VT 1984
License Expiration Date **9/18/2003**
Remarks **DECEASED**

License Number 9282
License Date 9/7/1994
Name **MAC DONALD, JOSEPH GERARD MD**
Address MARSHFIELD CLINIC-WAUSAU CTR, 2727 PLAZA DRWAUSAU, WI, 54401
Specialty OTO
Board Certified OTO
School and Year of Graduation DALHOUSIE UNIVERSITY FACILITY OF MEDICINE CANADA 1979
Internship and Year HALIFAX INFIRMARY - HALIFAX CANADA 1990
Residency and Year HALIFAX INFIRMARY - HALIFAX CANADA 1990
License Expiration Date **6/30/2006**
Remarks **LAPSED 6/30/01---REINSTATED 3/2/05**

License Number 4780
License Date 5/24/1971
Name **MAC DONALD, LEWIS V MD**
Address 174 NASHUA RD, BEDFORD, NH, 03110
Specialty DR
Board Certified DR
School and Year of Graduation DALHOUSIE MEDICAL SCHOOL CANADA 1961
Internship and Year VICTORIA GENERAL HOSPITAL - NOVA SCOTIA 1961
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1970
License Expiration Date **6/30/2017**
Remarks

License Number 9490
License Date 7/5/1995
Name **MAC DUFFIE, SARAH J DO**
Address 928 SOUTH ST, PORTSMOUTH, NH, 03801-
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO MED USA 1992
Internship and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1995
Residency and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 3574
License Date 11/7/1962
Name **MAC EACHERN, WILLIAM N MD**
Address 62 REGINA STREET NORTH, WATERLOO ONTARIO CANADA N3J 3A5, , 00000
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF TORANTO CANADA 1958
Internship and Year TORANTO MEMORIAL HOSPITAL 1959
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL- HANOVER NH 1959
License Expiration Date **6/30/1999**
Remarks

License Number 9382
License Date 3/1/1995
Name **MAC LACHLAN, A JAMES MD**
Address , PO BOX 3LANCASTER, NH, 03584
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF TORONTO SCHOOL OF MEDICINE CANADA 1968
Internship and Year MCMaster UNIVERSITY - ONTARIO CANADA 1971
Residency and Year MCMaster UNIVERSITY - ONTARIO CANADA 1971
License Expiration Date **6/30/2002**
Remarks

License Number 11599
License Date 5/1/2002
Name **MAC MILLAN, KELLY M MD**
Address OB/GYN ASSOC OF SO NH, 30 DANIEL WEBSTER HWY STE 11MERRIMACK, NH, 03054
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1993
Internship and Year UNIV OF VIRGINIA HLTH SCI CTR - CHARLOTTESVILLE, VA 1994
Residency and Year UNIV OF VIRGINIA HLTH SCI CTR - CHARLOTTESVILLE, VA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 11511
License Date 2/6/2002
Name **MACARTHUR III, DOUGALD F DO**
Address ALPINE CLINIC PLLC, PO BOX 2001WOODSVILLE, NH, 03785
Specialty ORS
Board Certified ORS
School and Year of Graduation LAKE ERIE COLLEGE- ERIE, PA USA 1997
Internship and Year PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1998
Residency and Year PHILADELPHIA COLLEGE - PHILADELPHIA, PA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9815
License Date 8/7/1996
Name **MACATEE, JOHN R DO**
Address LAFAYETTE PROFESSIONAL PARK, BLDG-C 230 LAFAYETTE RDPORTSMOUTH, NH, 03801-
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEO MEDICINE USA 1991
Internship and Year OAKLAND GENERAL HOSPITAL/OSTEO - MI 1992
Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1993
License Expiration Date **6/30/2002**
Remarks

License Number 9381
License Date 3/1/1995
Name **MACCANI, ROBERT M DO**
Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation MIDWESTERRN UNIVERSITY CHICAGO COLL OF OSTEO MED USA 1991
Internship and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER MN 1992
Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER MN 1995
License Expiration Date **6/30/2015**
Remarks

License Number 15717
License Date 6/6/2012
Name **MACCAUSLAND, CHRISTOPHER M DO**
Address 24 SCHOOL ST APT 12, HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 12348
License Date 6/2/2004
Name **MACDERMOTT, SEAN M DO**
Address MALCOLM GROW MED CTR/CARDO DEP, 1050 W PERMETER RDANDREWS AFB, MD, 20762
Specialty IM
Board Certified IM
School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 2002
Internship and Year KEESLER MEDICAL CTR, KEESLER AFB MS 2003
Residency and Year KEESLER MEDICAL CTR, KEESLER AFB MS 2005
License Expiration Date **6/30/2016**
Remarks

License Number 3165
License Date 9/12/1956
Name **MACDONALD, DOUGLAS W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF OTTOWA CANADA 1954
Internship and Year DE GESBRIAND HOSPITAL BURLINGTON - VERMONT 1954
Residency and Year LAHEY CLINIC - BOSTON - MASSACHUSETTS 1957
License Expiration Date **6/30/2000**
Remarks **Deceased 3/2/09**

License Number 6382
License Date 5/7/1981
Name **MACDONALD, GREGORY J MD**
Address CENTRAL VT CARDIOLOGY ASSOC, PO BOX 547BARRE, VT, 05641
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF VERMONT, BURLINGTON VT USA 1976
Internship and Year RHODE ISLAND HOSP,PROVIDENCE,RI 1977
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1977
License Expiration Date **6/30/2015**
Remarks

License Number 13349
License Date 12/6/2006
Name **MACDONALD, HUGH V MD**
Address 18 HEATH DR, NEWFIELDS, NH, 03856
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF SASKATCHEWAN COLLEGE OF MED CANADA 1997
Internship and Year UNIV OF MANITOBA FACULTY OF MEDICINE-WINNIPEG, MANITOBA CANADA 1998
Residency and Year UNIV OF MANITOBA FACULTY OF MEDICINE- WINNIPEG, MANITOBA CANADA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 13976
License Date 5/7/2008
Name **MACDONALD, KATHLEEN S MD**
Address FAHC, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty AN
Board Certified
School and Year of Graduation TEMPLE UNIV USA 2004
Internship and Year CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 2005
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2007
License Expiration Date **6/30/2010**
Remarks

License Number 11379
License Date 9/5/2001
Name **MACDONALD, KIMBERLY L MD**
Address DARTMOUTH-HITCHCOCK, 253 PLEASANT ST CONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF WASHINGTON SCH OF MED- SEATTLE, WA USA 1998
Internship and Year FOSTER G MCGAW HOSPITAL - MAYWOOD, IL 1999
Residency and Year FOSTER G MCGAW HOSPITAL - MAYWOOD, IL 2001
License Expiration Date **6/30/2017**
Remarks **Lapsed 6/30/02--reinstated 2/6/08**
lapsed 6/30/09--reinstated 5/7/14

License Number 13631
License Date 8/1/2007
Name **MACDONALD, SHANNON M MD**
Address MASS GENERAL HOSPITAL, 100 BLOSSOM ST COX 3 BOSTON, MA, 02114
Specialty RO
Board Certified
School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2001
Internship and Year MOUNT AUBURN HOSPITAL-CAMBRIDGE, MA 2002
Residency and Year NEW YORK UNIV MEDICAL CENTER-NY, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 6244
License Date 7/3/1980
Name **MACEACHRAN, JOHN H MD**
Address NH SOC SEC DISABILITY DETERMINATION SERVICE, 121 SO FRUIT ST., SUITE 30CONCORD, NH, 0330
Specialty FP
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
Internship and Year M S HERSHEY MED CENTER - HERSHEY, PA 1978
Residency and Year M S HERSHEY MED CENTER - HERSHEY, PA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 2660
License Date 5/12/1948
Name **MACEK, JOHN F MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1990**
Remarks

License Number 8973
License Date 6/2/1993
Name **MACEY, LANCE R MD**
Address NH ORTHOPAEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1986
Residency and Year HARTFORD HOSPITAL - HARTFORD CT 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11782
License Date 11/6/2002
Name **MACHERNIS, EDWARD A MD**
Address BETH ISRAEL MED CTR, FIRST AVE 16TH STNEW YORK, NY, 10003
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF ROME TOR VERGATA - ROME, ITALY ITALY 1982
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1983
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 10365
License Date 8/5/1998
Name **MACHIN, ODALYS MD**
Address UNIV OF MASS MED CTR, 55 LAKE AVE NWORCESTER, MA, 01601
Specialty IM
Board Certified IM
School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1995
Internship and Year UNIV OF MASS MED CTR - WORCESTER, MA 1996
Residency and Year UNIV OF MASS MED CTR - WORCESTER, MA 1997
License Expiration Date **6/30/2000**
Remarks

License Number 17177
License Date 7/1/2015
Name **MACIAS, ANTONIO MD**
Address 760 WESTCHESTER AVE, RYE BROOK, NY, 10573
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV AUTONOMA DE AGUASCALIENTES MEXICO 2001
Internship and Year NSLIJHS-HOFSTRA NORTH SHORE-LONG ISLAND JEWISH SOM - GREAT, NY 2004
Residency and Year NSLIJHS-HOFSTRA NORTH SHORE-LONG ISLAND JEWISH SOM - GREAT, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 10256
License Date 4/1/1998
Name **MACINTYRE, LISA A MD**
Address ST JOSEPH FAMILY MEDICAL, 382 D W HWYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation DALHOUSIE UNIV FAC OF MED-HALIFAX CANADA 1992
Internship and Year DALHOUSIE UNIV FAC OF MED-HALIFAX-CANADA 1994
Residency and Year DALHOUSIE UNIV FAC OF MED-HALIFAX-CANADA 1994
License Expiration Date **6/30/2004**
Remarks

License Number 14883
License Date 6/2/2010
Name **MACK, JONATHAN E MD**
Address ELLIOT ORTHOPAEDIC SURGICAL SP, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBERT EINSTEIN COLLEGE USA 1999
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 13504
License Date 5/9/2007
Name **MACK, JOSEPH M MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2001
Internship and Year UNIV OF CALIFORNIA SAN FRANCISCO - FRESNO, CA 2002
Residency and Year UNIV OF CALIFORNIA(DAVIS)MEDICAL CENTER -SACRAMENTO, CA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 6121
License Date 9/6/1979
Name **MACK, KARIN F MD**
Address PO BOX 2216, TAOS, NM, 87571
Specialty P
Board Certified P
School and Year of Graduation TEMPLE MED SCHOOL PHILA USA 1970
Internship and Year PHILADELPHIA GENERAL HOSPITAL 1971
Residency and Year PHILADELPHIA GENERAL HOSPITAL 1975
License Expiration Date **6/30/2013**
Remarks

License Number 3930
License Date 8/17/1966
Name **MACKAY, DONALD N MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **8/22/1988**
Remarks

License Number 9066
License Date 10/6/1993
Name **MACKENZIE, LACHLAN M MD**
Address ST LUKE MEDICAL CENTER, 7 PAGE HILL RDBERLIN, NH, 03570-
Specialty OTO
Board Certified
School and Year of Graduation UNIVERSITY OF ST ANDREWS SCHOOL OF MEDICINE SCOTLAND 1960
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK NY 1961
Residency and Year ST LUKES - NEW YORK NY 1965
License Expiration Date **6/30/1999**
Remarks

License Number 9604
License Date 12/6/1995
Name **MACKENZIE, MALCOLM W MD**
Address MT AUBURN HOSP DEPT OF OB/GYN, 330 MT AUBURN STCAMBRIDGE, MA, 02138
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1990
Internship and Year BRIGHAM & WOMENS HOSP- BOSTON,MA 1996
Residency and Year BRIGHAM & WOMEN'S HOSP - BOSTON, MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5441
License Date 11/6/1975
Name **MACKEY, ROBERT A MD**
Address 26 BRICKYARD CT, YORK, ME, 03909-
Specialty PD
Board Certified PD
School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE - CT USA 1971
Internship and Year UNIV HOSPITAL - CLEVELAND, OH 1972
Residency and Year UNIV HOSPITAL - CLEVELAND, OH 1974
License Expiration Date **6/30/1998**
Remarks

License Number 13350
License Date 12/6/2006
Name **MACKINNON, DIANE M MD**
Address DERRY MEDICAL CTR, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation SUNY HEALTH SCIENCE CTR @ BROOKLYN USA 1996
Internship and Year CENTRAL MAINE MEDICAL CTR-LEWISTON, ME 1997
Residency and Year CENTRAL MAINE MEDICAL CTR-LEWISTON, ME 1999
License Expiration Date **6/30/2016**
Remarks

License Number 16595
License Date 5/7/2014
Name **MACLACHLAN, LARA MD**
Address LAHEY HOSPITAL & MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805
Specialty U
Board Certified
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year NY PRESBYTERIAN HOSPITAL - NY, NY 2008
Residency and Year NY PRESBYTERIAN HOSPITAL - NY, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 12308
License Date 5/5/2004
Name **MACLEAN, CRAIG A MD**
Address EMP OF ROCKINGHAM, LLC - EXETER HOSP ED, 5 ALUMNI DREXETER, NH, 03833
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1998
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1999
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2001
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/06 - reinstated 2/6/13**

License Number 16674
License Date 7/2/2014
Name **MACLIN, MARISSA A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation STATE UNIV OF NY @ STONYT BROOK HEALTH SCIENCE CTR USA 2010
Internship and Year UNIVERSITY OF HOSPITALS OF CLEVELAND - CLEVELAND, OH 2011
Residency and Year UNIVERSITY OF HOSPITALS OF CLEVELAND - CLEVELAND, OH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 15065
License Date 11/3/2010
Name **MACMARTIN, MEREDITH A MD**
Address DHMC - PALLIATIVE CARE, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation WAKE FOREST UNIVERSITY USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14030
License Date 6/4/2008
Name **MACMILLAN JR, FRANCIS P MD**
Address MERRIMACK VALLEY GASTRONTEROLO, 62 BROWN ST STE 503HAVERHILL, MA, 01830
Specialty GE
Board Certified GE
School and Year of Graduation BOSTON UNIV USA 1995
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 1996
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12238
License Date 3/3/2004
Name **MACNEAL, ROBERT J MD**
Address DHMC/DERMATOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified D
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2012**
Remarks **LAPSED FOR NON-RENEWAL 6/30/08**
REINSTATED 8/5/09

License Number 14631
License Date 10/7/2009
Name **MACNOW, LAURA J MD**
Address BETH ISRAEL DEACONESS MED CTR, 1 DEACONESS RDBOSTON, MA, 02115
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1996
Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1997
Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 4256
License Date 6/10/1968
Name **MACOMBER, CHARLES W MD**
Address 28 FOXCROSS CIR, CONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1959
Internship and Year DELAWARE MEDICAL CENTER - WILMINGTON, DE 1960
Residency and Year ST LUKE'S CENTER - NEW YORK, NY 1963
License Expiration Date **6/30/2008**
Remarks

License Number 6474
License Date 12/3/1981
Name **MACOUL, KENNETH L MD**
Address 280 HAVERHILL ST, LAWRENCE, MA, 01840-1208
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCH MED -BOSTON,MA USA 1965
Internship and Year MT AUBURN HOSP-CAMBRIDGE,MA 1966
Residency and Year STANFORD UNIV-STANFORD,CA 1969
License Expiration Date **6/30/1999**
Remarks

License Number 12625
License Date 3/2/2005
Name **MACVITTIE, HEIDI E MD**
Address ROCHESTER OBGYN, 21 WHITEHALL RD ROCHESTER, NH, 03867
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1998
Internship and Year UNIVERSITY OF FLORIDA, PENSACOLA FL 1999
Residency and Year UNIVERSITY OF FLORIDA, PENSACOLA FL 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13912
License Date 4/2/2008
Name **MADAN, JULIETTE C MD**
Address DHMC-DIV OF NEONATOLOGY, 1 MED CTR DR LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation BROWN UNIV USA 2000
Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 2001
Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13596
License Date 7/11/2007
Name **MADAN, MICHAEL P MD**
Address NEW LONDON HOSPITAL, 273 COUNTY ROAD NEW LONDON, NH, 03257
Specialty FP
Board Certified FP
School and Year of Graduation NEW JERSEY MEDICAL SCHOOL USA 1993
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996
License Expiration Date **6/30/2017**
Remarks

License Number 16183
License Date 6/5/2013
Name **MADAR, MERCI G MD**
Address EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NW CANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF CALGARY FACULTY OF MEDICINE CANADA 1995
Internship and Year UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 1996
Residency and Year UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 1998
License Expiration Date **6/30/2017**
Remarks

License Number 8782
License Date 8/5/1992
Name **MADDEN, JENNIFER E MD**
Address DR JENNIFER MADDEN FAMILY PRAC, 3 NORTHERN BLVD STE 3AAMHERST, NH, 03031
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1989
Internship and Year ST VINCENT HEALTH CENTER ERIE - PENNSYLVANIA 1992
Residency and Year ST VINCENT HEALTH CTR-ERIE,PA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 13505
License Date 5/9/2007
Name **MADDEN, LINDSEY H MD**
Address B,USCHOOL FO MED/PULMONARY CTR, 72 E CONCORD ST/R-304BOSTON, MA, 02118
Specialty IM
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2003
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2015**
Remarks

License Number 11550
License Date 3/6/2002
Name **MADDOCK JR, ROBERT K MD**
Address MEDICAL REVIEW INSTITUTE, 670 EAST 3900 SO 300SALT LAKE CITY, UT, 84107
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VIRGINIA - CHARLOTTESVILLE, VA USA 1962
Internship and Year UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1963
Residency and Year UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1964
License Expiration Date **6/30/2003**
Remarks

License Number 17225
License Date 8/5/2015
Name **MADDOX, OWEN D MD**
Address 125 PARKER HILL AVE - CONV 2, BOSTON, MA, 02120
Specialty R
Board Certified R
School and Year of Graduation UNIV OF KANSAS SCHOOL OF MEDICINE USA 1986
Internship and Year WESLEY MEDICAL CENTER - WICHITA KS 1988
Residency and Year WESLEY MEDICAL CENTER - WICHITA KS 1991
License Expiration Date **6/30/2017**
Remarks

License Number 10810
License Date 1/5/2000
Name **MADIX, JAMES C MD**
Address HOULTON REGIONAL HOSPITAL, HOULTON, ME, 04730
Specialty R
Board Certified R
School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1970
Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1971
Residency and Year UNIV OF FLORIDA - GAINSVILLE, FL 1976
License Expiration Date **6/30/2010**
Remarks

License Number 11924
License Date 5/7/2003
Name **MADNICK, MARNI MD**
Address 3073 WHITE MTN HIGHWAY, N CONWAY, NH, 03860
Specialty OBG
Board Certified OBG
School and Year of Graduation NJ ROBERT WOOD JOHNSON MED SCH-STRATFORD, NJ USA 1999
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2000
Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 14930
License Date 7/7/2010
Name **MADOFF, SAMUEL D MD**
Address NEB RADIOLOGY PC, 125 PARKER HILL AVE BOSTON, MA, 02120
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2004
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2005
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 17015
License Date 4/1/2015
Name **MAENZA, RICHARD L MD**
Address 90 REICHHOLD RD, WEXFORD, PA, 15090
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1992
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1993
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 14517
License Date 7/1/2009
Name **MAGAURAN, ANNE O MD**
Address CORE PHYSICIANS LLC, 4 ALUMNI DREXETER, NH, 03833
Specialty SM
Board Certified SM
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 2002
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2005
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13832
License Date 2/6/2008
Name **MAGDALIN, WILLIAM MD**
Address IMAGINE HAIR CLINIC, 10 LAUREL AVE., SUITE 150WELLESLEY, MA, 02481
Specialty GS
Board Certified
School and Year of Graduation ROSALIND FRANKLIN UNIV USA 1994
Internship and Year CABRINI MEDICAL CENTER - NEW YORK, NY 1995
Residency and Year BETH ISRAEL MEDICAL CENTER-NEW YORK, NY 1996
License Expiration Date **6/30/2014**
Remarks

License Number 11283
License Date 6/6/2001
Name **MAGEE, MICHAEL K MD**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF OKLAHOMA HLTH SCI CTR- OKLAHOMA CITY, OH USA 1990
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1991
Residency and Year BAYSTATE MEDICAL CENTER- SPRINGFIELD,MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16722
License Date 8/6/2014
Name **MAGERA, RUTH V MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756-0000
Specialty DR
Board Certified DR
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON MA US 2008
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BROCTON, MA 2009
Residency and Year PENN STATE MILTON S HERSEY MEDICAL CENTER - HERSEY, PA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 6713
License Date 6/2/1983
Name **MAGILL, FRANK B MD**
Address 335 SAND HILL RD, PETERBOROUGH, NH, 03458-1616
Specialty PD
Board Certified PD
School and Year of Graduation DUKE UNIV SCH MED - DURHAM, NC USA 1952
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1954
Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1956
License Expiration Date **6/30/2002**

Remarks

License Number 7598
License Date 5/6/1987
Name **MAGITSKY, YEFIM MD**
Address HUMAN RESOURCE INSTITUTE, 227 BABCOCK STBROOKLINE, MA, 02146-
Specialty P
Board Certified
School and Year of Graduation DONECKIJ MEDICAL INSTITUTE - UKRAINIAN SSR RUSSIA 1963
Internship and Year UNIV OF MASS HOSPITAL - WORCESTER, MA 1987
Residency and Year UNIVERSITY OF MASSACHUSETTS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1987
License Expiration Date **6/30/2005**

Remarks

License Number 11711
License Date 8/7/2002
Name **MAGNADOTTIR, HULDA B MD**
Address UPPER VALLEY NEUROLOGY NEUROSU, 106 HANOVER STREETLEBANON, NH, 03766
Specialty NS
Board Certified NS
School and Year of Graduation HASKOLI ISLANDS MED SCH-REYKJAVIK,ICELAND ICELAND 1993
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON,NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON,NH 2002
License Expiration Date **6/30/2016**

Remarks

License Number 13913
License Date 4/2/2008
Name **MAGNO, REBECCA M MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation HAHNEMANN UNIV 1998 1998
Internship and Year PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 1999
Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 2003
License Expiration Date **6/30/2016**

Remarks

License Number 14354
License Date 3/4/2009
Name **MAGNUS, PATRICK C MD**
Address CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANT ST, STE 103CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF THE WEST INDIES JAMAICA 1999
Internship and Year ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2003
Residency and Year ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11253
License Date 5/2/2001
Name **MAGUIRE, PAUL L MD**
Address COMMUNITY PARTNERS, 50 CHESTNUT ST STE CDOVER, NH, 03820
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF COLORADO USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 14084
License Date 7/9/2008
Name **MAHADEVAN, ARUL MD**
Address SEACOAST CANCER CTR, 789 CENTRAL AVEDOVER, NH, 03820-9987
Specialty R
Board Certified R
School and Year of Graduation UNIV CHENNAI INDIA 1988
Internship and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1999
Residency and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12394
License Date 7/7/2004
Name **MAHAPATRA, SOURYA R MD**
Address 280 MAIN ST STE 210A, NASHUA, NH, 03060
Specialty IMG
Board Certified IMG
School and Year of Graduation UNIVERSITY OF MUMBAI, MAHARASHTRA INDIA INDIA 1994
Internship and Year NY VETERANS MED CTR, NEW YORK NY 2000
Residency and Year BERKSHIRE MED CTR, PITTSFIELD MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 7582
License Date 5/6/1987
Name **MAHAR, PETER J MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MA-WORCESTER USA 1981
Internship and Year UNIVERSITY OF MI HOSPITAL 1982
Residency and Year UNIVERSITY OF MI HOSPITAL 1984
License Expiration Date **6/30/2017**
Remarks

License Number 12070
License Date 9/3/2003
Name **MAHARAJ, ADORA MD**
Address LACONIA CLINIC, 724 MAIN ST LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY, ROSEAU DOMINICA DOMINICA 1998
Internship and Year MEDICAL COLLEGE OF PENNSYLVANIA HOSP, PHILADELPHIA PA 2001
Residency and Year MEDICAL COLLEGE OF PENNSYLVANIA HOSP, PHILADELPHIA PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 12071
License Date 9/3/2003
Name **MAHARRY, RANDALL R MD**
Address PUEBLO DERMATOLOGY, 1925 ORMAN AVE STE A335 PUEBLO, CO, 81004
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF IOWA, IOWA CITY IA US 1968
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 1969
Residency and Year UNIVERSITY OF IOWA HOSPITALS AND CLINICS, IOWA CITY IA 1975
License Expiration Date **6/30/2007**
Remarks

License Number 14884
License Date 6/2/2010
Name **MAHATA, MINI MD**
Address CORE ENDOCRINOLOGY, 881 LAFAYETTE RD HAMPTON, NH, 038842
Specialty END
Board Certified IM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 2004
Internship and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2005
Residency and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 3122
License Date 4/25/1956
Name **MAHER, FREDERICK R MD**
Address 8 PEPPERIDGE DR, MANCHESTER, NH, 03103
Specialty GS
Board Certified
School and Year of Graduation GEORGETOWN MEDICAL SCHOOL USA 1951
Internship and Year ST ELIZABETHS HOSPITAL BRIGHTON - MASSACHUSETTS 1952
Residency and Year ST ELIZABETHS HOSPITAL BRIGHTON - MASSACHUSETTS 1956
License Expiration Date **6/30/2006**
Remarks **DECEASED 11/22/10**

License Number 13873
License Date 3/5/2008
Name **MAHER, JEANNE-MARIE MD**
Address 7 COLUMBIA AVE, NASHUA, NH, 03064
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF COLORADO USA 1988
Internship and Year UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 1989
Residency and Year UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 10956
License Date 6/7/2000
Name **MAHER, WILLIAM E MD**
Address 21 CLARK WAY, SOMERSWORTH, NH, 03878
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY - NEWARK, NJ USA 1992
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1993
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9873
License Date 11/6/1996
Name **MAHESHWARI, YOGESH MD**
Address GASTROENTERLOGY ASSOC, 60 MAPLE RDWILLIMSVILLY, NY, 14221
Specialty GE
Board Certified GE
School and Year of Graduation MAULANA AZAD MEDICAL COLLEGE UNIV OF DELHI INDIA INDIA 1980
Internship and Year SUNY BUFFALO AFFILIATED HOSPITAL - NEW YORK 1990
Residency and Year ERIE COLLEGE MEDICAL CENTER - NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 12748
License Date 6/1/2005
Name **MAHGOUB, MOHAMED A MD**
Address SOUTHERN NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ALEXANDRIA, EGYPT EGYPT 1992
Internship and Year ST JOSEPH HOSPITAL, CHICAGO IL 2002
Residency and Year ST JOSEPH HOSPITAL, CHICAGO IL 2004
License Expiration Date **6/30/2017**
Remarks

License Number 12264
License Date 4/7/2004
Name **MAHIDHARA, INDIRA MD**
Address HEALTH PARTNERS PLANS, 901 S MARKET ST SUIE 500PHILADELPHIA, PA, 19107
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF PA, PHILADELPHIA PA US 1997
Internship and Year SCOTTSDALE HEALTHCARE-OSBORN, SCOTTSDALE AZ 1998
Residency and Year SCOTTSDALE HEALTHCARE-OSBORN, SCOTTSDALE AZ 2000
License Expiration Date **6/30/2016**
Remarks

License Number 8220
License Date 9/6/1989
Name **MAHLAB, BENJAMIN E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation MC GILL UNIV FAC OF MED - MONTREAL QUEBEC CANADA 1978
Internship and Year DALHOUSIE UNIV HOSPITAL - CANADA 1979
Residency and Year UNIV OF BRITISH COLUMBIA - VANCOUVER, BC 1987
License Expiration Date **6/30/2017**
Remarks

License Number 6535
License Date 5/6/1982
Name **MAHLER, DONALD A MD**
Address 13 MEADOW LN, HANOVER, NH, 03755
Specialty PUD
Board Certified PUD
School and Year of Graduation LOYOLA UNIV STRITCH SCH MED - MAYWOOD, IL USA 1972
Internship and Year SANTA CLARA VALLEY MED CTR - SAN JOSE, CA 1973
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1977
License Expiration Date **6/30/2016**
Remarks

License Number 13874
License Date 3/5/2008
Name **MAHMOODI, MANDANA MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty PTH
Board Certified PTH
School and Year of Graduation TEHRAN UNIV IRAN 1997
Internship and Year DREXEL UNIV COLLEGE OF MEDICINE - HAHNEMANN - PHILADELPHIA, PA 2003
Residency and Year DREXEL UNIV COLLEGE OF MEDICINE - HAHNEMANN - PHILADELPHIA, PA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11831
License Date 2/5/2003
Name **MAHMUDI, SHANTA MD**
Address SJ FAMILY MEDICAL CENTER, 173 DANIEL WEBSTER HWY NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation SIR SALIMULLAH MED COLL - BANGLADESH BANGLADESH 1995
Internship and Year SPECTRUM HEALTH-DOWNTOWN - GRAND RAPIDS MI 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 8560
License Date 6/5/1991
Name **MAHON, PATRICK A MD**
Address SURGICAL CARE GROUP, 87 MCGREGOR ST STE 3100MANCHESTER, NH, 03102
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED-PITTSBURGH,PA USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987
License Expiration Date **6/30/2017**
Remarks

License Number 9141
License Date 4/6/1994
Name **MAHON, PAULA M MD**
Address , 88 MCGREGOR ST STE 302MANCHESTER, NH, 03102
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year MEDICAL CENTER OF CENTRAL MA - WORCESTER MA 1992
Residency and Year HIGHLAND HOSPITAL - ROCHESTER NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 13113
License Date 6/7/2006
Name **MAHONEY, MICHAEL J MD**
Address 195 HANOVER ST, PORTSMOUTH, NH, 03801
Specialty PTH
Board Certified
School and Year of Graduation SPARTAN UNIVERSITY, WEST INDIES WEST INDIES 1984
Internship and Year NEW YORK HOSP MED CTR, FLUSHING NY 1990
Residency and Year NEW YORK HOSP MED CTR, FLUSHING NY 1993
License Expiration Date **6/30/2012**
Remarks **Deceased 6/24/2012**

License Number 12001
License Date 7/2/2003
Name **MAHUTTE, NEAL G MD**
Address 5252 DE MAISONNEUV, BLVD WEST STE 220MONTREAL, QUEBEC, , H4A3S5
Specialty OBG
Board Certified OBG
School and Year of Graduation MCGILL UNIV - MONTREAL CANADA CANADA 1995
Internship and Year MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 1996
Residency and Year MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 13000
License Date 2/1/2006
Name **MAIESE, RUSSELL L MD**
Address AMERIPATH NORTHEAST, ONE GREENWICH PLSHELTON, CT, 06484
Specialty PTH
Board Certified PTH
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 1988
Internship and Year ST FRANCIS MEDICAL CTR, TRENTON NJ 1988
Residency and Year MCP HAHNEMANN UNIVERSITY, PHILADELPHIA PA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 9305
License Date 10/5/1994
Name **MAIORANO, PHILIP V MD**
Address 72 COUNTRYSIDE DR, GILFORD, NH, 03246
Specialty IM
Board Certified PUD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year NORWALK HOSPITAL - NORWALK CT 1990
Residency and Year NORWALK HOSPITAL - NORWALK CT 1990
License Expiration Date **4/16/2012**
Remarks **3/13/07 - Settlement Agreement**
4/16/12 - Order of Emergency License Suspension and Notice of Hearing.
4/20/12 - Order Extending License Suspension.

License Number 12309
License Date 5/5/2004
Name **MAITLAND, LAURI A DO**
Address FAMILY TREE HEALTH CARE, 2 EAST MAIN ST UNIT #2WARNER, NH, 03278
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1998
Internship and Year CONCORD HOSPITAL, CONCORD NH 1999
Residency and Year CONCORD HOSPITAL, CONCORD NH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 13291
License Date 10/4/2006
Name **MAJEED, BASHAR S MD**
Address 1111 E MCDOWELL RD, PHOENIX, AZ, 85006
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF BAGDAD, BAGDAD IRAQ IRAQ 1995
Internship and Year GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 2005
Residency and Year GOOD SAMARITAN REGIONAL MED CTR, PHOENIX, AZ 2006
License Expiration Date **6/30/2008**
Remarks

License Number 16975
License Date 3/4/2015
Name **MAJMUDAR, SALONY M MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC, PC, 354 MERRIMACK ST, BLDG 1, ENTRANCE CLAWRENCE,
Specialty PM
Board Certified
School and Year of Graduation UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE USA 2011
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2012
Residency and Year SPAULDING REHABILITATION HOSPITAL - CHARLESTOWN, MA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 5833
License Date 11/3/1977
Name **MAKAREWICZ, CARL R MD**
Address , , ,
Specialty R
Board Certified R
School and Year of Graduation DALHOUSIE UNIVERSITY IN NOVA SCOTIA CANADA 1976
Internship and Year
Residency and Year
License Expiration Date **6/30/1994**
Remarks

License Number 12265
License Date 4/7/2004
Name **MAKATAM-ABRAMS, MARJAN M MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1998
Internship and Year SCHNEIDER CHILDREN'S HOSP, NEW HYDE PARK NY 1999
Residency and Year SCHNEIDER CHILDREN'S HOSP, NEW HYDE PARK NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 8992
License Date 7/7/1993
Name **MAKMAN, STANLEY H MD**
Address 111 SUNNYVIEW LN STE A, KALISPELL, MT, 59901
Specialty ORS
Board Certified ORS
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year UNIVERSITY HOSPITAL - CLEVELAND OH 1993
Residency and Year UNIVERSITY HOSPITAL - CLEVELAND OH 1993
License Expiration Date **6/30/2003**
Remarks

License Number 6622
License Date 10/7/1982
Name **MALAFY, RICHARD J MD**
Address 43 BIRCH ST, DERRY, NH, 03038
Specialty GYN
Board Certified
School and Year of Graduation NEW JERSREY MEDICAL SCHOOL - NEWMARK, NJ USA 1971
Internship and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN , CT 1973
Residency and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1974
License Expiration Date **6/30/2004**
Remarks **Deceased 1/11/04, Records going to Dr. Paul Harper, Londonderry - 603-434-1591**

License Number 13049
License Date 4/5/2006
Name **MALBY, MATHURIN M MD**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NEW MEXICO-ALBUQUERQUE NM USA 2003
Internship and Year ST VINCENT MERCY MED CTR-TOLEDO OH 2005
Residency and Year ST VINCENT MERCY MED CTR-TOLEDO OH 2006
License Expiration Date **6/30/2016**
Remarks **1/8/10 - Settlement Agreement**

License Number 7032
License Date 1/10/1985
Name **MALENKA, DAVID J MD**
Address DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR 1983
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR 1985
License Expiration Date **6/30/2017**
Remarks

License Number 13680
License Date 9/5/2007
Name **MALHOTRA, SANJAY MD**
Address 95 54 111TH ST RICHMOND HILL, NEW YORK, NY, 11419
Specialty IM
Board Certified
School and Year of Graduation UNIV OF DELHI INDIA 1986
Internship and Year BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2005
Residency and Year BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2007
License Expiration Date **6/30/2009**
Remarks

License Number 15838
License Date 9/5/2012
Name **MALHOTRA, SAURABH MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation KASTURBA MEDICAL COLLEGE INDIA 2001
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2009
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2012
License Expiration Date **6/30/2014**
Remarks

License Number 14085
License Date 7/9/2008
Name **MALIK, AMYN MD**
Address 525-B DEVONIA ST, HARRIMAN, TN, 37748
Specialty IM
Board Certified IM
School and Year of Graduation AGA KHAN UNIV PAKISTAN 2001
Internship and Year FAIRVIEW-UNIV MEDICAL CENTER - MINNEAPOLIS, MN 2004
Residency and Year FAIRVIEW-UNIV MEDICAL CENTER - MINNEAPOLIS, MN 2006
License Expiration Date **6/30/2012**
Remarks

License Number 11712
License Date 8/7/2002
Name **MALIK, MANSOOR A MD**
Address 3083 ORDWAY DR APT F, ROANOKE, VA, 24017
Specialty P
Board Certified
School and Year of Graduation THE RAWALPLINDI MED COL-RAWALPINDI,PUNJAB PAKISTAN PAKISTAN 1996
Internship and Year MCP HAHNEMANN UNIV-PHILADELPHIA,PA 2000
Residency and Year MCP HAHNEMANN UNIV- PHILADELPHIA,PA 2001
License Expiration Date **6/30/2004**
Remarks

License Number 16231
License Date 7/3/2013
Name **MALIK, NADIA A MD**
Address LRGH, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation KING EDWARD MEDICAL UNIVERSISTY PAKISTAN 2001
Internship and Year MEDSTAR FRANKLIN SQUARE MEDICAL CENTER - BALTIMORE, MD 2010
Residency and Year MEDSTAR FRANKLIN SQUARE MEDICAL CENTER - BALTIMORE, MD 2012
License Expiration Date **6/30/2017**
Remarks

License Number 12802
License Date 7/6/2005
Name **MALIK, SALMAN A MD**
Address 80 NASHUA RD BLDG C, LONDONDERRY, NH, 03053
Specialty OS
Board Certified OS
School and Year of Graduation SUNY AT STONY BROOK, STONY BROOK NY USA 1994
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER, NEW HYDE PARK NY 1992
Residency and Year LONG ISLAND JEWISH MEDICAL CENTER, NEW HYDE PARK NY 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16798
License Date 10/1/2014
Name **MALIYEKKEKEL, ANIL T MD**
Address 4401 4TH ST NORTH #344, ARLINGTON, VA, 22203
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE USA 2008
Internship and Year GOOD SAMARITAN HOSPITAL-TRIHEALTH - CINCINNATI, OH 2009
Residency and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2013
License Expiration Date **6/30/2016**
Remarks

License Number 12266
License Date 4/7/2004
Name **MALKO, ELIZABETH C MD**
Address EVOLENT HEALTH, 800 N GLOBE RDARLINGTON, VA, 22203
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CT, FARMINGTON CT US 1989
Internship and Year YALE UNIVERSITY, BRIDGEPORT CT 1989
Residency and Year MIDDLESEX HOSP, MIDDLETOWN CT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 12749
License Date 6/1/2005
Name **MALLARI, MARGARET Q MD**
Address AVH, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF E RAMON, PHILIPPINES PHILIPPINES 1998
Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2001
Residency and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2003
License Expiration Date **6/30/2017**
Remarks

License Number 6560
License Date 6/24/1982
Name **MALLEK, MARK L MD**
Address 280 MAIN ST STE 340, NASHUA, NH, 03060-2920
Specialty GE
Board Certified
School and Year of Graduation GEORGETOWN UNIV SCH MED - WASHINGTON,DC USA 1977
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1978
Residency and Year CARNEY HOSPITAL - BOSTON, MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 14295
License Date 1/7/2009
Name **MALLEMAT, HANEY A MD**
Address 660 COLONIAL DR, WRJ, VT, 05001
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK USA 2003
Internship and Year SUNY DOWNSTATE - BROOKLYN, NY 2004
Residency and Year SUNY DOWNSTATE - BROOKLYN, NY 2008
License Expiration Date **6/30/2011**
Remarks

License Number 7688
License Date 8/5/1987
Name **MALLEN, JOHN KANNAN MD**
Address 32 STILES RD STE 204, SALEM, NH, 03079-2853
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1947
Internship and Year PROVIDENCE HOSP-WASHINGTON,DC 1948
Residency and Year DOCTORS HOSP-WASHINGTON,DC 1949
License Expiration Date **6/30/2009**
Remarks **Deceased 3/24/11**

License Number 10052
License Date 7/2/1997
Name **MALLEN, JOHN KENNETH MD**
Address 32 STILES RD STE 204, SALEM, NH, 03079
Specialty PS
Board Certified
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1988
Internship and Year ST ELIZABETH'S MEDICAL CENTER - MA 1989
Residency and Year ST VINCENT'S HOSPITAL MEDICAL CENTER - OH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 14204
License Date 10/1/2008
Name **MALONE, STEPHEN L MD**
Address THE ORTHOPMEDIC SPINE CTR, PA, 260 BEISER BLVD STE 101DOVER, DE, 19904
Specialty ORS
Board Certified ORS
School and Year of Graduation THOMAS JEFFERSON UNIV USA 1995
Internship and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1996
Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2000
License Expiration Date **6/30/2012**
Remarks

License Number 7254
License Date 1/2/1986
Name **MALONEY, CHRISTOPHER T MD**
Address 3170 N SWAN RD, TUCSON, AZ, 85712
Specialty CDS
Board Certified CDS
School and Year of Graduation NEW YORK MED COLL - VALHALLA, NY USA 1963
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 1964
Residency and Year NEW YORK MEDICAL COLL /MET HOSPITAL CENTER - NY, NY 1965
License Expiration Date **6/30/2008**
Remarks

License Number 16596
License Date 5/7/2014
Name **MALONEY, CRISTINE J MD**
Address 44 S MAIN ST, PO BOX 2000RANDOLPH, VT, 05060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VT SCHOOL OF MEDICINE USA 2007
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2008
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2010
License Expiration Date **6/30/2016**
Remarks

License Number 7915
License Date 7/6/1988
Name **MALONEY, JOHN P MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation BROWN UNIVERSITY USA 1977
Internship and Year
Residency and Year
License Expiration Date **5/15/1995**
Remarks **LICENSE REVOKED 5/15/95**

License Number 6881
License Date 5/10/1984
Name **MALONEY, LISABETH L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1981
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1982
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1984
License Expiration Date **6/30/2016**
Remarks

License Number 11799
License Date 12/4/2002
Name **MALONSO, RESTITUTO D MD**
Address STRAFFORD MED ASSOC, 10 MEMBERS WAY STE 302DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ARIZONA - TUCSON, AZ USA 1989
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1990
Residency and Year ST JOSEPHS HOSPITAL AND MEDICAL CENTER - PHOENIX, AZ 1991
License Expiration Date **6/30/2016**
Remarks

License Number 15588
License Date 3/7/2012
Name **MAMMADOVA, NAILA R MD**
Address 2-01 50TH AVE #2G, LONG ISLAND CITY, NY, 11101
Specialty AN
Board Certified
School and Year of Graduation AZERBAIJAN STATE MEDICAL UNIVERSITY AZERBAIJAN 1992
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2009
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2012
License Expiration Date **6/30/2014**
Remarks

License Number 8974
License Date 6/2/1993
Name **MAMOURIAN, ALEXANDER C MD**
Address UNIVERSITY OF PA MED CTR, 3400 SPRUCE ST 219 DULLES BLDGPHILADELPHIA, PA, 19104
Specialty DR
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1978
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA PA 1979
Residency and Year MEDICAL CENTER HOSPITAL VERMONT - BURLINGTON VT 1982
License Expiration Date **6/30/2017**
Remarks

License Number 13775
License Date 12/5/2007
Name **MAMUYA, WILFRED MD**
Address CARDIOLOGY DIV MGH, 55 FRUIT ST YAWKEY 5800BOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV USA 1993
Internship and Year BRIGHAM & WOMEN'S HOSPITAL-BOSTON, MA 1995
Residency and Year BRIGHAM & WOMEN'S HOSPITAL-BOSTON, MA 1998
License Expiration Date **6/30/2011**
Remarks

License Number 14518
License Date 7/1/2009
Name **MANALO, FELIPE B MD**
Address LOCUM TENENS PHYSICIAN, 5645 LAKE MENDOTA DRMADISON, WI, 53705
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILLIPINES 1962
Internship and Year DEACONESS HOSPITAL-FOREST PARK HOSP - ST LOUIS, MO 1966
Residency and Year ST MARYS HEALTH CENTER - ST LOUIS, MO 1970
License Expiration Date **6/30/2011**
Remarks

License Number 11713
License Date 8/7/2002
Name **MANCALL, ANDREW C MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation HAHNEMANN MED COL OF PHILADELPHIA- PHILADELPHIA,PA USA 1983
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE-EVANSTON,IL 1984
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND-CLEVELAND,OH 1985
License Expiration Date **6/30/2016**
Remarks

License Number 13257
License Date 9/6/2006
Name **MANCINI, DAVID J MD**
Address WALTER REED NATIONAL MILITARY MEDICAL CTR, 8901 ROCKVILLE PIKEBETHESDA, MD, 20889
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2003
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON NH 2004
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 16551
License Date 4/2/2014
Name **MANCUSO, AARON J MD**
Address 100 GATES POND RD, BERLIN, MA, 01503
Specialty AN
Board Certified
School and Year of Graduation CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2016**
Remarks

License Number 12626
License Date 3/2/2005
Name **MANCUSO, MARC A MD**
Address CHARLOTTE RADIOLOGY PA, 1701 EAST BOULEVARDCHARLOTTE, NC, 28203-5823
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 2001
Internship and Year ST VINCENT HOSPITAL, WORCESTER MA 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13258
License Date 9/6/2006
Name **MANDEL, MICHELE D MD**
Address MERRIMACK VALLEY PEDIATRICS, 387 EAST DUNSTABLE RD NASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2003
Internship and Year CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2004
Residency and Year CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2006
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/14 - reinstated 8/5/15**

License Number 9408
License Date 4/5/1995
Name **MANDELL, JONATHAN D MD**
Address ANDOVER SURGICAL ASSOCIATES, 140 HAVERHILL STANDOVER, MA, 01810-
Specialty GS
Board Certified GS
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year NY HOSPITAL - NEW YORK NY 1992
Residency and Year NY HOSPITAL - NEW YORK NY 1992
License Expiration Date **6/30/2013**
Remarks

License Number 8490
License Date 2/6/1991
Name **MANDELL, TODD W MD**
Address COMMUNITY SUBSTANCE ABUSE CTR, 125 N. ELM ST WESTFIELD, MA, 01085
Specialty P
Board Certified P
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year UNIV MASS HOSPITAL - WORCESTER, MA 1986
Residency and Year UNIV MASS HOSPITAL - WORCESTER, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 16597
License Date 5/7/2014
Name **MANE, HEATHER A MD**
Address 52 ST IVES WAY APT 23, MARLBOROUGH, MA, 01752
Specialty PD
Board Certified
School and Year of Graduation UNIV OF MASSACHUSETTS MEDICAL SCHOOL USA 2010
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2011
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 4621
License Date 10/2/1970
Name **MANECHE, HOUCHIDAR C MD**
Address 3 TWISTED OAK PLACE, PALM COAST, FL, 32137
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF PARIS SORBONNE PARIS FRANCE 1961
Internship and Year MERCY HOSPITAL - DENVER, CO 1962
Residency and Year VA HOSPITAL - WEST ROXBURY, MA 1967
License Expiration Date **6/30/2012**
Remarks

License Number 8909
License Date 3/3/1993
Name **MANEKSHA, JIMMY R MD**
Address DHMC-CT SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty CDS
Board Certified
School and Year of Graduation TOPIWALA NATIONAL MED COLLEGE UNIV OF BOMBAY INDIA 1973
Internship and Year BYL NAIR CHARITABLE HOSPITAL - BOMBAY INDIA 1975
Residency and Year BYL NAIR CHARITABLE HOSPITAL - BOMBAY INDIA 1975
License Expiration Date **6/30/2009**
Remarks

License Number 10053
License Date 7/2/1997
Name **MANESIS, DIMITRA A MD**
Address 4602 FARM ST, KENOSHA, WI, 53142
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF WISCONSIN MEDICAL SCHOOL-MADISON USA 1992
Internship and Year GROUP HEALTH COOP/PUGET SOND - WA 1994
Residency and Year GROUP HEALTH COOP/PUGET SOND - WA 1995
License Expiration Date **6/30/1998**
Remarks

License Number 14931
License Date 7/7/2010
Name **MANFIELD, LAURA DO**
Address 289 COUNTY RD, WINDSOR, VT, 05089
Specialty PM
Board Certified
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC USA 2006
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - PLAINVIEW, NY 2007
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2010
License Expiration Date **6/30/2012**
Remarks

License Number 15036
License Date 10/6/2010
Name **MANFRED, CHRISTOPHER S MD**
Address DHMC-ANESTHESIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NEW JERSEY USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 12910
License Date 10/5/2005
Name **MANGANARO, ANDREW J MD**
Address 1821 SCHNEBLY RD, XENIA, OH, 45385
Specialty GS
Board Certified
School and Year of Graduation NEW YORK UNIVERSITY, NEW YORK NY US 1972
Internship and Year BELLEVUE HOSPITAL CTR, NEW YORK NY 1974
Residency and Year BELLEVUE HOSPITAL CTR, NEW YORK NY 1977
License Expiration Date **6/30/2017**
Remarks

License Number 8095
License Date 5/10/1989
Name **MANGANELLI, MONIQUE L MD**
Address VA MEDICAL CENTER, 218 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGES UNIV SCH OF MED ST GEORGE'S GRENADA 1984
Internship and Year CONEY ISLAND HOSP BROOKLYN NY 1985
Residency and Year CONEY ISLAND HOSP BROOKLYN NY 1987
License Expiration Date **6/30/2009**
Remarks

License Number 16232
License Date 7/3/2013
Name **MANGANIELLO, MARC D MD**
Address 14 UNION PARK ST APT 6, BOSTON, MA, 02118
Specialty U
Board Certified
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2008
Internship and Year LAHEY CLINIC DOUNDATION - BURLINGTON,MA 2010
Residency and Year LAHEY CLINIC DOUNDATION - BURLINGTON,MA 2013
License Expiration Date **6/30/2015**
Remarks

License Number 6070
License Date 6/11/1979
Name **MANGANIELLO, PAUL D MD**
Address 226 TURNPIKE RD, PO BOX 1001NORWICH, VT, 05055
Specialty OBG
Board Certified OBG
School and Year of Graduation JEFFERSON MEDICAL COLL OF THOMAS JEFFERSON UNIV PA USA 1973
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1974
Residency and Year EUGENE TALMADGE MEMORIAL HOSPITAL - AUGUSTA, GA 1979
License Expiration Date **6/30/2017**
Remarks **RETIRED**

License Number 5890
License Date 4/26/1978
Name **MANGER, JULES N MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301-2598
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS SURGEONS, NY USA 1975
Internship and Year MARY I BASSETT HOSPITAL - COOPERTOWN, CT 1976
Residency and Year MARY I BASSETT HOSPITAL - COOPERTOWN, CT 1978
License Expiration Date **6/30/2014**
Remarks

License Number 14738
License Date 2/3/2010
Name **MANGIARDI, JASON R MD**
Address ENT ASSOC OF NH, 85 SPRING STLACONIA, NH, 03246
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 2003
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2005
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2016**
Remarks

License Number 6292
License Date 9/17/1980
Name **MANHEIMER, ERIC D MD**
Address 110 BLEECKER ST, APT 29-DNEW YORK, NY, 10012
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NY DOWNSTATE COLLEGE MEDICINE USA 1975
Internship and Year BALTIMORE CITY HOSPITAL - BALTIMORE, MD 1976
Residency and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1979
License Expiration Date **6/30/1998**
Remarks

License Number 10430
License Date 10/7/1998
Name **MANIACE, LEO L MD**
Address 11 GRANT DR, BEDFORD, NH, 03110
Specialty AN
Board Certified AN
School and Year of Graduation SCH OF MED ROSS UNIV - NEW YORK, NY USA 1986
Internship and Year STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 1987
Residency and Year SUNY HLTH SCI CTR AT BROOKLYN - BROOKLYN, NY 1989
License Expiration Date **6/30/2004**
Remarks **6/8/04 - Settlement Agreement**

License Number 6168
License Date 3/6/1980
Name **MANIN, MITCHELL MD**
Address 1247 WASHINGTON RD, PO BOX 423RYE, NH, 03870
Specialty P
Board Certified P
School and Year of Graduation UNIV. OF MIAMI SCH OF MED. MIAMI FL USA 1976
Internship and Year UNIV. HOSPITAL ANNE ARBOR,MI 1977
Residency and Year UNIV. OF MICHIGAN 1980
License Expiration Date **6/30/2016**
Remarks

License Number 12467
License Date 9/1/2004
Name **MANKU, KAWALPREET MD**
Address DARTMOUTH HITCHCOCK, 14 ARMORY RD RR 3MILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation GURU NARAK DEV UNIVERSITY, INDIA INDIA 1995
Internship and Year NORTH OAKLAND MED CTR, PONTIAC MI 2002
Residency and Year NORTH OAKLAND MED CTR, PONTIAC ME 2004
License Expiration Date **6/30/2008**
Remarks

License Number 8236
License Date 10/4/1989
Name **MANN, JASON MD**
Address CENTRAL INTERSTATE MEDICAL, 3600 N INTERSTATE AVEPORTLAND, OR, 97227-1191
Specialty ON
Board Certified ON
School and Year of Graduation GEORGE WASHINGTON UNIV SCH - WASHINGTON,DC USA 1075
Internship and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1976
Residency and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1977
License Expiration Date **6/30/2001**
Remarks

License Number 16675
License Date 7/2/2014
Name **MANN, JULIANNE A MD**
Address 3303 SW BOND AVE, MAIL CODE CH16DPORTLAND, OR, 97239
Specialty D
Board Certified D
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2007
Internship and Year NY UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2008
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2011
License Expiration Date **6/30/2016**
Remarks

License Number 4939
License Date 1/31/1973
Name **MANN, LEWIS DO**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **7/18/1990**
Remarks

License Number 8355
License Date 6/6/1990
Name **MANNING, HAROLD L MD**
Address DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation JOHN HOPKINS UNIV SCH OF MED-BALTIMORE,MD USA 1982
Internship and Year NEW YORK UNIV MED CTR -NY 1983
Residency and Year NEW YORK UNIV MED CTR-NY 1985
License Expiration Date **6/30/2016**
Remarks

License Number 5960
License Date 8/3/1978
Name **MANNING, MARCOS B MD**
Address MELROSE WAKEFIELD HOSP, 585 LEBANON STMELROSE, MA, 02176
Specialty EM
Board Certified
School and Year of Graduation MC MASTER UNIV FACULTY OF MED HAMILTON CANADA 1976
Internship and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1976
Residency and Year ROYAL VICTORIA HOSPITAL - MONTREAL, QUEBEC CANADA 1978
License Expiration Date **6/30/2003**
Remarks **11/4/04 - Final Order on Request for License Renewal**

License Number 15542
License Date 2/1/2012
Name **MANNING, MARIA A MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2000
Internship and Year INOVA FAIRFAX HOSPITAL - FALLS CHURCH, VA 2001
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2005
License Expiration Date **6/30/2014**
Remarks

License Number 14133
License Date 8/6/2008
Name **MANNION, KYLE MD**
Address 10 MUSEUM WAY APT # 821, CAMBRIDGE, MA, 02141
Specialty OTO
Board Certified
School and Year of Graduation UNIV OF CONNECTICUT USA 2002
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2003
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE -FARMINGTON, CT 2007
License Expiration Date **6/30/2010**
Remarks

License Number 15718
License Date 6/6/2012
Name **MANNO, PHILLIP J MD**
Address DH-NORRIS COTTON CANCER CTR, 87 MCGREGOR ST STE 4100MANCHESTER, NH, 03102
Specialty ON
Board Certified ON
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN ST MAARTIN 1985
Internship and Year OAKWOOD HOSPITAL & MEDICAL CENTER - DEARBORN, MI 1987
Residency and Year OAKWOOD HOSPITAL & MEDICAL CENTER - DEARBORN, MI 1989
License Expiration Date **6/30/2016**
Remarks

License Number 12750
License Date 6/1/2005
Name **MANOLI, SABINE H MD**
Address SABINE H MANOLI, 168 KINSLEY ST SUITE LLNASHUA, NH, 03060
Specialty GS
Board Certified GS
School and Year of Graduation BAYLOR COLLEGE, HOUSTON TX US 2000
Internship and Year BOSTON UNIVERSITY, ROXBURY MA 2001
Residency and Year BOSTON UNIVERSITY, ROXBURY MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 8296
License Date 4/4/1990
Name **MANSCHRECK, THEO C MD**
Address 59 OUTLOOK DR, LEXINGTON, MA, 02173-6937
Specialty P
Board Certified P
School and Year of Graduation CORNELL UNIV MED COLL-NY USA 1971
Internship and Year SAN FRANCISCO GEN HOSP-SAN FRANCISCO 1972
Residency and Year MASS GEN HOSP-BOSTON,MA 1975
License Expiration Date **6/30/1998**
Remarks

License Number 7033
License Date 1/10/1985
Name **MANSFIELD, FREDERICK L MD**
Address YAWKEY CENTER FOR OUTPATIENT CARE, 55 FRUIT ST STE 3800BOSTON, MA, 02114-
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1976
Internship and Year BRIGHAM-WOMENS HOSPITAL - BOSTON, MA 1977
Residency and Year MASS GENERAL HOSPITAL - BOSTON,MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 11613
License Date 5/1/2002
Name **MANSFIELD, LAURI S MD**
Address 47 ORCHARD HILL, HINESBURG, VT, 05461
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT - BRULINGTON, VT USA 1998
Internship and Year NEW HAMPSHIRE DRTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1999
Residency and Year NEW HAMPSHIRE DRTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 15761
License Date 7/11/2012
Name **MANSON, SUSAN M MD**
Address 915 GORDON AVE, THOMASVILLE, GA, 31792
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIVESITY OF NEW YORK HEALTH SCIENCE CENTER USA 1997
Internship and Year WINTHROP-UNIVERSITY HOSPITAL- MINEOLA NY 1998
Residency and Year WINTHROP-UNIVERSITY HOSPITAL- MINEOLA NY 1999
License Expiration Date **6/30/2016**
Remarks

License Number 10431
License Date 10/7/1998
Name **MANSOOR, SHADAN MD**
Address 7 PARKER ST, ACTON, MA, 01720
Specialty IM
Board Certified IM
School and Year of Graduation DOW MEDICAL COLLEGE - UNIV KARACHI PAKISTAN 1989
Internship and Year BOSTON UNIV SCH OF MED - BOSTON MEDICAL CENTER - BOSTON, MA 1993
Residency and Year BOSTON UNIV SCH OF MED - BOSTON MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date **6/30/2003**
Remarks

License Number 13114
License Date 6/7/2006
Name **MANUCHA, VARSHA MD**
Address 79 ALSUN DR, HOLLIS, NH, 03049
Specialty PTH
Board Certified PTH
School and Year of Graduation DELHI UNIVERSITY, INDIA INDIA 1997
Internship and Year BOSTON UNIVERSITY, BOSTON MA 2004
Residency and Year BOSTON UNIVERSITY, BOSTON MA 2005
License Expiration Date **6/30/2012**
Remarks

License Number 8128
License Date 6/7/1989
Name **MANZANERO, BIENVENIDO L MD**
Address HAMPSTEAD HOSP, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty P
Board Certified P
School and Year of Graduation RAMON MAGSAYSAY MEM MED QUEZON CITY PHILLIPINES 1980
Internship and Year CITY HOSP CTR - ELMHURST, NY 1989
Residency and Year CITY HOSP CTR ELMHURST NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 11540
License Date 3/6/2002
Name **MANZI, STEVEN V MD**
Address X-RAY PA, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation UNIV OF SOUTH FLORIDA - TAMPA, FL USA 1990
Internship and Year UNIV MEDICAL CENTER - UFHSCJ - JACKSONVILLE, FL 1991
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1995
License Expiration Date **6/30/2006**
Remarks

License Number 11178
License Date 2/7/2001
Name **MAQUINE, MELANIE DO**
Address 215 MAIN ST, PORT WASHINGTON, NY, 11050
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLL OF OSTEOPATHIC MED - OLD WESTBURY, N USA 1992
Internship and Year UNITED HEALTH SERVICES HOSPITALS - JOHNSON CITY, NY 1993
Residency and Year WINTHROP-UNIV HOSPITAL - MINEOLA, NY 1995
License Expiration Date **6/30/2001**

Remarks

License Number 15762
License Date 7/11/2012
Name **MARAIRE, JACQUELINE N MD**
Address NH NEUROSPINE INSTITUTE, 4 HAWTHORN DRBEDFORD, NH, 03110
Specialty NS
Board Certified NS
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS SURGEONS USA 1992
Internship and Year YALE UNIVERSITY SCHOOL OF MEDICINE-NEW HAVEN CT 06520 1993
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE- NEW HAVEN CT 06520 1999
License Expiration Date **6/30/2014**

Remarks

License Number 15037
License Date 10/6/2010
Name **MARASA, RICHARD A MD**
Address SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RDSRINGFIELD, VT, 05156
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1980
Internship and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 1981
Residency and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 1982
License Expiration Date **6/30/2016**

Remarks

License Number 15066
License Date 11/3/2010
Name **MARASCO JR, PATRICK V MD**
Address PLASTIC SURGERY CENTER, 43 HIGH ST STE BN ANDOVER, MA, 01845
Specialty PS
Board Certified PS
School and Year of Graduation BOSTON UNIVERSITY USA 1983
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1984
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date **6/30/2014**

Remarks

License Number 16014
License Date 2/6/2013
Name **MARAWAR, ROHIT A MD**
Address WENTWORTH DOUGLASS PHYSICIAN CORP, 158 E NH RTE 108, STE #5DOVER, NH, 03820
Specialty N
Board Certified N
School and Year of Graduation GOVERNMENT MEDICAL COLLEGE-NAGPUR UNIV INDIA 2005
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2008
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 9816
License Date 8/7/1996
Name **MARBLE, KIMBERLY R MD**
Address 3 ALUMNI DR STE 402, EXETER, NH, 03833-
Specialty PS
Board Certified PS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1989
Internship and Year ST FRANCIS HOSP MEDICAL CENTER - HARTFORD CT 1990
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1996
License Expiration Date **6/30/2016**
Remarks

License Number 4247
License Date 4/16/1968
Name **MARCHANT, ROBERT M MD**
Address 162 WASHINGTON RD, RYE, NH, 03870
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE - NY, NY USA 1935
Internship and Year ELLIS HOSPITAL - SCHENECTADY, NY 1963
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1968
License Expiration Date **6/30/2000**
Remarks

License Number 6791
License Date 9/8/1983
Name **MARCUCCI, RICHARD A MD**
Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty EM
Board Certified IM
School and Year of Graduation NEW YORK MED COLL-VALHALLA,NY USA 1972
Internship and Year NORTH SHORE UNIV HOSPITAL-MANHASSET,NY 1973
Residency and Year NORTH SHORE UNIV HOSPITAL-MANHASSET,NY 1975
License Expiration Date **6/30/2017**
Remarks

License Number 15931
License Date 11/7/2012
Name **MARENCHIC, MICHAEL G MD**
Address P O BOX 1269, RANCHO SANTA FE, CA, 92067
Specialty EM
Board Certified EM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1974
Internship and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1975
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 9703
License Date 5/1/1996
Name **MARGESSON, LYNETTE J MD**
Address 721 CHESTNUT ST, MANCHESTER, NH, 03104
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO- ONTARIO CANADA CANADA 1970
Internship and Year ST JOSEPHS HOSPITAL ONTARIO 1971
Residency and Year UNIVERSITY OF TORONTO 1975
License Expiration Date **6/30/2016**
Remarks

License Number 11179
License Date 2/7/2001
Name **MARGOLIN, CHAIM J MD**
Address 3680 BROADWAY, FT MYERS, FL, 33901
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ - NEWARK, NJ USA 1986
Internship and Year THOMAS JEFFERSON UNIV HOSP - PHILIA, PA 1987
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date **6/30/2005**
Remarks

License Number 12502
License Date 10/6/2004
Name **MARGOLIS, DEBRA E DO**
Address PARKLAND URGENT CARE, 31 STILES RDSALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1998
Internship and Year ST JOSEPHS HOSPITAL, PATERSON NJ 1999
Residency and Year ST JOSEPHS HOSP, PATERSON NJ 2000
License Expiration Date **6/30/2016**
Remarks

License Number 5163
License Date 4/16/1974
Name **MARGRAF, JAMES H MD**
Address 60 BLACKBERRY LANE, KEENE, NH, 03431
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1969
Internship and Year MARY HITCHCOCK MEM HOSP-HANOVER NH 1970
Residency and Year MEDICAL COLLEGE OF VIRGINIA-RICHMOND VA 1974
License Expiration Date **6/30/2012**
Remarks

License Number 15543
License Date 2/1/2012
Name **MARIETTA, CHANDLER W MD**
Address ENT ASSOCIATES OF NH, 85 SPRINGS ST LACONIA, NH, 03246
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2004
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2005
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 10093
License Date 8/6/1997
Name **MARINELLI, FRANKLIN C MD**
Address NORTH ANDOVER MEDICAL ASSOC, 232 SUTTON STN ANDOVER, MA, 01845
Specialty GE
Board Certified
School and Year of Graduation BROWN UNIV PROGRAM IN MED PROVINCE, RI USA 1992
Internship and Year BETH ISRAEL HOSPITAL - MA 1995
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER- MA 1997
License Expiration Date **6/30/1998**
Remarks

License Number 6790
License Date 9/8/1983
Name **MARINO, ANTHONY F MD**
Address 99 JACKSON ST, METHUEN, MA, 01844-
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MASS-WORCESTER,MA USA 1978
Internship and Year WORCESTER MEM HOSP INC-WORCESTER,MA 1979
Residency and Year WORCESTERMEM HOSP INC-WORCESTER,MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 8319
 License Date 5/9/1990
 Name **MARINO, ANTHONY R MD**
 Address NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101 NASHUA, NH, 03062-1383
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED-FRAMINGHAM, CT USA 1983
 Internship and Year UNIV MA HOSP-WORCHESTER, MA 1984
 Residency and Year UNIV MA HOSP-WORCHESTER, MA 1985
 License Expiration Date **6/30/2016**
 Remarks

License Number 8647
 License Date 11/6/1991
 Name **MARINO, MARK MD**
 Address 115 N LAKESHORE DR, MANAHAWKIN, NJ, 08050-2914
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation ST GEORGE'S UNIVERSITY WEST INDIES 1986
 Internship and Year ST JOSEPH HOSPITAL AND MEDICAL CENTER PATERSON - NEW JERSEY 1987
 Residency and Year JERSEY CITY MEDICAL CENTER - JERSEY CITY - NJ ST LUKES HOSPITAL - BETHLEHEM - PENNSYLVANIA
 License Expiration Date **6/30/1998**
 Remarks

License Number 3604
 License Date 3/16/1963
 Name **MARIN-PADILLA, JUAN MIGUEL MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756
 Specialty ATP
 Board Certified ATP
 School and Year of Graduation FACULTAD DE MEDICINA GRANADA, SPAIN SPAIN 1955
 Internship and Year SAINT FRANCIS HOSPITAL - JERSEY CITY, NJ 1957
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1962
 License Expiration Date **6/30/1999**
 Remarks

License Number 7255
 License Date 1/2/1986
 Name **MARK, KONRAD A MD**
 Address 6 MILL ST, ARLINGTON, MA, 02476
 Specialty N
 Board Certified N
 School and Year of Graduation MED COLL OF SC CHARLESTON SC USA 1976
 Internship and Year WASH UNIV MED SCH ST LOUIS MO 1977
 Residency and Year WASH UNIV MED SCH ST LOUIS MO 1979
 License Expiration Date **6/30/2016**
 Remarks

License Number 15067
License Date 11/3/2010
Name **MARK, RON Y MD**
Address IMAGING MEDICAL ASSOC, 2103 DEER PARK AVE DEER PARK, NY, 11735
Specialty R
Board Certified R
School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 1996
Internship and Year SUNY @ BUFFALO - BUFFALO, NY 1998
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 5699
License Date 4/21/1977
Name **MARKERT, CRAIG W MD**
Address LACONIA CLINIC, PO BOX 637 LACONIA, NH, 03247
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE-NEW YORK NY USA 1973
Internship and Year NEW ENGLAND DEACONESS HOSPITAL-BOSTON MA 1974
Residency and Year NEW ENGLAND DEACONESS HOSPITAL-BOSTON MA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 6245
License Date 7/3/1980
Name **MARKHAM, FRED W MD**
Address 1015 WALNUT STE 401, PHILADELPHIA, PA, 19107
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANVOER, NH USA 1976
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1977
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1979
License Expiration Date **6/30/2000**
Remarks

License Number 7000
License Date 11/1/1984
Name **MARKOS, PETER G DO**
Address 8 RENAUD AVE L-3, PO BOX 732-3LDOVER, NH, 03821-0732
Specialty PM
Board Certified PM
School and Year of Graduation UNIV NEW ENGLAND-BIDDEFORD, ME USA 1982
Internship and Year DOCTORS GENERAL HOSP-PLANTATION, FL 1983
Residency and Year UNIV HOSP-BOSTON, MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 14257
License Date 12/3/2008
Name **MARKOWITZ, MINDY MD**
Address 205 EAST 95TH ST APT 6G, NEW YORK, NY, 10128
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV USA 2005
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 2006
Residency and Year LENOX HILL HOSPITAL - NEW YORK, NY 2008
License Expiration Date **6/30/2010**
Remarks

License Number 12110
License Date 10/1/2003
Name **MARKS JR, DOUGLAS F MD**
Address ELLIOT RHEUMATOLOGY ASSOCIATES, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIVERSITY OF MA, WORCESTER MA US 2001
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16121
License Date 5/1/2013
Name **MARKS, BRIAN K MD**
Address CONCORD HOSPITAL CENTER FOR UROLOGIC CARE, 246 PLEASANT ST., STE G2CONCORD, NH, 0330
Specialty U
Board Certified U
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2006
Internship and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12310
License Date 5/5/2004
Name **MARKS, HEATHER L MD**
Address DARTMOUTH-HITCHCOCK CLINIC MAN, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12267
License Date 4/7/2004
Name **MARKS, NICHOLAS R MD**
Address NORTH COUNTRY WOMEN'S HEALTH, 580 ST JOHNSBURY RD STE ELITTLETON, NH, 03561
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN US 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 9546
License Date 9/6/1995
Name **MARKS, RICHARD M MD**
Address MEDICAL COLLEGE OF WISCONSIN, 9200 W WISCONSIN AVEMILWAUKEE, WI, 53226
Specialty ORS
Board Certified
School and Year of Graduation JEFFERSON MED COLL-THOMAS JEFFERSON UNIV PA USA 1988
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL PHILADELPHIA PA 1989
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL PHILADELPHIA PA 1994
License Expiration Date **6/30/1998**
Remarks

License Number 7357
License Date 6/12/1986
Name **MARKS, THOMAS MD**
Address GRANITE STATE ORTHOPAEDICS, 44 BIRCH ST STE 305DERRY, NH, 03038
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS - WORCESTER USA 1979
Internship and Year BERKSHUIRE MED CTR 1980
Residency and Year UNIVERSITY OF MA MEDICAL CTR 1984
License Expiration Date **6/30/2016**
Remarks

License Number 5961
License Date 8/3/1978
Name **MARKWITH, NEIL J MD**
Address 445 CYPRESS ST, MANCHESTER, NH, 03103-3600
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1975
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1976
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 15108
License Date 1/5/2011
Name **MAROTTI, JONATHAN D MD**
Address DHMC-PATHOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13793
License Date 1/11/2008
Name **MARQUEZ, MA THERESA C MD**
Address DHMC-MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2006
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2007
License Expiration Date **6/30/2016**
Remarks

License Number 7128
License Date 6/6/1985
Name **MARQUIS, STEPHEN J MD**
Address AFFINITY MED GROUP, 1531 S MADISON STSTE 330APPLETON, WI, 54915
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY-MEDFORD, MA USA 1982
Internship and Year NEW ENGLAND MEDICAL CTR-BOSTON, MA 1983
Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON, MA 1985
License Expiration Date **6/30/2003**
Remarks

License Number 9165
License Date 5/4/1994
Name **MARRERO, MICHAEL E MD**
Address 5 ALUMNI DR, EXETER, NH, 03833
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF IL COLLEGE OF MEDICINE USA 1987
Internship and Year IL MASONIC MEDICAL CENTER - CHICAGO IL 1991
Residency and Year IL MASONIC MEDICAL CENTER - CHICAGO IL 1991
License Expiration Date **6/30/2016**
Remarks

License Number 6331
License Date 1/8/1981
Name **MARRIN, CHARLES A S MD**
Address JUNIPER HILL, 420 QUECHEE RDHARTLAND, VT, 05048
Specialty CDS
Board Certified CDS
School and Year of Graduation UNIV OF LONDON FAC OF MED-LONDON ENGLAND 1971
Internship and Year ST LUKES HOSPITAL - NY 1977
Residency and Year ST LUKES HOSP,NEW YORK 1977
License Expiration Date **6/30/2017**
Remarks

License Number 15084
License Date 12/1/2010
Name **MARRIOTT, ROBERT J MD**
Address ADVANTAGE WOUND CARE, 222 N SEPULVEDA BLVD, SUITE 2175EL SEGUNDO, CA, 90245
Specialty GS
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2000
Internship and Year SAINT VINCENT'S HOSPITAL & MEDICAL CENTER - NY, NY 2002
Residency and Year SAINT VINCENT'S HOSPITAL & MEDICAL CENTER - NY, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10561
License Date 5/5/1999
Name **MARSEGLIA, RICHARD V MD**
Address HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1995
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1996
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1998
License Expiration Date **6/30/2005**
Remarks

License Number 8898
License Date 2/3/1993
Name **MARSH, BRYAN J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR INF DISEASLEBANON, NH, 03756-
Specialty IM
Board Certified ID
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MED USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12503
License Date 10/6/2004
Name **MARSH, ERIC J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2006**
Remarks

License Number 10054
License Date 7/2/1997
Name **MARSH, MARIANNE MD**
Address MONADNOCK FAMILY SERVICES, 17 93RD STKEENE, NH, 03431
Specialty P
Board Certified P
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1989
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1990
Residency and Year MEDICAL CENETER HOSPITAL OF VERMONT 1993
License Expiration Date **6/30/2017**
Remarks

License Number 4660
License Date 2/16/1971
Name **MARSH, MEMOIR B MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks **DECEASED 3/11/03**

License Number 7228
License Date 11/7/1985
Name **MARSH, WILLIAM M MD**
Address 10 CENTER ST, PO BOX 2027WOLFEBORO, NH, 03894
Specialty OPH
Board Certified OPH
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
Residency and Year SUNY UPSTATE MED CTR-SYRACUSE,NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 2806
License Date 3/8/1950
Name **MARSHALL, DAVID C MD**
Address 10 DEERHAVEN DR, NASHUA, NH, 03060-1118
Specialty GP
Board Certified
School and Year of Graduation MC GILL UNIVERSITY - MONTREAL CANADA 1949
Internship and Year THE MEMORIAL HOSPITAL - WORCESTER, MA 1950
Residency and Year THE MEMORIAL HOSPITAL - WORCESTER, MA 1950
License Expiration Date **9/15/2003**
Remarks **DECEASED**

License Number 4107
License Date 7/13/1967
Name **MARSHALL, GUY C MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **4/16/1987**
Remarks **DECEASED 4/16/87**

License Number 14086
License Date 7/9/2008
Name **MARSHALL, JODI F MD**
Address FRISBEE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10756
License Date 11/3/1999
Name **MARSHALL, JOHN F MD**
Address NORRIS COTTON CANCER CENTER, 1080 HOSPITAL DR PO BOX 468 ST JOHNSBURY, VT, 05819
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MIAMI USA 1966
Internship and Year LOUISIANA STATE UNIVERSITY - NEW ORLEANS LA 1967
Residency and Year PENROSE CANCER CTR - COLORADO SPRINGS CO 1972
License Expiration Date **6/30/2015**
Remarks

License Number 9547
License Date 9/6/1995
Name **MARSHALL, MICHAEL B MD**
Address 1313 BROADWAY PLAZA, SUITE 200TACOMA, WA, 98402
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF THE WITWATERSRAND MED SCHOOL JOHANNESBURG S AFRICA 1988
Internship and Year BOKSBURG BENONI HOSPITAL SOUTH AFRICA 1989
Residency and Year HILLBROW HOSPITAL JOHANNESBURG SOUTH AFRICA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 13632
License Date 8/1/2007
Name **MARSHALL, SHARON A MD**
Address RADIOLOGY ASSOC OF MAIN LINE, 255 WEST LANCASTER AVEPAOLI, PA, 19301
Specialty R
Board Certified R
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1983
Internship and Year NAVAL MEDICAL CENTER-PORTSMOUTH, VA 1984
Residency and Year GEORGE WASHINGTON UNIV-WASHINGTON,DC 1993
License Expiration Date **6/30/2011**
Remarks

License Number 17016
License Date 4/1/2015
Name **MARSHALL, STEPHEN D MD**
Address 724 NORTH MAIN ST, LACONIA, NH, 03246
Specialty U
Board Certified
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ USA 2009
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2010
Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2014
License Expiration Date **6/30/2017**
Remarks

License Number 13071
License Date 5/3/2006
Name **MARSONI, NICOLO MD**
Address NOVANT HEALTH PULMONARY AND CRITICAL CARE, 1900 RANDOLPH RD STE 580CHARLOTTE, NC,
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DI PADOVA ITALY 2000
Internship and Year UNIV OF OKLAHOMA COLLEGE OF MEDICINE-TULSA OK 2005
Residency and Year UNIV OF OKLAHOMA COLLEGE OF MEDICINE-TULSA OK 2006
License Expiration Date **6/30/2016**
Remarks

License Number 16233
License Date 7/3/2013
Name **MARSZALEK LITAUSKA, AGATA MD**
Address SUPPORTIVE & PALLIATIVE CARE, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE POLAND 2003
Internship and Year FOREST HILLS HOSPITAL - FOREST HILLS, NY 2009
Residency and Year FOREST HILLS HOSPITAL - FOREST HILLS, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12850
License Date 8/3/2005
Name **MARTEL, AMY L MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2002
Internship and Year CONCORD HOSPITAL, CONCORD NH 2003
Residency and Year CONCORD HOSPITAL, CONCORD NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 8936
License Date 5/5/1993
Name **MARTENS, RICHARD A MD**
Address , , ,
Specialty GE
Board Certified
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1961
Internship and Year
Residency and Year
License Expiration Date **7/31/1995**
Remarks

License Number 14519
License Date 7/1/2009
Name **MARTIN III, WILLIAM J MD**
Address C/O PRIMARY CARE @MEMORIAL HOS, 3073 WHITE MOUNTAIN HWYNORTH CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2006
Internship and Year MERCY HEALTH SYSTEM - JANESVILLE, WI 2007
Residency and Year MERCY HEALTH SYSTEM - JANESVILLE, WI 2009
License Expiration Date **6/30/2017**
Remarks

License Number 7229
License Date 11/7/1985
Name **MARTIN JR, FRANCIS P MD**
Address 131 BANGOR LN, MILFORD, DE, 19968
Specialty EM
Board Certified FP
School and Year of Graduation LOYOLA UNIV OF CHICAGO, MAYWOOD, IL USA 1978
Internship and Year WINTHROP-UNIV HOSPITAL - NEW YORK 1979
Residency and Year WINTHROP-UNIV HOSPITAL - NEW YORK 1980
License Expiration Date **6/30/2013**
Remarks

License Number 9680
License Date 4/3/1996
Name **MARTIN, DAVID T MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805-
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF LONDON LONDON 1982
Internship and Year EDGWARE GENERAL HOSPITAL - ENGLAND 1983
Residency and Year LAHEY CLINICI MEDICAL CTR - BURLINGTON, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 14659
License Date 11/4/2009
Name **MARTIN, ERIC D MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10562
License Date 5/5/1999
Name **MARTIN, GREGORY F MD**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1989
Internship and Year WATERBURY HOSPITAL HEALTH CTR - WATERBURY, CT 1990
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16916
License Date 1/21/2015
Name **MARTIN, ISABELLA W MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03766
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 8575
License Date 6/5/1991
Name **MARTIN, JAMES S MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060-3648
Specialty EM
Board Certified EM
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON,DC USA 1988
Internship and Year CHARLOTTE MEMORIAL HOSPITAL - CHARLOTTE, NC 1989
Residency and Year CAROLINAS MEDICAL CTR - CHARLOTTE, NC 1991
License Expiration Date **6/30/2017**
Remarks

License Number 14231
License Date 11/5/2008
Name **MARTIN, JEFFREY E MD**
Address 4 DANA DR, BERWICK, ME, 03901
Specialty FP
Board Certified FP
School and Year of Graduation E CAROLINA UNIV USA 1983
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1984
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1986
License Expiration Date **6/30/2014**
Remarks

License Number 17227
License Date 8/5/2015
Name **MARTIN, JOHN H DO**
Address 1304 PLANTATION DR N, COLLEYVILLE, TX, 76034-4162
Specialty FP
Board Certified FP
School and Year of Graduation OK STATE UNIV COLL OF OSTEO MED USA 1986
Internship and Year DALLAS-FT WORTH MED CTR- GRAND PRAIRIE, TX 1987
Residency and Year NORTH CENTRAL TEXAS MED FOUNDATION- Wichita falls, tx 1990
License Expiration Date **6/30/2017**
Remarks

License Number 11327
License Date 7/11/2001
Name **MARTIN, KATHLEEN L MD**
Address MERE POINT OB/GYN, 329 MAINE STBRUNSWICK, ME, 04011
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT USA 1988
Internship and Year DANBURY HOSPITAL DANBURY CT 1989
Residency and Year BRIGHAM & WOMEN'S HOSPITAL CHESTNUT HILL MA 1990
License Expiration Date **6/30/2003**
Remarks

License Number 7129
License Date 6/6/1985
Name **MARTIN, NEIL M MD**
Address PENKUCKET MEDICAL ASSOCIATES, 360 MERRIMACK STLAWRENCE, MA, 01843
Specialty EM
Board Certified EM
School and Year of Graduation DOWNSTATE MEDICAL CENTER-BROOKLYN, NY USA 1979
Internship and Year UNIVERSITY OF MARYLAND HOSPITAL-BALTIMORE, MD 1980
Residency and Year UNIVERSITY OF MARYLAND HOSPITAL-BALTIMORE, MD 1982
License Expiration Date **6/30/2017**
Remarks **SETTLEMENT AGREEMENT 3/15/01**

License Number 8801
License Date 9/2/1992
Name **MARTIN, PETER M MD**
Address BOSTON IVF, 40 SECOND ST STE 300WALTHAM, MA, 02154
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1972
Internship and Year UNIVERSITY OF MICHIGAN- ANN ARBOR - MI 1973
Residency and Year BRIGHAM AND WOMEN'S HOSPITAL-BOSTON - MA 1977
License Expiration Date **6/30/2001**
Remarks

License Number 10432
License Date 10/7/1998
Name **MARTIN, SAMUEL P MD**
Address 1555 HOWELL BRANCH RD, STE B-4WINTER PARK, FL, 32789
Specialty GS
Board Certified GS
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1972
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1973
Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1974
License Expiration Date **6/30/2001**
Remarks

License Number 11380
License Date 9/5/2001
Name **MARTIN, THOMAS L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED- PITTSBURGH, PA USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2002**
Remarks

License Number 17116
License Date 6/3/2015
Name **MARTIN, TYLER P DO**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2012
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2013
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13408
License Date 2/7/2007
Name **MARTIN, VICTORIA J MD**
Address DHMC EMERGENCY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 2005
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13551
License Date 6/6/2007
Name **MARTIN, WENDY M MD**
Address LAHEY HOSPITAL & MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MISSISSIPPI USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2015**
Remarks

License Number 7880
License Date 6/8/1988
Name **MARTIN, WILLIAM P MD**
Address 100 MCGREGOR ST, MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCH MED -WASHINGTON,DC USA 1985
Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON, MA 1986
Residency and Year NEWTON WELLESLEY HOSPITAL - NEWTON, MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 11029
License Date 8/2/2000
Name **MARTINEAU, MICHAEL R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty D
Board Certified
School and Year of Graduation UNIV OF UTAH SCH - SALT LAKE CITY, UT USA 1998
Internship and Year LDS HOSPITAL - SALT LAKE CITY, UT 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 16282
License Date 8/7/2013
Name **MARTINEZ, JOSEPH A MD**
Address 8 CENTURY PINES STE 2, PO BOX 430BARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE USA 2002
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2003
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15763
License Date 7/11/2012
Name **MARTINEZ, ROBIN E MD**
Address 6305 SUNLAKE DR, AMARILLO, TX, 79124-1215
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TEXAS MEDICAL SHOOOL AT GALVESTON, TX USA 1986
Internship and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER- ODESSA, TX 79763 1987
Residency and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT AMA- AMARILLO, TX 79106 1988
License Expiration Date **6/30/2016**
Remarks

License Number 9454
License Date 6/7/1995
Name **MARTINEZ, ROY E MD**
Address , , ,
Specialty DR
Board Certified DR
School and Year of Graduation STANFORD UNIVERSITY USA 1983
Internship and Year DHMC 1995
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 12311
License Date 5/5/2004
Name **MARTINEZ-ADORNO, MELISSA MD**
Address WOMEN'S CARE OF NASHUA, 10 PROSPECT ST STE 303NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF PA, PHILADELPHIA PA US 2000
Internship and Year PA STATE UNIVERSITY, ALLENTOWN PA 2001
Residency and Year PA STATE UNIVERSITY, ALLENTOWN PA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 7525
License Date 3/4/1987
Name **MARTINO, CHRISTOPHER DO**
Address CONCORD HOSP - NEUROLOGY ASSOC, 248 PLEASANT ST STE G200CONCORD, NH, 03301
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF MEDICINE & DENSTISTRY-NJ USA 1982
Internship and Year BOTSFORD GENERAL HOSPITAL-MI 1983
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL 1986
License Expiration Date **6/30/2017**
Remarks

License Number 14805
License Date 4/7/2010
Name **MARTONE, CATHARINE L MD**
Address FALLON CLINIC, 630 PLANTATION STWORESTER, MA, 01605
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VERMONT USA 2003
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2004
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2008
License Expiration Date **6/30/2012**
Remarks

License Number 8716
License Date 5/6/1992
Name **MARTY, JOHN M DO**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-1718
Specialty AN
Board Certified AN
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 1984
Internship and Year MEMORIAL HOSPITAL 1985
Residency and Year PORTSMOUTH NAVAN HOSPITAL 1989
License Expiration Date **6/30/2016**
Remarks

License Number 17226
License Date 8/5/2015
Name **MARUS, JONATHAN E MD**
Address 1875 NW CORPORATE BLVD STE 260, BOCA RATON, FL, 33431-8542
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MED & DENSTRY USA 2002
Internship and Year UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL- NEW BRUNSWICK NJ 2003
Residency and Year UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL- NEW BRUNSWICK NJ 2005
License Expiration Date **6/30/2017**
Remarks

License Number 14715
License Date 1/6/2010
Name **MARUSZAK, SANDRA L MD**
Address LAKES REGION GENERAL HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 2008
Residency and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 16483
License Date 2/5/2014
Name **MARVELLI, CHRISTOPHER A MD**
Address MEMORIAL HOSP, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MASSACHUSETTS MEDICAL SCHOOL USA 1996
Internship and Year HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 1997
Residency and Year HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14520
License Date 7/1/2009
Name **MARVIN, KATHERINE G MD**
Address 657 DAVIS HILL RD, HYDE PARK, VT, 05655
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MARYLAND USA 2004
Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2005
Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2007
License Expiration Date **6/30/2011**
Remarks

License Number 6521
License Date 4/1/1982
Name **MARVIN, RONALD A MD**
Address ORTHOPAEDICS NORTHEAST PC, 575 TURNPIKE ST STE 11N ANDOVER, MA, 01845
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1972
Internship and Year ST ELIZABETH HOSP-BOSTON,MA 1975
Residency and Year ST ELIZABETHS HOSP-BOSTON,MA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 12884
License Date 9/7/2005
Name **MARX, JEFFREY L MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty OPH
Board Certified OPH
School and Year of Graduation STATE UNIVERSITY OF NY, STONY BROOK NY US 1990
Internship and Year WINTHROP UNIVERSITY HOSP, MINEOLA NY 1991
Residency and Year UNIVERSITY OF ILLINOIS, CHICAGO IL 1994
License Expiration Date **6/30/2017**
Remarks

License Number 7715
License Date 9/2/1987
Name **MARX, KENNETH W MD**
Address 401 CANDLEWOOD RD, BROOMALL, PA, 19008
Specialty EM
Board Certified FP
School and Year of Graduation UNIV CENTRAL DEL ESTE, ESCUELA DE MED SAN PEDRO DE DOMINICAN REPUBLIC 1981
Internship and Year RUTGERS MEDICAL SCHOOL - PISCATAWAY, NJ 1982
Residency and Year ST MICHAELS MEDICAL CENTER - NEWARK, NJ 1983
License Expiration Date **6/30/2003**
Remarks

License Number 8843
License Date 11/4/1992
Name **MARX, OTTO M MD**
Address 139 MAIN ST, STE 404BRATTLEBORO, VT, 05301
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE USA 1957
Internship and Year BARNES HOSPITAL ST LOUIS - MISSOURI 1958
Residency and Year LANGLEY PORTER PSYCHIATRIC HOSPITAL AND CLINIC SAN FRANCISCO - CALIFORNIA 1961
License Expiration Date **8/30/2012**
Remarks **Deceased 8/30/2012**

License Number 3435
License Date 3/11/1961
Name **MARYN, DENIS T MD**
Address 1 SPRUCE ST, NEWPORT, NH, 03773-
Specialty FP
Board Certified
School and Year of Graduation LEYDEN UNIVERSITY HOLLAND 1959
Internship and Year WASHINGTON SANITARIUM AND HOSPITAL- MAYLAND 1960
Residency and Year SIBLEY MEMORIAL HOSPITAL 1961
License Expiration Date **6/30/2003**
Remarks **DECEASED 12/16/09**

License Number 17117
License Date 6/3/2015
Name **MASARACCHIA, MELISSA M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2011
Internship and Year NORWALK HOSPITAL-YALE UNIVERSITY - NORWALK, CT 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 12217
License Date 2/4/2004
Name **MASEWIC, MATTHEW J MD**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA GRENADA 2001
Internship and Year CONCORD HOSPITAL, CONCORD NH 2002
Residency and Year CONCORD HOSPITAL, CONCORD NH 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12504
License Date 10/6/2004
Name **MASNER, RADEK MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF OTTAWA, OTTAWA ONTARIO CANADA CANADA 1992
Internship and Year MT SINAI HOSPITAL, TORONTO ONTARIO CANADA 1993
Residency and Year QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 12967
License Date 12/7/2005
Name **MASON JR, WILLIAM G MD**
Address 20 ROHDE AVE, ST AUGUSTINE, FL, 32084
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF FLORIDA, GAINESVILLE FL US 1975
Internship and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1976
Residency and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1979
License Expiration Date **6/30/2017**
Remarks

License Number 16723
License Date 8/6/2014
Name **MASON, ANNICE M MD**
Address MT ASCUTNEY HOSPITAL & HEALTH CTR, 289 COUNTY RDWINDSOR, VT, 05089
Specialty PM
Board Certified
School and Year of Graduation UNIV OF VT COLLEGE OF MEDICINE - BURLINGTON, VT USA 2010
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2012
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 6471
License Date 11/30/1981
Name **MASON, PETER A MD**
Address ALICE PECK DAY MEMORIAL HOSP, 10 ALICE PECK DAY DRIVELEBANON, NH, 03766-1130
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1974
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1977
Residency and Year LANCASTER GEN HOSP-LANCASTER,PA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 16320
License Date 9/4/2013
Name **MASON, PETER C DO**
Address 110 ORIENTAL GARDENS, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1983
Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1984
Residency and Year WATERVILLE OSTEOPATHIC HOSPITAL - WATERVILLE, ME 1988
License Expiration Date **6/30/2017**
Remarks

License Number 3232
License Date 3/12/1958
Name **MASRY, GABRIEL I MD**
Address 7-2 HICKORY LN, HOLLIS, NH, 03049-6221
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITE DE LAUSANNE SWITZERLAND 1949
Internship and Year GALLINGER MUNICIPAL HOSPITAL WASHINGTON DC 1950
Residency and Year SIBLEY MEMORIAL HOSPITAL WASHINGTON DC 1952
License Expiration Date **6/17/2011**
Remarks **DECEASED 6/17/11**

License Number 10539
License Date 4/7/1999
Name **MASSANARI, DAVID L MD**
Address HARVARD PILGRIM HEALTH CARE, 1600 CROWN COLONYQUINCY, MA, 02169
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED -CHICAGO,IL USA 1975
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1976
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1977
License Expiration Date **6/30/2005**
Remarks

License Number 14426
License Date 5/6/2009
Name **MASSING, GEORGE K MD**
Address LIFE LINE SCREENING, 50 TURNIN LNMOBILE, AL, 36608
Specialty CD
Board Certified CD
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 1964
Internship and Year METROHEALTH MEDICAL CENTER-CLEVELAND, OH 1965
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1966
License Expiration Date **6/30/2011**
Remarks

License Number 9681
License Date 4/3/1996
Name **MASSO, PETER D MD**
Address SHRINERS HOSPITAL, 516 CAREW STSPRINGFIELD, MA, 01104-
Specialty OP
Board Certified ORS
School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1985
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1986
Residency and Year J DEMPSEY HOSPITAL - FARMINGTON, CT 1990
License Expiration Date **6/30/2004**
Remarks

License Number 16976
License Date 3/4/2015
Name **MASSOUD, AMJAD Y MD**
Address 8 LOUDON RD, CONCORD, NH, 03301
Specialty DR
Board Certified
School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 2000
Internship and Year SWAIDA GENERAL HOSPITAL- SWAIDA, SYRIA 2010
Residency and Year AL MOUWASAT UNIVERSITY HOSPITAL-DAMASCUS, SYRIA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 6792
License Date 9/8/1983
Name **MAST, WILLIAM E MD**
Address 3 MEETING HOUSE RD STE 18, CHELMSFORD, MA, 01824-2738
Specialty IM
Board Certified IM
School and Year of Graduation BAYLOR COLL MED -HOUSTON,TX USA 1971
Internship and Year NAVAL HOSP-CHELSEA,MA 1972
Residency and Year NATL NAVAL MED CTR-BETHESDA,MD 1974
License Expiration Date **6/30/1998**
Remarks

License Number 9046
License Date 9/1/1993
Name **MASTEN, BETTY M MD**
Address DERRY PEDIATRICS PROF ASSOC, 43B BIRCH STDERRY, NH, 03038-
Specialty PD
Board Certified PD
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year CHILDREN'S HOSPITAL MEDICAL CENTER - CINCINNATI OH 1993
Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER - CINCINNATI OH 1993
License Expiration Date **6/30/1998**
Remarks

License Number 14087
License Date 7/9/2008
Name **MASTERS, JAMES J MD**
Address 7775 ANNESDALE DR, CINCINNATI, OH, 45243
Specialty R
Board Certified R
School and Year of Graduation INDIANA UNIV USA 1971
Internship and Year CHICAGO WESLEY MEMORIAL HOSP - CHICAGO, IL 1972
Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1973
License Expiration Date **6/30/2010**
Remarks

License Number 8226
License Date 9/6/1989
Name **MASTERS, SALLY R MD**
Address 1005 A CAMINO SAN ACACIO, SANTA FE, NM, 87505
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ARIZONA- TUCSON, AZ USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NEW HAMPSHIRE 1988
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NEW HAMPSHIRE 1990
License Expiration Date **6/30/2007**
Remarks

License Number 8092
License Date 5/10/1989
Name **MASTERSON, SCOTT R MD**
Address NE NEUROLOGICAL ASSOC, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty PM
Board Certified PM
School and Year of Graduation SUNY HLTH SCI CTR BROOKLYN NY USA 1984
Internship and Year STATE UNIV KINGS CO HOSP CTR BROOKLYN 1985
Residency and Year STATE UNIV KINGS CO HOSP CTR BROOKLYN 1986
License Expiration Date **6/30/2017**
Remarks

License Number 14885
License Date 6/2/2010
Name **MASTROIANNI, TRAVIS A DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2005
Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2006
Residency and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2010
License Expiration Date **6/30/2012**
Remarks

License Number 9586
License Date 11/1/1995
Name **MASTROMARINO, JOSEPH H MD**
Address RIVERVIEW HOSPITAL, 410 DEWEY ST WISCONSIN RAPIDS, WI, 54494
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED, HLTH SCI USA 1982
Internship and Year PENN STATE UNIV HOSPITAL M S HERSHEY MC HERSHEY, PA 1983
Residency and Year PENN STATE UNIV HOSPITAL M S HERSHEY MC HERSHEY, PA 1985
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 15415
License Date 10/5/2011
Name **MATADEEN-ALI, CHANDRA MD**
Address 4 MOUNT AIRE FARM RD, GLEN MILLS, PA, 19342
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE WEST INDIES TRINIDAD 1996
Internship and Year CROZER-CHESTER MEDICAL CENTER - CHESTER, PA 2003
Residency and Year CROZER-CHESTER MEDICAL CENTER - CHESTER, PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16724
License Date 8/6/2014
Name **MATA-FINK, ANA MD**
Address YALE UNIV SCHOOL OF MED - DEPT OF ORTHO & REHAB, 800 HOWARD AVE - RM YPB 133NEW HA
Specialty ORS
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA US 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 10871
License Date 4/5/2000
Name **MATEJICKA, COLLEEN DO**
Address DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty RHU
Board Certified IM
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1997
Internship and Year LEHIGH VALLEY HOSP - ALLENTOWN PA 1993
Residency and Year LEHIGH VALLEY HOSP - ALLENTOWN PA 2000
License Expiration Date **6/30/2002**
Remarks

License Number 16234
License Date 7/3/2013
Name **MATHENEY, TRAVIS H MD**
Address CHILDRENS HOSPITAL - BOSTON, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty ORS
Board Certified ORS
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2000
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13597
License Date 7/11/2007
Name **MATHER, CHERI C MD**
Address DHMC-LYME, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1995
Internship and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1996
Residency and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 7792
License Date 3/9/1988
Name **MATHES, ROBERT J MD**
Address CONVENIENT MD, 8 LOUDON RD CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation WRIGHT STATE UNIV SCH MED - DAYTON, OH USA 1980
Internship and Year ST ELIZABETH'S MEDICAL CENTER - DAYTON, OH 1981
Residency and Year ST ELIZABETH'S MEDICAL CENTER - DAYTON, OH 1983
License Expiration Date **6/30/2016**
Remarks

License Number 12436
License Date 8/4/2004
Name **MATHEW, ANNIE MD**
Address DH CMC - HOSPITALISTS, 100 MCGREGOR ST MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1998
Internship and Year UNIVERSITY OF TEXAS, HOUSTON TX 1999
Residency and Year UNIVERSITY OF TEXAS, HOUSTON TX 2002
License Expiration Date **6/30/2016**
Remarks

License Number 10722
License Date 10/6/1999
Name **MATHEW, MEERA M MD**
Address NEW LONDON FAMILY PRACTICE, 280 COUNTY RD STE 101NEW LONDON, NH, 03257
Specialty FP
Board Certified FP
School and Year of Graduation ST GEORGE UNIVERSITY-BAY SHORE ,NY USA 1987
Internship and Year UNIVERSITY OF MARYLAND,BALTIMORE,MD 1988
Residency and Year UNIVERSITY OF MARYLAND-BALTIMORE,MD 1991
License Expiration Date **6/30/2005**
Remarks

License Number 17228
License Date 8/5/2015
Name **MATHEW, STEPHANIE D DO**
Address 4881 SUGAR MAPLE DR, WRIGHT PATTERSON, OH, 45433
Specialty RHU
Board Certified RHU
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE - NY USA 2006
Internship and Year WRIGHT STATE UNIVERSITY - DAYTON, OH 2007
Residency and Year WRIGHT STATE UNIVERSITY - DAYTON, OH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 4795
License Date 6/14/1971
Name **MATHEWSON, OWEN D MD**
Address 121 NORWAY HILL RD, HANCOCK, NH, 03449
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1966
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1967
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1971
License Expiration Date **6/30/2000**
Remarks

License Number 15416
License Date 10/5/2011
Name **MATHISEN, DOUGLAS J MD**
Address MASS GEN HOSP, 55 FRUIT ST BLAKE 1570BOSTON, MA, 02114
Specialty TS
Board Certified TS
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1974
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1975
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 4334
License Date 10/22/1968
Name **MATHUR, PADMA R MD**
Address 1008 RAY ST, MANCHESTER, NH, 03104
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MYSORE INDIA 1954
Internship and Year KRIGHUARAJEUDRA HOSPITAL - MYSORE, INDIA 1956
Residency and Year HARRIS HOSPITAL - FORT WORTH, TX 1967
License Expiration Date **6/30/2012**
Remarks

License Number 16766
License Date 9/3/2014
Name **MATHUR, VINITA MD**
Address OUR PATHOLOGY PRACTICE OF TN, 1450 ELM HILL PIKENASHVILLE, TN, 37210
Specialty PTH
Board Certified PTH
School and Year of Graduation KASTURBA MEDICAL COLLEGE, MANIPAL UNIV INDIA 1996
Internship and Year PITT COUNTY MEMORIAL HOSPITAL - GREENVILLE, NC 2001
Residency and Year PITT COUNTY MEMORIAL HOSPITAL - GREENVILLE, NC 2004
License Expiration Date **6/30/2016**
Remarks

License Number 15353
License Date 8/3/2011
Name **MATLYUK, ZINAIDA MD**
Address 177 GROVE ST, LEXINGTON, MA, 02420
Specialty DR
Board Certified DR
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2002
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2003
Residency and Year MILTONS HERSHEY MEDICAL CENTER - HERSHEY, PA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11966
License Date 6/4/2003
Name **MATOS, MICHAEL E MD**
Address WOLFEBORO PEDIATRICS, PO BOX 912 WOLFEBORO, NH, 03894
Specialty PD
Board Certified PD
School and Year of Graduation JOHNS HOPKINS UNIVERSITY - BALTIMORE MD USA 1997
Internship and Year CHILDRENS HOSPITAL - BOSTON MA 1998
Residency and Year CHILDRENS HOSPITAL - BOSTON MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15670
License Date 5/2/2012
Name **MATOSSIAN, DEBORA MD**
Address DHMC - PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty PN
Board Certified PD
School and Year of Graduation UNIVERSIDAD FAVALORO ARGENTINA 2004
Internship and Year UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 2007
Residency and Year UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15314
License Date 7/6/2011
Name **MATSON, ELISABETH B DO**
Address CORE PHYSICIANS, LLC, 9 BUZELL AVEEXETER, NH, 03833
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13598
License Date 7/11/2007
Name **MATSUOKA, MITSUO MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation GUNMA UNIV JAPAN 1989
Internship and Year NEW YORK MEDICAL COLLEGE @ WESTCHESTER MEDICAL CENTER - VALHALLA, NY 1998
Residency and Year UNIV OF TEXAS MEDICAL SCHOOL-HOUSTON, TX 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9841
License Date 9/4/1996
Name **MATTA, NARESH V MD**
Address SEACOAST KIDNEY & HYPERTENSION, 875 GREENLAND RD C-10PORTSMOUTH, NH, 03801
Specialty NEP
Board Certified NEP
School and Year of Graduation J.J.M. MEDICAL COLLEGE MYSORE UNIV DAVANGERE INDIA 1986
Internship and Year CATHOLIC MEDICAL CENTER - CORNELL UNIV- NY 1992
Residency and Year VIRGINIA COMMONWEALTH UNIV - VA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 14716
License Date 1/6/2010
Name **MATTHEOS, STEVEN MD**
Address SPORTS MEDICINE NORTH, 1 ORTHOPEDICS DRPEABODY, MA, 01960
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2003
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 17017
License Date 4/1/2015
Name **MATTHEW, LEAH G MD**
Address DHMC - HEATER ROAD - PRIMARY CARE, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MED USA 2000
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2001
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 17069
License Date 5/6/2015
Name **MATTHEW, MICHAEL K MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PS
Board Certified PS
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 2000
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM-CHARLOTTESVILLE, VA 2001
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM-CHARLOTTESVILLE, VA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 3172
License Date 1/7/1957
Name **MATTHEWS JR, LOUIS B MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **4/28/1990**
Remarks **DECEASED 04/28/90**

License Number 15932
License Date 11/7/2012
Name **MATTHEWS, ALISA L MD**
Address 801 NORTH 29TH ST, PO BOX 37000BILLINGS, MT, 59107
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIVERSITY OF TX - HOUSTON MEDICAL SCHOOL USA 2004
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2005
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2007
License Expiration Date **6/30/2016**
Remarks

License Number 10242
License Date 2/4/1998
Name **MATTIA, ANTHONY R MD**
Address NEWTON WELLESLEY HOSPITAL, 2014 WASHINGTON STNEWTON, MA, 02462
Specialty PTH
Board Certified PTH
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year NATIONAL NAVAL MEDICAL CENTER - MD 1986
Residency and Year MASS GENERAL HOSPITAL - MA 1993
License Expiration Date **6/30/2008**
Remarks

License Number 9548
License Date 9/6/1995
Name **MATTICE, DAVID F MD**
Address LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND STLACONIA, NH, 03246
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TORONTO FACILITY OF MED TORONTO ONTARIO CANADA 1989
Internship and Year OTTAWA GENERAL HOSPITAL OTTAWA ONTARIO CANADA 1990
Residency and Year OTTAWA GENERAL HOSPITAL OTTAWA ONTARIO CANADA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 11967
License Date 6/4/2003
Name **MATTIN, MICHAEL A MD**
Address WILLOWBEND FAMILY PRACTICE, 5 WASHINGTON PLACEBEDFORD, NH, 03110-6706
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON VT USA 1985
Internship and Year UPMC ST MARGARET - PITTSBURGH PA 1986
Residency and Year UPMC ST MARGARET - PITTSBURGH PA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 16015
License Date 2/6/2013
Name **MATULIS III, JOHN C DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**

Remarks

License Number 4923
License Date 12/4/1972
Name **MATUSOW, PAUL D MD**
Address , , ,
Specialty OPH
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **12/7/1987**

Remarks **DECEASED 12/7/87**

License Number 11853
License Date 3/5/2003
Name **MATZKIN, PAUL D MD**
Address ALICE PECK DAY MEM HOSP, 10 ALICE PECK DAY DRLEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation UNIV IF NEW YORK - STONY BROOK, NY USA 2000
Internship and Year SUNY AT STONY BROOK HEALTH SCIENCES CENTER - STONY BROOK, NY 2001
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2003
License Expiration Date **6/30/2017**

Remarks

License Number 8356
License Date 6/6/1990
Name **MAULL, JOHN M MD**
Address EXETER INTERNAL MEDICINE, 21 HAMPTON RD BLDG 3EXETER, NH, 03833-2122
Specialty IM
Board Certified IM
School and Year of Graduation EMORY UNIV SCH OF MED-ATLANTA,GA USA 1981
Internship and Year UNIV IOWA HOSP-IOWA CITY,IA 1982
Residency and Year UNIV IOWA HOSP-IOWA CITY,IA 1984
License Expiration Date **6/30/2016**

Remarks

License Number 12580
License Date 1/5/2005
Name **MAULSBY, GILBERT H MD**
Address 5400 KENNEDY AVE, CINCINNATI, OH, 45213
Specialty R
Board Certified R
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 1996
Internship and Year MEMORIAL HEALTH UNIVERSITY MED CTR, SAVANNAH GA 1999
Residency and Year MEMORIAL HEALTH UNIVERSITY MED CTR, SAVANNAH GA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16028
License Date 2/6/2013
Name **MAURER, JANET R MD**
Address 4801 E WASHINGTON ST, PHOENIX, AZ, 85034
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN USA 1976
Internship and Year EMORY UNIVERSITY, ATLANTA, GA 1979
Residency and Year UNIVERSITY OF CALIFORNIA SAN DIEGO, LA JOLLA, CA 1981
License Expiration Date **6/30/2017**
Remarks **ADMINISTRATIVE LICENSE**

License Number 4563
License Date 6/18/1970
Name **MAURER, LLOYD H MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTRY RDWINDSOR, VT, 05084
Specialty ON
Board Certified ON
School and Year of Graduation ALBANY MEDICAL COLLEGE, NY USA 1964
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1965
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1969
License Expiration Date **9/13/2009**
Remarks **DECEASED 9/13/09**

License Number 10652
License Date 8/4/1999
Name **MAURER, VIRGINIA E MD**
Address 243 WILLIS AVE, MINEOLA, NY, 11501
Specialty GS
Board Certified GS
School and Year of Graduation QUEENS UNIV FAC HLTH SCI - KINGSTON ONTARIO CANADA 1971
Internship and Year UNIV OF CHICAGO HOSPITAL - CHICAGO, IL 1972
Residency and Year UNIV OF CHICAGO HOSPITAL - CHICAGO, IL 1973
License Expiration Date **6/30/2017**
Remarks

License Number 16977
License Date 3/4/2015
Name **MAWJI, ELYSHA MD**
Address 81 ALLISON ST, CONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2012
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2013
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 14521
License Date 7/1/2009
Name **MAXFIELD, JOHN F MD**
Address 35036 CANNON RD, BENTLEYVILLE, OH, 44023
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1978
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1979
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1980
License Expiration Date **6/30/2017**
Remarks

License Number 15719
License Date 6/6/2012
Name **MAXWELL, LEISA L DO**
Address PRIMARY CARE OF HUDSON, 300 DERRY RD HUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2006
Internship and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2007
Residency and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2009
License Expiration Date **6/30/2016**
Remarks

License Number 8011
License Date 12/7/1988
Name **MAY, ALLYN G MD**
Address 50 RED BROOK RD, GROTON, VT, 05046-
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1956
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1957
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1964
License Expiration Date **6/30/1998**
Remarks

License Number 10908
License Date 5/3/2000
Name **MAY, KEVIN M MD**
Address 9253 W 107TH PLACE, WESTMINSTER, CO, 80021
Specialty OPH
Board Certified OPH
School and Year of Graduation SUNY HEALTH SCIENCE CTR AT BROOKLYN - BROOKLYN NY USA 1995
Internship and Year UNIVERSITY OF TENNESSEE - KNOXVILLE TN 1996
Residency and Year UNIVERSITY HOSPITAL - CINCINNATI OH 1999
License Expiration Date **6/30/2004**
Remarks

License Number 10366
License Date 8/5/1998
Name **MAYER, DAVID N MD**
Address DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation STANFORD UNIV SCH OF MED - STANFORD, CA USA 1993
Internship and Year KAISER PERMANENTE MED CTR - SANTA CLARA, CA 1994
Residency and Year STANFORD UNIV MED CTR - STANFORD, CA 1996
License Expiration Date **6/30/2006**
Remarks

License Number 13171
License Date 7/5/2006
Name **MAYER, PAUL D MD**
Address 2 CONCOURSE PKWY, STE 245, ATLANTA, GA, 30328
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MINNESOTA USA 1959
Internship and Year UNIV OF MINNESOTA-MINNEAPOLIS, MN 1960
Residency and Year CHEROKEE STATE MENTAL HEALTH INSTITUTE-CHEROKEE, IA 1963
License Expiration Date **6/30/2008**
Remarks

License Number 10957
License Date 6/7/2000
Name **MAYLAND, ELISABETH B MD**
Address 55 BRIAR HILL RD, HOPKINTON, NH, 03229
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY -NEWARK, NJ USA 1996
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1997
Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 10306
License Date 6/3/1998
Name **MAYNARD, KAREN K MD**
Address WOMEN'S CARE OF NASHUA, 10 PROSPECT ST STE303NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1994
Internship and Year UNIV OF ARIZONA AFFILIATED HOSP - TUCSON, AZ 1995
Residency and Year UNIV OF ARIZONA AFFILIATED HOSP - TUCSON, AZ 1998
License Expiration Date **6/30/2016**
Remarks

License Number 11783
License Date 11/6/2002
Name **MAYNARD, SHARON E MD**
Address UMASS MEMORIAL HEALTH CTR, RENAL DIV 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED - PITTSBURGH, PA USA 1997
Internship and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1998
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2000
License Expiration Date **6/30/2006**
Remarks

License Number 8975
License Date 6/2/1993
Name **MAYO, DENISE M MD**
Address 195 WORCESTER RD, WELLESLEY, MA, 02481
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF OTTAWA FACILITY OF MEDICINE CANADA 1987
Internship and Year CARNEY HOSPITAL - BOSTON MA 1990
Residency and Year CARNEY HOSPITAL - BOSTON MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 12268
License Date 4/7/2004
Name **MAYO, LORNA K MD**
Address VA MEDICAL CENTER, DESK 60, 601 HIGHWAY 6 WESTWHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF IOWA,IOWA CITY IA US 1999
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2000
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 4803
License Date 7/1/1971
Name **MAYOR, MICHAEL B MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation YALE UNIV - CT USA 1965
Internship and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1966
Residency and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1970
License Expiration Date **6/30/2017**
Remarks

License Number 7326
License Date 5/8/1986
Name **MAYO-SMITH, MICHAEL F MD**
Address VA NEW ENGLAND HEALTHCARE, VISN BLDG 61 - 200 SPRINGS RDBEDFORD, MA, 01730
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN MED COLL OF PHILA - PHILA, PA USA 1980
Internship and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1981
Residency and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16122
License Date 5/1/2013
Name **MAYS, WILLIAM R MD**
Address MHM SERVICES, 1593 SPRING HILL RDVIENNA, VA, 22182
Specialty P
Board Certified P
School and Year of Graduation MEHARRY MEDICAL COLLEGE SCHOOL OF MEDICINE USA 1991
Internship and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1992
Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 7917
License Date 7/6/1988
Name **MAZANOWSKI, DONALD M MD**
Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CT SCH OF MED-FARMINGTON,CT USA 1985
Internship and Year GEISINGER MED CTR-DANVILLE PA 1986
Residency and Year GEISINGER MED CTR DANNVILLE PA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 7729
License Date 10/7/1987
Name **MAZUR, CHRISTOPHER T MD**
Address 125 MASCOMA ST, LEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER SCH MED-ROCHESTER,NY USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1986
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1988
License Expiration Date **6/30/2017**
Remarks

License Number 12002
License Date 7/2/2003
Name **MAZUR, JON MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty IM
Board Certified PM
School and Year of Graduation UNIV OF MARYLAND - BALTIMORE, MD USA 1987
Internship and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1989
Residency and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1992
License Expiration Date **6/30/2017**
Remarks

License Number 7445
License Date 10/2/1986
Name **MAZUR, LAWRENCE A MD**
Address GENESIS BEHAVIORAL HLTH, 111 CHURCH STLACONIA, NH, 03246
Specialty P
Board Certified P
School and Year of Graduation VRIJE UNIVERSITEIT BRUSSEL - BRUSSELS, BELGIUM BELGIUM 1976
Internship and Year UNIVERSITY HOSP ST. PIERRE, BRUSSELS, BELGIUM 1976
Residency and Year ALBANY MEDICAL COLLEGE DEPT OF NEUROLOGY AND AFFILLIATED HOSP, ALBANY NY
License Expiration Date **6/30/2010**
Remarks **6/30/10 - Order of Emergency Suspension and Notice of Hearing. 10/13/10 - Order & Permanent Voluntary Surrender of License.**

License Number 10162
License Date 11/5/1997
Name **MAZZA, DANIEL DO**
Address BARRINGTON WALK IN CARE, 426 CALEF HWY (RTE 125)BARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED-ME USA 1984
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1987
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 16046
License Date 3/6/2013
Name **MAZZILLO, JUSTIN A MD**
Address DARTMOUTH HITCHCOCK - CHESHIRE, 580-590 COURT ST.KEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIV OF NY @ BUFFALO SCHOOL OF MED USA 2010
Internship and Year UNIVERSITY OF TX MEDICAL SCHOOL - HOUSTON, TX 2011
Residency and Year UNIVERSITY OF TX MEDICAL SCHOOL - HOUSTON, TX 2013
License Expiration Date **6/30/2015**
Remarks

License Number 11067
License Date 9/6/2000
Name **MC GARAGHAN, AMY S MD**
Address CENTER FOR WOMEN, 330 MOUNT AUBURN STCAMBRIDGE, MA, 02138
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT- BURLINGTON, VT USA 1996
Internship and Year UNIV OF CALIFORNIA SAN FRANCISCO - CA 1997
Residency and Year UNIV OF CALIFORNIA SAN FRANCISCO - CA 2000
License Expiration Date **6/30/2006**
Remarks

License Number 8844
License Date 11/4/1992
Name **MC GARR, KATHLEEN A MD**
Address 5 BUCKNAM RD, FALMOUTH, ME, 04105
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF VIRGINIA USA 1987
Internship and Year MAINE MEDICA CENTER - PORTLAND, ME 1990
Residency and Year MAINE MEDICAL CENTER- PORTLAND, ME 1990
License Expiration Date **6/30/1998**
Remarks

License Number 4085
License Date 6/20/1967
Name **MC GILL, MICHAEL W MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 9455
License Date 6/7/1995
Name **MC GLONE, JEFFREY D MD**
Address 14 BOWEN ST, CLAREMONT, NH, 03743
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1992
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL, HANOVER NH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 3297
License Date 3/11/1959
Name **MC GOLDRICK, DAVID M MD**
Address 22 WILDE RD, WELLESLEY, MA, 02181
Specialty PTH
Board Certified PTH
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1957
Internship and Year ALBANY HOSPITAL ALBANY - NEW YORK 1958
Residency and Year ST ELIZABETH'S HOSPITAL BRIGHTON - MASSACHUSETTS 1959
License Expiration Date **6/30/1998**
Remarks **Deceased 2/7/2003**

License Number 11284
License Date 6/6/2001
Name **MC GOVERN, THOMAS F MD**
Address INTEGRATED ORTHOPAEDICS, 3 ALUMNI DRIVE SUITE 301 EXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1994
Internship and Year UNIV OF VIRGINIA HLTH SCI CTR- CHARLOTTESVILLE, VA 1995
Residency and Year UNIV OF VIRGINIA HLTH SCIENCE CTR- CHARLOTTESVILLE, VA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11784
License Date 11/6/2002
Name **MC GOWAN, ARCHIE R MD**
Address PORTSMOUTH RADIOLOGICAL, PO BOX 1849, 40 EAST AVE., UNIT 7 LEWISTON, ME, 04241
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MED SCH - LEBANON, NH USA 1993
Internship and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 1994
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9682
License Date 4/3/1996
Name **MC GOWAN, KATHRYN D MD**
Address RADIOLOGY ASOC, 38 HAMLET AVEWOONSOCKET, RI, 02895
Specialty OBG
Board Certified OBG
School and Year of Graduation SUNY AT STONY BROOK HEALTH SCIENCE CENTER - NY USA 1985
Internship and Year PENNSYLVANIA HOSPITAL - PHILA, PA 1986
Residency and Year PENNSYLVANIA HOSPITAL - PHILA, PA 1989
License Expiration Date **6/30/1999**
Remarks

License Number 11453
License Date 11/7/2001
Name **MC GRATH, PAUL D MD**
Address CARDIOVASCULAR CONSULTANTS, 96 CAMPUS DRSCARBOROUGH, ME, 04074
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1992
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
License Expiration Date **6/30/2007**
Remarks

License Number 9191
License Date 6/1/1994
Name **MC GREEHAN JR, JAMES R MD**
Address , P.O. BOX 6057AMHERST, NH, 03031-6057
Specialty FP
Board Certified FP
School and Year of Graduation NEW JERSY MEDICAL SCHOOL USA 1973
Internship and Year UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE MD 1974
Residency and Year UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE MD 1976
License Expiration Date **6/30/1999**
Remarks

License Number 11854
License Date 3/5/2003
Name **MC GURRIN, MARK A MD**
Address VASCULAR SURGEONS OF CNY, 104 UNION AVE STE 1005SYRACUSE, NY, 13203
Specialty GS
Board Certified GS
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1982
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1983
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11135
 License Date 12/6/2000
 Name **MC INERNEY, JAMES MD**
 Address DEPARTMENT OF NEUROSURGERY, NATIONAL NAVAL MED CTRBETHESDA, MD, 20889
 Specialty NS
 Board Certified
 School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1993
 Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1994
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 2000
 License Expiration Date **6/30/2004**

Remarks

License Number 3400
 License Date 10/19/1960
 Name **MC INTYRE, O ROSS MD**
 Address 34 LAMPHERE HILL LN, LYME, NH, 03768
 Specialty HEM
 Board Certified
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1957
 Internship and Year UNIVERSITY OF PENNSYLVANIA PHILADELPHIA - PENNSYLVANIA 1958
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER - NEW HAMPSHIRE 1958
 License Expiration Date **6/30/2002**

Remarks

License Number 7230
 License Date 11/7/1985
 Name **MC KENNA, JAMES M MD**
 Address ATLANTIC ANESTHESIA PA, 7 MARSH BROOK DR STE 10SOMERSWORTH, NH, 03878
 Specialty AN
 Board Certified AN
 School and Year of Graduation HANNEMANN MED COLL PHILA, PA USA 1981
 Internship and Year HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1982
 Residency and Year HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1986
 License Expiration Date **6/30/2017**

Remarks

License Number 11068
 License Date 9/6/2000
 Name **MC KEON, LUCY MD**
 Address WEEKS MEDICAL CTR, 173 MIDDLE STLANCASTER, NH, 03584
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1988
 Internship and Year UNIV OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 1989
 Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 1991
 License Expiration Date **6/30/2003**

Remarks

License Number 4796
License Date 6/14/1971
Name **MC KINNEY JR, KENNETH L MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **2/11/1987**
Remarks **DECEASED 2/11/87**

License Number 6522
License Date 4/1/1982
Name **MC LACHLAN, MAURICE S MD**
Address , 122 COURT STKEENE, NH, 03431
Specialty DR
Board Certified DR
School and Year of Graduation FACULTY OF MED UNIV OF EDINBURGH-EDINBURGH SCOTTLAND 1959
Internship and Year ROYAL COLLEGE OF PHYSICIANS - EDINBURGH 1965
Residency and Year ROYAL COLLEGE OF PHUSICIANS - EDINBURGH 1973
License Expiration Date **6/30/2012**
Remarks

License Number 11968
License Date 6/4/2003
Name **MC LEOD JR, MICHAEL M DO**
Address FAMILY TREE HEALTHCARE, 19 FARRINGTON CORNER RDHOPKINTON, NH, 03229
Specialty FP
Board Certified FP
School and Year of Graduation U OF NE COLL OF OSTEOPATHIC - BIDDEFORD ME USA 2000
Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY, CONCORD - CONCORD NH 2001
Residency and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY, CONCORD - CONCORD NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 3346
License Date 3/9/1960
Name **MC MURPHY, CHARLES H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 10811
License Date 1/5/2000
Name **MC NALLY, JANE D DO**
Address PENHALLAN PRIMARY CARE, 330 BROTHWICK AVE PORTSMOUTH, NH, 03801
Specialty IM
Board Certified
School and Year of Graduation UNIV NEW ENGLAND COLL OSTEO MED-BIDDEFORD, ME USA 1995
Internship and Year NYCOM/ST CLARE'S HOSPITAL AND HEALTH CENTER - NEW YORK, NY 1996
Residency and Year MEMORIAL HEALTH CARE - WORCESTER, MA 1997
License Expiration Date **6/30/2004**
Remarks

License Number 9587
License Date 11/1/1995
Name **MC NEILL, LAURIE K MD**
Address PEDIATRIC PRIMARY CARE CENTRE, 282 WASHINGTON ST HARTFORD, CT, 06106
Specialty PD
Board Certified PD
School and Year of Graduation DALHOUSIE UNIV FAC OF MED HALIFAX NS CANADA CANADA 1965
Internship and Year VICTORIA GENERAL HOSPITAL HALIFAX, NS CANADA 1965
Residency and Year IWK HOSPITAL FOR CHILDREN CHIEF RESIDENT, NS CANADA 1971
License Expiration Date **6/30/2003**
Remarks

License Number 6350
License Date 3/5/1981
Name **MC SHANE, MICHAEL M MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation TULANE UNIVERSITY - LOUISIANA USA 1974
Internship and Year
Residency and Year
License Expiration Date **6/30/1983**
Remarks

License Number 10959
License Date 6/7/2000
Name **MC SHANE, PATRICIA M MD**
Address REPRODUCTIVE SCIENCE CTR, ONE FORBES RD LEXINGTON, MA, 02421
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH - BOSTON, MA USA 1977
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1978
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1981
License Expiration Date **6/30/2008**
Remarks **REQUESTED INACTIVE 12/23/06**

License Number 6372
License Date 4/28/1981
Name **MC VICAR, DOUGLAS S MD**
Address SPEARE MEMORIAL HOSPITAL, 2 HOSPITAL RDPLYMOUTH, NH, 03264-1199
Specialty EM
Board Certified EM
School and Year of Graduation MOUNT SINAI SCH OF MED CITY UNIV,NY,NY USA 1975
Internship and Year BELLEVUE HOSPITAL CENTER - NY, NY 1976
Residency and Year CHARITY HOSPITAL - NEW ORLEANS 1980
License Expiration Date **6/30/2011**
Remarks

License Number 5680
License Date 3/3/1977
Name **MCABEE JR, EDWARD A MD**
Address 22 SHAPLEIGH RD, KITTERY, ME, 03904-1455
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1970
Internship and Year HUNTERDON MEDICAL CENTER-FLEMINGTON, NJ 1973
Residency and Year HUNTERDON MEDICAL CENTER-FLEMINGTON NJ 1973
License Expiration Date **6/30/2013**
Remarks

License Number 9283
License Date 9/7/1994
Name **MCALARY, BRIAN G MD**
Address 15 W652 82ND ST, BURR RIDGE, IL, 60527
Specialty AN
Board Certified AN
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1967
Internship and Year NAVAL HOSPITAL - OAKLAND CA 1968
Residency and Year NATIONAL NAVAL MEDICAL CENTERR - BETHESDA MD 1971
License Expiration Date **6/30/2010**
Remarks

License Number 13259
License Date 9/6/2006
Name **MCALEER, SARAH MD**
Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty U
Board Certified U
School and Year of Graduation CORNELL UNIV 2001 2001
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON MA 2002
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 6339
License Date 2/5/1981
Name **MCALLISTER, THOMAS W MD**
Address DARTMOUTH HITCHCOCK PSCHIATRY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1978
Internship and Year DARTMOUTH MED SCH- HANOVER, NH 1979
Residency and Year DARTMOUTH MED SCH- HANOVER,NH 1980
License Expiration Date **6/30/2015**
Remarks

License Number 6581
License Date 6/24/1982
Name **MCANULTY, JAMES G MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1975
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 3753
License Date 12/30/1964
Name **MCAREE, CHRISTOPHER P MD**
Address , BOX 38STOWE, VT, 05672
Specialty P
Board Certified P
School and Year of Graduation QUEEN'S UNIV - BELFAST, NORTHERN IRELAND IRELAND 1956
Internship and Year LAGEN VALLEY HOSPITAL - LISBURN, NORTHERN IRELAND 1957
Residency and Year CLAIRMONT STREET HOSPITAL - BELFAST, NORTHERN IRELAND 1958
License Expiration Date **6/30/1998**
Remarks

License Number 10653
License Date 8/4/1999
Name **MCAVOY, KEITH J MD**
Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 1300MANCHESTER, NH, 03102
Specialty N
Board Certified N
School and Year of Graduation FINCH UNIV HLTH SCI CHICAGO MED SCH , IL USA 1992
Internship and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1993
Residency and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 10958
License Date 6/7/2000
Name **MCBEAN, JUDITH H MD**
Address 21 BELMONT AVE, BRATTLEBORO, VT, 05301
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1987
Internship and Year UNIV OF VERMONT - BURLINGTON, VT 1988
Residency and Year UNIV OF VERMONT - BURLINGTON, VT 1991
License Expiration Date **6/30/2016**
Remarks

License Number 15840
License Date 9/5/2012
Name **MCCAFFREY, MARY H MD**
Address APPLIEDORE MEDICAL GROUP, 31 STILES ROAD SUITE 1500SALEM, NH, 03079
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 1998
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14427
License Date 5/6/2009
Name **MCCALL, MARIANNE C MD**
Address 49 RIDGE RD, CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF FLORIDA USA 2000
Internship and Year TALLAHASSEE MEMORIAL HEALTHCARE - TALLAHASSEE, FL 2001
Residency and Year TALLAHASSEE MEMORIAL HEALTHCARE - TALLAHASSEE, FL 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13717
License Date 10/3/2007
Name **MCCALMONT, TIMOTHY H MD**
Address UCSF DERMATOPATHOLOGY, 1701 DIVISADERO ST SUITE 280SAN FRANCISCO, CA, 94115
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF IOWA 1986 1986
Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1987
Residency and Year WAKE FOREST UNIV SCHOOL OF MEDICINE - WINSTON-SALEM, NC 1990
License Expiration Date **6/30/2017**
Remarks

License Number 14724
License Date 1/6/2010
Name **McCAMPBELL, NINA K MD**
Address ROBERT MESROPIAN CTR FOR COMMUNITY CARE, 10 ALICE PECK DAY DRIVELEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation UNIV CENTRAL DEL CARIBE SCHOOL OF MEDICINE PUERTO RICO 2004
Internship and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2005
Residency and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 4652
License Date 2/1/1971
Name **MCCANN, WILLIAM P MD**
Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty NS
Board Certified NS
School and Year of Graduation GEORGETOWN UNIV WASH, DC USA 1962
Internship and Year NEW YORK HOSPITAL - NY, NY 1963
Residency and Year MONTREAL NEUROLOGICAL INSTITUTE AND HOSPITAL - MONTREAL CANADA 1968
License Expiration Date **6/30/2017**
Remarks

License Number 6594
License Date 7/15/1982
Name **MCCANTY, MAUREEN E MD**
Address 50 TENNEY HILL RD, DUNBARTON, NH, 03045-4115
Specialty OBG
Board Certified OBG
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE COLL MED USA 1978
Internship and Year WOMEN-INFANTS HOSPITAL - PROVIDENCE, RI 1979
Residency and Year WOMEN-INFANT HOSPITAL - PROVIDENCE, RI 1979
License Expiration Date **6/30/2016**
Remarks

License Number 16645
License Date 6/4/2014
Name **MCCARDLE, TIMOTHY W MD**
Address 7615 LAKE CYPRESS DR, ODESSA, FL, 33556
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIVERSITY OF MISSESSIPPI SCHOOL OF MEDICINE USA 2003
Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2004
Residency and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16348
License Date 10/2/2013
Name **MCCARTEN, MICHAEL D DO**
Address ELLIOT FAMILY MED AT WINDHAM, 5 INDUSTRIAL DR WINDHAM, NH, 03087
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1983
Internship and Year US NAVAL HOSPITAL CAMP PENDLETON - CAMP PENDELTON, CA 1987
Residency and Year US NAVAL HOSPITAL CAMP PENDLETON - CAMP PENDELTON, CA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 7256
License Date 1/2/1986
Name **MCCARTHY, GREGORY M MD**
Address GUIDANCE MEDICAL ASSOCIATES PC, PO BOX 677 LACONIA, NH, 03247
Specialty IMG
Board Certified IM
School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA MEXICO 1980
Internship and Year UNIV RUTGERS MEDICAL SCHOOL HOSPITAL - PISCATAWAY, NJ 1984
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
License Expiration Date **6/30/2016**
Remarks

License Number 14660
License Date 11/4/2009
Name **MCCARTHY, JAMES E MD**
Address 653 N PLEASANT VIEW RD, UNIT 212 MIDDLETON, WI, 53562
Specialty PD
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2011**
Remarks

License Number 3919
License Date 7/1/1966
Name **MCCARTHY, RICHARD E MD**
Address 25 SAMOSET DR, SALEM, NH, 03079-2859
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK MEDICAL COLLEGE - NEW YORK, NY USA 1959
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1960
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1964
License Expiration Date **9/9/2010**
Remarks **Deceased 9/9/10**

License Number 9874
License Date 11/6/1996
Name **MCCARTIE, JOHN C MD**
Address CROTCHED MOUNTAIN REHAB CTR, 1 VERNEY DR GREENFIELD, NH, 03047
Specialty PD
Board Certified PD
School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL OF MEDICINE BALTIMORE, MD USA 1989
Internship and Year JOHN HOPKINS HOSPITAL - MD 1992
Residency and Year JOHNS HOPKINS HOSPITAL - MD 1992
License Expiration Date **6/30/2016**
Remarks

License Number 8824
License Date 10/7/1992
Name **MCCARTNEY, MICHAEL J MD**
Address 18 HIGHLAND AVE, NEWBURYPORT, MA, 01985
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year ROGER WILLIAMS GENERAL HOSPITAL PROVIDENCE RI 1991
Residency and Year ROGER WILLIAMS GENERAL HOSPITAL PROVIDENCE RI 1991
License Expiration Date **6/30/2016**
Remarks

License Number 4442
License Date 6/17/1969
Name **MCCLEERY, JACK L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF CHICAGO - IL USA 1962
Internship and Year KING COUNTY HOSPITAL - SEATTLE WA 1963
Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1967
License Expiration Date **6/30/2005**
Remarks

License Number 11680
License Date 7/3/2002
Name **McCLINTOCK, LORA MD**
Address PETERBOROUGH INTERNAL MEDICINE, 454 OLD STREET RD STE 301 PETERBOROUGH, NH, 03458
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1992
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1993
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
License Expiration Date **6/30/2016**
Remarks

License Number 11420
License Date 10/3/2001
Name **MCCLURE, AUDEN C MD**
Address DHMC/PEDIATRICS DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 14168
License Date 9/3/2008
Name **MCCLURE, LYDIA H MD**
Address FAMILY PRACTICE OF SO. NASHUA, 116 SPIT BROOK RD NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NEW YORK USA 1982
Internship and Year SUNY @ BUFFALO - BUFFALO, NY 1983
Residency and Year UNIV OF MASSACHUSETTS/FITCHBURG FAMILY PRACTICE - FITCHBURG, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 17118
License Date 6/3/2015
Name **MCCOIN, CAMERON E MD**
Address 818 SW 3RD AVE, #221-7792 PORTLAND, OR, 97204
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CTR @ SAN ANTONIO USA 1991
Internship and Year CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 1992
Residency and Year CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 1994
License Expiration Date **6/30/2017**
Remarks

License Number 9842
License Date 9/4/1996
Name **MCCOLE, JUDITH M DO**
Address BEDFORD VILLAGE FAM PRACTICE, 15 CONSTITUTION DR BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEO MED BIDDEFORD USA 1993
Internship and Year EASTERN MAINE MEDICAL CENTER - ME 1996
Residency and Year EASTERN MAINE MEDICAL CENTER - ME 1996
License Expiration Date **6/30/2016**
Remarks

License Number 7583
License Date 5/6/1987
Name **MCCOLGAN, STEPHEN J MD**
Address 9604 ARTESIA BLVD STE 200, BELLFLOWER, CA, 90706-6682
Specialty GS
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1982
Internship and Year UNIVERSITY OF CA IRVINE MEDICAL CENTER - ORANGE CA 1983
Residency and Year UNIVERSITY OF CA IRVINE MEDICAL CENTER - ORANGE CA 1987
License Expiration Date **6/30/2017**
Remarks **10/9/06 - Settlement Agreement**

License Number 13833
License Date 2/6/2008
Name **MCCOLGAN, YUKO MD**
Address 1180 BEACON ST STE 3B, BROOKLINE, MA, 02446
Specialty FP
Board Certified FP
School and Year of Graduation TOKYO WOMEN'S MEDICAL COLLEGE JAPAN 2002
Internship and Year UNIV OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2006
Residency and Year UNIV OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16521
License Date 3/5/2014
Name **MCCONACHIE, MOLLY A MD**
Address MIDSTATE MEDICAL CENTER, 435 LEWIS AVEMERIDEN, CT, 06451
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year COOPER UNIVERSITY HOSPITAL - CAMDEN, NJ 2009
Residency and Year COOPER UNIVERSITY HOSPITAL - CAMDEN, NJ 2011
License Expiration Date **6/30/2016**
Remarks

License Number 17070
License Date 5/6/2015
Name **MCCONNELL, JOSEPH E MD**
Address ADULT HOSPITALIST PROGAM - SNHMC, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2011
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2013
Residency and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15315
License Date 7/6/2011
Name **MCCOOL, RYAN R MD**
Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF ALABAMA USA 2006
Internship and Year UNIVERSITY OF UTAH SCHOOL OF MEDICINE - SALT LAKE CITY, UT 2007
Residency and Year UNIVERSITY OF UTAH SCHOOL OF MEDICINE - SALT LAKE CITY, UT 2011
License Expiration Date **6/30/2017**
Remarks

License Number 5940
License Date 7/8/1978
Name **MCCORMACK, TIMOTHY J MD**
Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE ROCHESTE, NY USA 1974
Internship and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1975
Residency and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 15258
License Date 6/1/2011
Name **MCCORMICK, LYNN M MD**
Address HCRS, 49 SCHOOL STHARTFORD, VT, 05047
Specialty P
Board Certified
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number T1993
License Date 6/26/1987
Name **MCCORMICK, MARY V MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/26/1991**
Remarks

License Number 11199
License Date 3/7/2001
Name **MCCORMICK, MICHAEL J MD**
Address LUNG, ALLERGY & SLEEP SPEC, 94 MENDON STHOPEDALE, MA, 01747
Specialty AI
Board Certified AI
School and Year of Graduation VANDERBILT UNIV SCH OF MED- NASHVILLE, TN USA 1989
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - CHESTNUT HILL, MA 1990
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - CHESTNUT HILL, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 16420
License Date 12/4/2013
Name **MCCORMICK, THOMAS E MD**
Address 57 CHESTNUT AVE, RUTLAND, VT, 05701-9499
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - VT USA 1975
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1976
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1978
License Expiration Date **6/30/2017**
Remarks

License Number 10684
License Date 9/1/1999
Name **MCCOY, DEBORAH L MD**
Address LEXINGTON EYE ASSOCIATES, 21 WORTHEN RDLEXINGTON, MA, 02421-5451
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year LAHEY CLINIC - BURLINGTON, MA 1995
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 5928
License Date 6/12/1978
Name **MCCUE, MILES J MD**
Address 1269 UNION ST, MANCHESTER, NH, 03104-2043
Specialty PTH
Board Certified PTH
School and Year of Graduation LOYOLA UNIV STRITCH SCHOOL OF MEDICINE - MAYWOOD USA 1971
Internship and Year MONTEFIORE HOSPITAL - PITTSBURGH, PA 1972
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1976
License Expiration Date **6/30/2016**
Remarks

License Number 17018
License Date 4/1/2015
Name **MCCULLOCH, MICHAEL D MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE USA 2008
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2011
License Expiration Date **6/30/2017**

Remarks

License Number 5375
License Date 7/24/1975
Name **MCCULLOUGH, DENNIS M MD**
Address DARTMOUTH CENTERS FOR HEALTHY AGING, HB7250HANOVER, NH, 03756
Specialty FP
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL MA USA 1972
Internship and Year SWEDISH HOSPITAL MEDICAL CTR 1973
Residency and Year ST JOSEPH'S HOSPITAL - ONTARIO, CANADA 1975
License Expiration Date **6/30/2017**

Remarks

License Number 16767
License Date 9/3/2014
Name **MCCULLOUGH, JOCK N MD**
Address ONE MEDICAL CENTER DR, LEBANON, NH, 03756-0001
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MED & DENTISTRY OF NJ USA 1987
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1988
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1993
License Expiration Date **6/30/2016**

Remarks

License Number 6545
License Date 6/24/1982
Name **MCCUTCHEON JR, JOHN J MD**
Address , , ,
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON, VT USA 1949
Internship and Year
Residency and Year
License Expiration Date **6/30/1988**

Remarks

License Number 13115
License Date 6/7/2006
Name **MCDANIEL, BENJAMIN B MD**
Address CNY DIAGNOSTIC IMAGING, 1000 E GENESEE ST STE 100SYRACUSE, NY, 13210
Specialty R
Board Certified R
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 2000
Internship and Year RIVERSIDE REGIONAL MED CTR, NEWPORT NEWS VA 2001
Residency and Year EMORY UNIVERSITY HOSP, ATLANTA GA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 6623
License Date 10/7/1982
Name **MCDANIEL, MARTHA D MD**
Address DEPT OF ANATOMY, DARTMOUTH MED SCHOOLHANOVER, NH, 03755
Specialty CDS
Board Certified CDS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- HANOVER, NH 1978
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1982
License Expiration Date **6/30/2016**
Remarks

License Number 8406
License Date 7/11/1990
Name **MCDONAGH, ANNMARIE S MD**
Address 159 SLAYTON HILL RD, PO BOX 205LEBANON, NH, 03766
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MASS MED SCH-WORCHESTER,MA USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1989
Residency and Year DARTMOUTH-HTICHCOCK MED CTR-HANOVER,NH 1992
License Expiration Date **6/30/2016**
Remarks

License Number 9284
License Date 9/7/1994
Name **MCDONAH, DONALD B MD**
Address SJ FAMILY MED CENTERS, 173 DANIEL WEBSTER HWYNASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation DALHOUSIE UNIVERSITY FACILITY OF MEDICINE CANADA 1981
Internship and Year DALHOUSIE UNIVERSITY FACILITY OF MEDICINE - HALIFAX NS CANADA 1983
Residency and Year DALHOUSIE UNIVERSITY FACILITY OF MEDICINE - HALIFAX NS CANADA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 13050
License Date 4/5/2006
Name **MCDONALD, NEIL A MD**
Address 191 MIDDLETON RD, WOLFEBORO, NH, 03894
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIV-BOSTON MA USA 2002
Internship and Year DWIGHT DAVID EISENHOWER ARMY MED CTR-FORT GORDON GA 2003
Residency and Year BOSTON UNIV MED CTR-BOSTON MA 2005
License Expiration Date **6/30/2010**
Remarks

License Number 13977
License Date 5/7/2008
Name **MCDONNELL, KEVIN M MD**
Address VIRTUAL RADIOLOGIC CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF TEXAS USA 1992
Internship and Year UNIV OF TEXAS MEDICAL CENTER @ SAN ANTONIO 1993
Residency and Year UNIV OF TEXAS HEALTH SCIENCE CENTER @ SAN ANTONIO 1997
License Expiration Date **6/30/2016**
Remarks

License Number 6141
License Date 12/10/1979
Name **MCDUGAL, WILLIAM SCOTT MD**
Address , , ,
Specialty U
Board Certified
School and Year of Graduation CORNELL UNIVERSITY IN NEW YORK USA 1968
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 17178
License Date 7/1/2015
Name **MCDUGALL, ERIC C MD**
Address 1492 E BROAD ST, COLUMBUS, OH, 43205
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF ALBERTA CANADA 1994
Internship and Year UNIVERSITY OF CALGARY - CALGARY, CANADA 1995
Residency and Year UNIVERSITY OF CALGARY - CALGARY, CANADA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 14767
License Date 3/3/2010
Name **MCDUGALL, VIRGINIA H MD**
Address AUGUSTA HEALTH, 59 MED CENTER DRFISHERSVILLE, VA, 22939
Specialty GS
Board Certified GS
School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 1994
Internship and Year LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS, LA 1995
Residency and Year LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS, LA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 5240
License Date 9/12/1974
Name **MCDOWELL, JOHN A MD**
Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE, CT USA 1973
Internship and Year CHILDREN'S HOSPITAL - PHILA, PA 1974
Residency and Year CHILDREN'S HOSPITAL - PHILA, PA 1974
License Expiration Date **6/30/2016**
Remarks

License Number 6444
License Date 8/6/1981
Name **MCDOWELL, ROBERT W MD**
Address UVM MEDICAL CENTER - PATHOLOGY, 111 COLCHESTER AVE 233MP1BURLINGTON, VT, 05401
Specialty PTH
Board Certified PTH
School and Year of Graduation INDIANA UNIV SCH OF MED INDIANAPOLIS, IN USA 1977
Internship and Year BALL MEMORIAL HOSPITAL - MUNCIE, IN 1978
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1981
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13 - reinstated 9/3/14**

License Number 16978
License Date 3/4/2015
Name **MCENTARFER, ROSS A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 3913
License Date 6/23/1966
Name **MCFADDEN III, WILLIAM M MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 17019
License Date 4/1/2015
Name **MCFADDEN, PATRICIA A MD**
Address 283 OAK HILL RD, CONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2005
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14739
License Date 2/3/2010
Name **MCFARLANE, KAREN N MD**
Address HOPE SURGICAL SVS, 1216 WASHINGTON AVEPORT HURON, MI, 48060
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF IOWA USA 2004
Internship and Year PROVIDENCE HOSPITAL AND MEDICAL CENTERS - SOUTHFIELD, MI 2006
Residency and Year PROVIDENCE HOSPITAL AND MEDICAL CENTERS - SOUTHFIELD, MI 2008
License Expiration Date **6/30/2016**
Remarks

License Number 15316
License Date 7/6/2011
Name **MCGARRY, SEAN M MD**
Address BOISE ANESTHESIA PA, 1055 N CURTIS RDBOISE, ID, 83706
Specialty AN
Board Certified AN
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 2007
Internship and Year LEHIGH VALLEY HSOPITAL - ALLENTOWN, PA 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2015**
Remarks

License Number 8784
 License Date 8/5/1992
 Name **MCGEE, DONALD R MD**
 Address ARBOR HOSPITAL, 49 ROBINWOOD AVE BOSTON, MA, 02130
 Specialty GP
 Board Certified
 School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1979
 Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL STATEN ISLAND - NEW YORK 1980
 Residency and Year STATEN ISLAND UNIVERSITY HOSPITAL STATEN ISLAND - NEW YORK 1981
 License Expiration Date **6/30/2016**
 Remarks **7/22/05 - Preliminary Agreement For Practice Restrictions - Dr. McGee is not to practice medicine as of 7/22/05.**
6/13/07 - Settlement Agreement

License Number 11634
 License Date 6/5/2002
 Name **MCGEE, MICHAEL D MD**
 Address 1 BELMONT RD, UNIT 215W HARWICH, MA, 02671-1343
 Specialty P
 Board Certified P
 School and Year of Graduation STANFORD UNIV - STANFORD, CA USA 1985
 Internship and Year ST MARY'S MEDICAL CENTER - SAN FRANCISCO, CA 1986
 Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1988
 License Expiration Date **6/30/2016**
 Remarks

License Number 9637
 License Date 1/3/1996
 Name **MCGHEE, JUDIANN MD**
 Address 33 MARGUAND LN, NEWBURYPORT, MA, 01950-
 Specialty FP
 Board Certified FP
 School and Year of Graduation MT SINAI SCHOOL OF MEDICINE OF THE CITY UNIV OF NY USA 1989
 Internship and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1990
 Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1993
 License Expiration Date **6/30/1998**
 Remarks

License Number 13506
 License Date 5/9/2007
 Name **McGINLEY-SMITH, DANIEL E MD**
 Address NEW ENGLAND DERMATOLOGY, 160 PALMER COURT WHITE RIVER JCT, VT, 05001
 Specialty D
 Board Certified D
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2003
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
 License Expiration Date **6/30/2017**
 Remarks

License Number 7621
License Date 6/3/1987
Name **MCGINN, DANA F MD**
Address 238 WESTERN AVE, BRATTLEBORO, VT, 05301-3140
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1984
Internship and Year FRAMINGTON UNION HOSPITAL - FRAMINGTON MA 1981
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1984
License Expiration Date **6/30/2015**
Remarks

License Number 11452
License Date 11/7/2001
Name **MCGINN, MARYANNE MD**
Address 187 SW SNAPDRAGON C, PORT ST LUCIE, FL, 34953
Specialty EM
Board Certified EM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIV- RICHMOND, VA USA 1984
Internship and Year OUCOM/ST VINCENT MERCY MEDICAL CENTER - TOLEDO, OH 1985
Residency and Year OUCOM/ST VINCENT MERCY MEDICAL CENTER - TOLEDO, OH 1987
License Expiration Date **6/30/2013**
Remarks

License Number 9425
License Date 5/3/1995
Name **MCGONAGLE, JAN MD**
Address , 99 TERRACE STKEENE, NH, 03431
Specialty PHO
Board Certified PD
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1991
Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER 1994
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14806
License Date 4/7/2010
Name **MCGOUGH JR, BILLY W MD**
Address DHMC - CLINIC 3A - ORTHOPAEDIC, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF ALABAMA USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 14134
License Date 8/6/2008
Name **MCGOWAN, MARGIT M DO**
Address NORRIS COTTON CANCER CTR-DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND USA 2001
Internship and Year SUNY @ STONY BROOK UNIV HOSP - STONY BROOK, NY 2002
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
License Expiration Date **6/30/2014**
Remarks

License Number 8739
License Date 6/3/1992
Name **MCGOWAN, MARY P MD**
Address DHMC - CARDIOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSCHUSETTS USA 1987
Internship and Year UNIV OF MAS MEDICAL CENTER - WORCESTER - MA 1990
Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 15483
License Date 12/7/2011
Name **MCGRATH, CAROLYN K MD**
Address 300 FRONT ST #107, PAWTUCKET, RI, 02860
Specialty EM
Board Certified IM
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 1990
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1991
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1993
License Expiration Date **6/30/2013**
Remarks

License Number 11381
License Date 9/5/2001
Name **MCGREEVY, JAMES M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIV OF WASHINGTON SCH MED- SEATTLE, WA USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
License Expiration Date **6/30/2002**
Remarks

License Number 9068
License Date 10/6/1993
Name **MCGUIRE, JAMES G MD**
Address ELLIOT PEDIATRIC SPECIALTIES, 275 MAMMOTH RD STE 1MANCHESTER, NH, 03109-5603
Specialty PD
Board Certified PD
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year CHILDRENS HOSPITAL - BUFFALO NY 1981
Residency and Year CHILDRENS HOSPITAL - BUFFALO NY 1983
License Expiration Date **6/30/2017**
Remarks

License Number 9817
License Date 8/7/1996
Name **MCHUGH, DENISE D MD**
Address 10 PROSPECT ST, STE 402NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FOREST UNIV USA 1992
Internship and Year EAST CAROLINA UNIV SCHOOL OF MEDICINE - GREENVILLE, NC 1993
Residency and Year LEHIGH VALLEY HOSP - ALLENTOWN, PA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10790
License Date 12/1/1999
Name **MCINTEER, DEBBI M MD**
Address 2 MENDUMS LANDING RD, BARRINGTON, NH, 03825
Specialty P
Board Certified
School and Year of Graduation UNIV OF TEXAS SO MED CTR - DALLAS, TX USA 1995
Internship and Year BROWN UNIV - PROVIDENCE, RI 1996
Residency and Year BROWN UNIV - PROVIDENCE, RI 1999
License Expiration Date **6/30/2001**
Remarks

License Number 15157
License Date 3/2/2011
Name **MCINTIRE, MARIA G MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty PTH
Board Certified PTH
School and Year of Graduation RUSH UNIVERSITY USA 2005
Internship and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2006
Residency and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2009
License Expiration Date **6/30/2017**
Remarks

License Number 16917
License Date 1/21/2015
Name **MCINTOSH, MARCY A MD**
Address 500 W COURT, KANKAKEE, IL, 60901
Specialty DR
Board Certified
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 1982
Internship and Year MACNEAL HOSPITAL - BERWYN, IL 1983
Residency and Year JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 1986
License Expiration Date **6/30/2017**
Remarks

License Number 10488
License Date 1/6/1999
Name **MCINTYRE, JOHN J MD**
Address DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1991
Internship and Year KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO, CA 1992
Residency and Year FLETHER ALLEN HEALTH CENTER - BURLINGTON, VT 1996
License Expiration Date **6/30/2017**
Remarks

License Number 13292
License Date 10/4/2006
Name **MCKEAN, KIMBERLY M DO**
Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03102
Specialty FP
Board Certified FP
School and Year of Graduation MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 1994
Internship and Year MICHIGAN STATE UNIVERSITY, LANSING MI 1995
Residency and Year GADEN CITY HOSPITAL, GARDEN CITY MI 1998
License Expiration Date **6/30/2016**
Remarks

License Number 11200
License Date 3/7/2001
Name **MCKEE, ANDREA B MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty RO
Board Certified RO
School and Year of Graduation COLUMBIA UNIV COLL PHYSICIAN & SURGEONS- NY, NY USA 1996
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 1997
Residency and Year MEMORIAL SLOAN-KETTERING CANCER CENTER - NEW YORK, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11285
License Date 6/6/2001
Name **MCKEE, RODERICK S MD**
Address CORE PHYSICIANS, 3 ALUMNI DRIVE STE 201EXETER, NH, 03833
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK MED COLL- VALHALLA, NY USA 1979
Internship and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1980
Residency and Year MCP HAHNEMANN UNIV- PHILADELPHIA, PA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 14169
License Date 9/3/2008
Name **MCKENNA, DANIEL T MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation CREIGHTON UNIV USA 2003
Internship and Year UNIV OF UTAH HEALTH SCIENCES CENTER - SALT LAKE CITY, UT 2004
Residency and Year UNIV OF UTAH HEALTH SCIENCES CENTER 2005
License Expiration Date **6/30/2010**
Remarks

License Number 14768
License Date 3/3/2010
Name **MCKENNA, JENNIFER C MD**
Address PENOBSCOT BAY WOMENS HEALTH, 3 GLENCOVE DR STE 1ROCKPORT, ME, 04856
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 1994
Internship and Year BAYLOR UNIVERSITY MEDICAL CENTER PROGRAM - DALLAS, TX 1995
Residency and Year BAYLOR UNIVERSITY MEDICAL CENTER PROGRAM - DALLAS, TX 1998
License Expiration Date **6/30/2016**
Remarks

License Number 14296
License Date 1/7/2009
Name **MCKENZIE, RICHARD G DO**
Address NORTH COUNTRY PRIMARY CARE - RHC, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 2006
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15109
License Date 1/5/2011
Name **MCKILLION, PATRICK C MD**
Address LAKELAND REG MED CTR, 1234 NAPIER AVEST JOSEPH, MI, 49085
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 1987
Internship and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1988
Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1990
License Expiration Date **6/30/2013**
Remarks

License Number 14592
License Date 9/2/2009
Name **MCKINNON JR, HARRY D MD**
Address CONVENIENT MD, 14 WEBB PLACEDOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY - BOSTON, MA USA 1997
Internship and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1998
Residency and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15085
License Date 12/1/2010
Name **MCKNIGHT, TIMOTHY A DO**
Address DHMC DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF OSTEOPATHIC MED USA 2006
Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2007
Residency and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2011
License Expiration Date **6/30/2012**
Remarks

License Number 5652
License Date 12/6/1976
Name **MCLAREN, GEORGE P MD**
Address PO BOX 752, FRANCONIA, NH, 03580
Specialty EM
Board Certified EM
School and Year of Graduation ST THOMAS HOSPITAL LONDON 1967
Internship and Year KING EDWARDS MEMORIAL HOSPITAL - BERMUDA 1970
Residency and Year ROYAL COLLEGE OF OBGYN 1972
License Expiration Date **6/30/2016**
Remarks

License Number 14886
License Date 6/2/2010
Name **MCLAREN, JENNIFER L MD**
Address DHMC-PSYCHIATRY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MED & DENTISTRY NJ RW JOHNSON MED SCHOOL USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15841
License Date 9/5/2012
Name **MCLAUGHLIN II, ROBERT E MD**
Address NORTH SHORE SHOULDER, 900 CUMMINGS CTR SUITE 1300BEVERLY, MA, 01815
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1997
Internship and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1998
Residency and Year THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 8320
License Date 5/9/1990
Name **MCLAUGHLIN, WENDY A MD**
Address 1245 WASHINGTON RD, PO 955RYE, NH, 03870-0955
Specialty OBG
Board Certified OBG
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1986
Internship and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1987
Residency and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10163
License Date 11/5/1997
Name **MCLAULIN, JOHN W MD**
Address NNA JACQUES HOSPITAL ED, 25 HIGHLAND AVENEWBURYPORT, MA, 01951
Specialty EM
Board Certified FP
School and Year of Graduation VA COMMONWEALTH UNIV - RICHMOND, VA USA 1988
Internship and Year MOSES H CONE MEMORIAL HOSPITAL - NC 1991
Residency and Year MOSES H CONE MEMORIAL HOSPITAL - NC 1991
License Expiration Date **6/30/2015**
Remarks

License Number 11760
License Date 10/2/2002
Name **MCLEAN, WALTER L MD**
Address 200 MOORLAND RD, FALMOUTH, MA, 02540
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA USA 1960
Internship and Year CHELSEA NAVAL HOSPITAL, CHELSEA MA 1961
Residency and Year CHELSEA NAVAL HOSPITAL, CHELSEA MA 1965
License Expiration Date **6/30/2003**
Remarks

License Number 8519
License Date 4/3/1991
Name **MCLELLAN, ROBERT MD**
Address AMG DBA THE HEMATOLOGY AND ONCOLOGY CTR, 155 BORTHWICK AVE PORTSMOUTH, NH, 0380
Specialty GO
Board Certified GO
School and Year of Graduation UNIV OF MARYLAND SCH OF MED-BALTIMORE, MD USA 1980
Internship and Year ST AGNES HOSPITAL - BALTIMORE, MD 1981
Residency and Year ST AGNES HOSPITAL - BALTIMORE, MD 1984
License Expiration Date **6/30/2015**
Remarks

License Number 8417
License Date 8/8/1990
Name **MCLELLAN, ROBERT K MD**
Address D H M C OCC MED, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty OM
Board Certified OM
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1978
Internship and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1979
Residency and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1981
License Expiration Date **6/30/2016**
Remarks

License Number 16834
License Date 11/6/2014
Name **MCLEOD, ALEKSANDRA A MD**
Address 364 SE 8TH AVE, STE 108-AHILLSBORO, OR, 97123
Specialty HO
Board Certified HO
School and Year of Graduation STATE UNIV OF NY UPSTATE MEDICAL UNIV USA 2005
Internship and Year OREGON HEALTH & SCIENCE UNIVERSITY - PORTLAND, OR 2006
Residency and Year OREGON HEALTH & SCIENCE UNIVERSITY - PORTLAND, OR 2008
License Expiration Date **6/30/2016**
Remarks

License Number 16235
License Date 7/3/2013
Name **MCMAHON, JOHN A DO**
Address ATLANTIC SPORTS MEDICINE, 150 US 1 BYPASSPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC M USA 2008
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2011
License Expiration Date **6/30/2017**
Remarks

License Number 13116
License Date 6/7/2006
Name **MCMATH, JONATHAN C MD**
Address ROCHESTER PEDIATRICS ASSOC, 245 ROCHESTER HILL RD UNIT 2 ROCHESTER, NH, 03867
Specialty PD
Board Certified PD
School and Year of Graduation KIGEZI INTERNATIONAL SCHOOL OF MED, UGANDA UGANDA 2003
Internship and Year METROHEALTH MEDICAL CTR, CLEVELAND OH 2004
Residency and Year METROHEALTH MEDICAL CTR, CLEVELAND OH 2006
License Expiration Date **6/30/2014**
Remarks

License Number 11635
License Date 6/5/2002
Name **MCMILLAN, ELIZABETH R MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NW MEXICO SCH OF MED - ALBUQUERQUE, NM USA 1999
Internship and Year FITCHBURG FAMILY PRACTICE - FITCHBURG, MA 2001
Residency and Year FITCHBURG FAMILY PRACTICE - FITCHBURG, MA 2002
License Expiration Date **6/30/2014**
Remarks

License Number 10184
License Date 12/3/1997
Name **MCMILLAN, ROBERT MD**
Address 6 WINDSOR SQUARE, LACONIA, NH, 03246
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF GLASGOW FAC OF MED-SCOTLAND SCOTLAND 1963
Internship and Year VANCOUVER HOSP & HEALTH SCIENCES CTR 1973
Residency and Year VANCOUVER HOSP & HEALTH SCIENCES CTR 1973
License Expiration Date **6/30/2011**
Remarks

License Number 16646
License Date 6/4/2014
Name **MCNAMARA, MICHAEL D DO**
Address THE MENTAL HEALTH CTR, 1228 ELM ST STE 201MANCHESTER, NH, 03101
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MED USA 1988
Internship and Year DETROIT PSYCHIATRIC INSTITUTE - DETROIT, MI 1989
Residency and Year DETROIT PSYCHIATRIC INSTITUTE - DETROIT, MI 1992
License Expiration Date **6/30/2016**
Remarks

License Number 14887
License Date 6/2/2010
Name **MCNAMARA, TERRENCE R DO**
Address MONADNOCK ORTHOPAEDIC ASSOC, 458 OLD ST RD STE 200PETERBOROUGH, NH, 03458
Specialty PM
Board Certified PM
School and Year of Graduation DES MOINES UNIVERSITY USA 2005
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE, MAYO CLINIC - ROCHESTER, MN 2009
License Expiration Date **6/30/2016**
Remarks

License Number 11739
License Date 9/4/2002
Name **MCNAMARA, THOMAS C MD**
Address CHESHIRE MEDICAL CENTER, 149 EMERALD STKEENE, NH, 03431
Specialty U
Board Certified U
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC USA 1969
Internship and Year VANDERBILT UNIVERSITY MED CTR, NASHVILLE TN 1970
Residency and Year VANDERBILT UNIVERSITY MED CTR, NASHVILLE TN 1976
License Expiration Date **6/30/2016**
Remarks

License Number 10164
License Date 11/5/1997
Name **MCNEEL, DON F MD**
Address MILFORD MEDICAL CENTER, 442 NASHUA STREETMILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF SOUTH CAROLINA OF MED -COLUMBIA-SC USA 1995
Internship and Year CONCORD HOSPITAL - CONCORD, NH 1998
Residency and Year CONCORD HOSPITAL - CONCORD, NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 16598
License Date 5/7/2014
Name **MCNEELY, ERIN R MD**
Address 1 CLARK ST, LEBANON, NH, 03106
Specialty IM
Board Certified
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 11328
License Date 7/11/2001
Name **MCNEIL III, JOHN R MD**
Address ONE MEDICAL CENTER DR, LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF OHIO USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR LEBANON NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR LEBANON NH 2000
License Expiration Date **6/30/2007**
Remarks

License Number 11329
License Date 7/11/2001
Name **MCNEIL, STEPHEN C MD**
Address 21 BRISTOL DR STE 202, SOUTH EASTON, MA, 02375-1199
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1985
Internship and Year ST ELIZABETH'S MEDICAL CENTER BOSTON MA 1986
Residency and Year NEW ENGLAND MEDICAL CENTER BOSTON MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 12581
License Date 1/5/2005
Name **MCNULTY, NANCY J MD**
Address D H M C, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1995
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1996
Residency and Year UNIVERSITY OF MECHIGAN, ANN ARBOR ME 2001
License Expiration Date **6/30/2017**
Remarks

License Number 15387
License Date 9/7/2011
Name **MCPHEE, LAURA C DO**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03101
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2005
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008
License Expiration Date **6/30/2017**
Remarks

License Number 12751
License Date 6/1/2005
Name **MCQUADE, DAVID B MD**
Address 68 CROSS RD, HANCOCK, ME, 04640
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 1980
Internship and Year UNIVERSITY OF ROCHESTER MED CTR, ROCHESTER NH 1981
Residency and Year UNIVERSITY OF ROCHESTER MED CTR, ROCHESTER NH 1984
License Expiration Date **6/30/2015**
Remarks

License Number 11030
License Date 8/2/2000
Name **MCQUADE, DEBRA V MD**
Address BRATTLEBORO RETREAT, ONE ANNA MARSH LANE BRATTLEBORO, VT, 05301
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CONNECTICUT SCH - FARMINGTON, CT USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15388
License Date 9/7/2011
Name **MCQUEEN, CLAUDIA F MD**
Address 21 HAMPTON RD, EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1993
Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1994
Residency and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 16835
License Date 11/6/2014
Name **MCQUIDE, ANDREW E MD**
Address 690 CANTON ST STE 325, WESTWOOD, MA, 02090
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIV OF NY UPSTATE MEDICAL UNIV USA 2001
Internship and Year ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2002
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 14170
License Date 9/3/2008
Name **MCQUISTON, LESLIE T MD**
Address DHMC-DEPT OF SURG/PED UROLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty UP
Board Certified UP
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1994
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1999
License Expiration Date **6/30/2012**
Remarks

License Number 15450
License Date 11/2/2011
Name **MCSWEENEY, MAIREADE E MD**
Address 131 SEWALL AVE UNIT 38, BROOKLINE, MA, 02446
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year CHILDREN'S HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 2006
Residency and Year CHILDREN'S HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2013**
Remarks

License Number 15966
License Date 12/5/2012
Name **MCWILLIAMS, ROBERT R MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1998
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2000
License Expiration Date **6/30/2016**
Remarks

License Number 9492
License Date 7/5/1995
Name **MEAD, VERONIQUE P MD**
Address 4439 DRIFTWOOD PLACE, BOULDER, CO, 80301-3170
Specialty FP
Board Certified
School and Year of Graduation MC MASTER UNIVERSITY SCHOOL OF MEDICINE CANADA 1990
Internship and Year UNIVERSITY OF NM SCHOOL OF MEDICINE - ALBUQUERQUE NM 1993
Residency and Year UNIVERSITY OF NM SCHOOL OF MEDICINE - ALBUQUERQUE NM 1993
License Expiration Date **6/30/2003**
Remarks

License Number 16376
License Date 11/6/2013
Name **MEADE, CHRISTINE N MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year CHILDRENS MERCY HOSPITAL - KANSAS CITY, MO 2008
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2012
License Expiration Date **6/30/2017**
Remarks

License Number 7952
License Date 8/10/1988
Name **MEADER, CHARLES R MD**
Address 613 OTTER RD, PO BOX 976GRANTHAM, NH, 03753
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH MED - BOSTON, MA USA 1962
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1963
Residency and Year CLEVELAND CLINIC FOUNDATION - CLAEVELAND, OH 1968
License Expiration Date **6/30/2016**
Remarks

License Number 11541
License Date 3/6/2002
Name **MEADOR, JOSEPHINE M MD**
Address 96 MAIN ST 236, BRUNSWICK, ME, 04011
Specialty IM
Board Certified IM
School and Year of Graduation TEXAS TECH UNIV - LUBBOCK, TX USA 1982
Internship and Year UNIV OF CALIFORNIA - ORANGE ,CA 1985
Residency and Year UNIV OF CALIFORNIA - ORANGE ,CA 1987
License Expiration Date **6/30/2003**
Remarks **10/12/04 - Settlement Agreement**

License Number 6299
License Date 10/2/1980
Name **MEADOW, ELIZABETH A MD**
Address NFI-THS, 99 PLEASANT STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation DAARTMOUTH MED SCH HANOVER,NH USA 1978
Internship and Year DARTMOUTH MED SCH- HANOVER,NH 1979
Residency and Year DARTMOUTH MED SCH - HANOVER, NH 1980
License Expiration Date **6/30/2016**
Remarks

License Number 7716
License Date 9/2/1987
Name **MEADOW, FELICE P DO**
Address , , ,
Specialty FP
Board Certified FP
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 6445
License Date 8/6/1981
Name **MEADOWS, JOHN G MD**
Address 16 TAHANTO ST, CONCORD, NH, 03301
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF MIAMI SCH OF MED-MIAMI,FL USA 1974
Internship and Year MED COLL OF VIRGINIA HOSP-RICHMOND,VA 1975
Residency and Year MED COLL OF VIRGINIA HOSP- RICHMOND,VA 1979
License Expiration Date **6/30/2015**
Remarks

License Number 12138
License Date 11/5/2003
Name **MEADS, THOMAS E MD**
Address HANCOCK SURGICAL GROUP, ONE MEMORIAL SQUARE SUITE 100GREENFIELD, IN, 46140
Specialty GS
Board Certified GS
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 1989
Internship and Year ST JOSEPH MERCY HOSP, ANN ARBOR MI 1990
Residency and Year ST JOSEPH MERCY HOSP, ANN ARBOR MI 1991
License Expiration Date **6/30/2013**
Remarks

License Number 15038
License Date 10/6/2010
Name **MEARNS, ROBERT D MD**
Address LEXINGTON MEDICAL CTR, 2720 SUNSET BLVDW COLUMBIA, SC, 29169
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF SOUTH CAROLINA USA 1988
Internship and Year PALMETTO HEALTH RICHLAND - COLUMBIA, SC 1989
Residency and Year PALMETTO HEALTH RICHLAND - COLUMBIA, SC 1992
License Expiration Date **6/30/2012**
Remarks

License Number 14428
License Date 5/6/2009
Name **MEATTEY, HEATH R MD**
Address CORE ENDOCRINOLOGY, 881 LAFAYETTE RDHAMPTON, NH, 03842
Specialty END
Board Certified IM
School and Year of Graduation TULANE UNIVERSITY USA 2004
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 14932
License Date 7/7/2010
Name **MECHELLA II, JOHN N DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty RHU
Board Certified RHU
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10126
License Date 9/10/1997
Name **MECINSKI, ADAM M MD**
Address 9-A SHAKER LNDG #23, ENFIELD, NH, 03748
Specialty GS
Board Certified
School and Year of Graduation GEORGETOWN UNIV SCH MED WASHINGTON, DC USA 1993
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1976
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1977
License Expiration Date **6/30/1998**
Remarks

License Number 10909
License Date 5/3/2000
Name **MEDINA, RAFAEL R MD**
Address 110 ARIELLE COURT, WILLIAMSVILLE, NY, 14221
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF WISCONSIN - MADISON WI USA 1994
Internship and Year MARSHFIELD CLINIC - MARSHFIELD WI 1996
Residency and Year CHILDREN'S HOSPITAL - BUFFALO NY 1999
License Expiration Date **6/30/2002**
Remarks

License Number 16283
License Date 8/7/2013
Name **MEDINA-BRAVO, ANGEL A MD**
Address 209 OAKSPRING LANE, MADISON HEIGHTS, VA, 24572
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE USA 2006
Internship and Year VETERANS AFFAIRS MEDICAL CENTER - SAN JUAN, PUERTO RICO 2007
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date **6/30/2015**
Remarks

License Number 6137
License Date 11/5/1979
Name **MEDLICOTT, ALEX G MD**
Address SPEARE MEMORIAL HOSPITAL, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty EM
Board Certified EM
School and Year of Graduation UNIV. OF OREGON MED. SCH PORTLAND, OR USA 1976
Internship and Year DEACONESS HOSP. SPOKANE, WA 1977
Residency and Year DEACONESS HOSP - SPOKANE, WA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 15451
License Date 11/2/2011
Name **MEDLIN, ALLISON L MD**
Address HERITAGE PHYSICIANS GROUP, 300 N OSAGE ST #200INDEPENDENCE, MO, 64050
Specialty FP
Board Certified FP
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS ANTILLES 2008
Internship and Year ST JOHN HOSPITAL AND MEDICAL CENTER - DETROIT, MI 2009
Residency and Year ST JOHN HOSPITAL AND MEDICAL CENTER - DETROIT, MI 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12968
License Date 12/7/2005
Name **MEDORA, CHRISTINE R MD**
Address HANOVER CONTINUITY CLINIC, 45 LYME RD STE 104HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation TULANE UNIVERSITY, NEW ORLEANS LA US 1996
Internship and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1997
Residency and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11486
License Date 1/2/2002
Name **MEDREK, PAUL L MD**
Address COEH, 19 RYE STPORTSMOUTH, NH, 03801
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1987
Internship and Year WRIGHT STATE UNIV - KETTERING, OH 1988
Residency and Year WRIGHT STATE UNIV - KETTERING, OH 1990
License Expiration Date **6/30/2006**
Remarks

License Number 8825
License Date 10/7/1992
Name **MEEHAN, KENNETH R MD**
Address DHMC-HEMATOLOGY-ONCOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty HEM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1986
Internship and Year GEORGETOWN UNIVERSITY MEDICAL CENTER 1989
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER LEBANON NH 1992
License Expiration Date **6/30/2016**
Remarks

License Number 6652
License Date 1/31/1983
Name **MEEHAN, THOMAS C MD**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1973
Internship and Year NORTH SHORE UNIV HOSP-MANHASSET,NY 1974
Residency and Year NORTH SHORE UNIV HOSP-MANHASSET,NY 1974
License Expiration Date **6/30/2017**
Remarks

License Number 16484
License Date 2/5/2014
Name **MEEK, JESSEE L DO**
Address FAMILY CARE OF CONCORD, 248 PLEASANT ST., SUITE 2600CONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation OHIO UNIV COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2012
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12911
License Date 10/5/2005
Name **MEEK, JONATHAN D MD**
Address 675 E 2100 SOUTH, STE 390SALT LAKE CITY, UT, 84106
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 2002
Internship and Year HINSDALE HOSPITAL, HINSDALE IL 2003
Residency and Year HINSDALE HOSPITAL, HINSDALE IL 2005
License Expiration Date **6/30/2007**
Remarks

License Number 12111
License Date 10/1/2003
Name **MEERSMAN, STEPHEN H MD**
Address ASSOCIATES IN SURGERY AND GAST, 7 DUNNING STCLAREMONT, NH, 03743
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF COLORADO, DENVER CO US 1994
Internship and Year KEESLER MEDICAL CTR, KEESLER AFB MS 1995
Residency and Year KEESLER MEDICAL CTR, KEESLER AFB MS 1999
License Expiration Date **6/30/2005**
Remarks **DECEASED 4/1/07**

License Number 16647
License Date 6/4/2014
Name **MEESA, INDU R MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2008
Residency and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2012
License Expiration Date **6/30/2016**
Remarks

License Number 14522
License Date 7/1/2009
Name **MEESARAPU, DEBORAH N MD**
Address DARTMOUT-HITCHCOCK, 253 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation MANIPAL UNIVERSITY INDIA 1998
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 9021
License Date 8/4/1993
Name **MEESS, MARK A MD**
Address 12 TYNG HILL RD, HOLLIS, NH, 03049
Specialty IM
Board Certified IM
School and Year of Graduation JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1983
Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1983
License Expiration Date **6/30/2007**
Remarks

License Number 14297
License Date 1/7/2009
Name **MEHRA, AMI MD**
Address 9 VILLAGE SQ, CHELMSFORD, MA, 01824
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY - NEW JERSEY USA 2003
Internship and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSP - BOSTON, MA 2004
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13435
License Date 3/7/2007
Name **MEHTA, JAGJIVAN R MD**
Address VA MEDICAL CENTER, 1 VA CENTER BLD 255 RM 110AUGUSTA, MA, 04330
Specialty N
Board Certified N
School and Year of Graduation UNIV EUGINIO MARIO DE HOSTOS DOMINICAN REPUBLIC 1998
Internship and Year MEHARRY MEDICAL COLLEGE-NASHVILLE, TN 2002
Residency and Year UNIV OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15626
License Date 4/4/2012
Name **MEHTA, MEENA MD**
Address 131 ORNAC SUITE 610, CONCORD, MA, 01742
Specialty PUD
Board Certified PUD
School and Year of Graduation INDIRA GANDHI MEDICAL COLLEGE INDIA 1982
Internship and Year ST PETERS MEDICAL CENTER - NEW BRUNSWICK, NJ 1992
Residency and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/21/14**

License Number 11740
License Date 9/4/2002
Name **MEIER-EWERT, HANS K MD**
Address BOSTON MEDICAL CENTER, 88 EAST NEWTON ST-C8BOSTON, MA, 02118
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MUNICH, MUNICH GERMANY GERMANY 1994
Internship and Year GRADUATE HOSPITAL, PHILADELPHIA PA 1997
Residency and Year GRADUATE HOSPITAL, PHILADELPHIA PA 1999
License Expiration Date **6/30/2006**
Remarks

License Number 8397
License Date 7/11/1990
Name **MEILLER, JOAN M MD**
Address 687 BACKWESTMINSTER RD, WESTMINSTER, VT, 05158-9735
Specialty CHP
Board Certified CHP
School and Year of Graduation SUNY HLTH SCIENCE CTR-BROOKLYN NY USA 1948
Internship and Year NORWALK HOSPITAL-NORWALK CT 1953
Residency and Year INSTITUTE OF LIVING HOSPITAL-HARTFORD CT 1954
License Expiration Date **6/30/2002**
Remarks **DECEASED 6-29-04**

License Number 11180
License Date 2/7/2001
Name **MEINZ, HEIDI L MD**
Address 150 TARRYTOWN RD, MANCHESTER, NH, 03103-2767
Specialty OBG
Board Certified OBG
School and Year of Graduation VANDERBILT UNIV SCH OF MED - NASHVILLE, TN USA 1997
Internship and Year BROWN UNIV-WOMEN & INFANT HOSP- PROVIDENCE, RI 1999
Residency and Year BROWN UNIV - WOMEN & INFANT HOSP - PROVIDENCE, RI 2000
License Expiration Date **6/30/2017**
Remarks

License Number 7584
License Date 5/6/1987
Name **MEKLER, ALAN MD**
Address AMOSKEAG ANESTHESIA, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1982
Internship and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1983
Residency and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 6882
License Date 5/10/1984
Name **MELAMED, JULIAN MD**
Address ALLERGY & ASTHMA SPEC, 505 W HOLLIS STNASHUA, NH, 03062-1358
Specialty AI
Board Certified AI
School and Year of Graduation MED SCH UNIV OF THE WITWATERSRAND AFRICA 1972
Internship and Year HAHNEMANN MED COLL HOSP-PHIL,PA 1978
Residency and Year HAHNEMANN MED COLL HOSP-PHIL,PA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 10367
License Date 8/5/1998
Name **MELAMED, YAIR D MD**
Address MY PHYSICIAN PC, 5 COLISEUM AVE STE 306NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation SACKLER FACULTY OF MED - RAMAT AVIV ISRAEL ISRAEL 1981
Internship and Year METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 1992
Residency and Year METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 9253
License Date 8/3/1994
Name **MELANCON, DIANE M MD**
Address ST MARY'S HOSPITAL, 750 WELLINGTON AVEGRAND JUNCTION, CO, 81502
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1991
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1991
License Expiration Date **6/30/2016**
Remarks

License Number 15802
License Date 8/1/2012
Name **MELE JR, FRANK M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY USA 1992
Internship and Year NORWALK HOSPITAL - NORWALK, CT 1993
Residency and Year HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 1997
License Expiration Date **6/30/2016**
Remarks

License Number 16236
License Date 7/3/2013
Name **MELENDEZ DEDOS, ANDRES MD**
Address PO BOX 367228, SAN JUAN, PR, 00936
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF PUERTO RICO USA 1989
Internship and Year NEW ROCHELLE HOSPITAL MEDICAL CENTER - NEW ROCHELLE, NY 1990
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1994
License Expiration Date **6/30/2017**
Remarks

License Number 14051
License Date 6/4/2008
Name **MELENDEZ YOUNG, JILL A MD**
Address NASHUA NEPHROLOGY, 38 TYLER STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation SOUTHERN ILLINOIS UNIV USA 2001
Internship and Year OREGON HEALTH SCIENCES UNIV - PORTLAND,OR 2002
Residency and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14387
License Date 4/1/2009
Name **MELENDY, ELIZABETH K MD**
Address CORE PEDIATRICS, 24 PLAISTOW RD UNIT 3PLAISTOW, NH, 03865
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT USA 2006
Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 2007
Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 2008
License Expiration Date **6/30/2017**
Remarks

License Number 17269
License Date 9/2/2015
Name **MELIA, DAVID C DO**
Address 80 HIGHLAND ST, LACONIA, NH, 03246
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2012
Internship and Year MERCY ST VINCENT MEDICAL CENTER - TOLEDO, OH 2013
Residency and Year MERCY ST VINCENT MEDICAL CENTER - TOLEDO, OH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13978
License Date 5/7/2008
Name **MELIK-ADAMYAN, LUSINE MD**
Address PULMONARY & CRITICAL CARE, 85 SPRING ST LACONIA, NH, 03246-3113
Specialty IM
Board Certified IM
School and Year of Graduation YEREVAN STATE MEDICAL UNIV ARMENIA 1993
Internship and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2002
Residency and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2005
License Expiration Date **6/30/2014**
Remarks

License Number 16155
License Date 6/5/2013
Name **MELITZ, CELINE MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MED USA 2000
Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MED - ST LOUIS, MO 2001
Residency and Year WASHINGTON UNIVERSITY SCHOOL OF MED - ST LOUIS, MO 2002
License Expiration Date **6/30/2017**
Remarks

License Number 5941
License Date 7/6/1978
Name **MELKONIAN, GREGORY J MD**
Address CHILDREN'S HOSPITAL BOSTON, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VT COLLEGE OF MEDICINE BURLINGTON, VT USA 1973
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1974
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1977
License Expiration Date **6/30/2016**
Remarks

License Number 11330
License Date 7/11/2001
Name **MELLISH, TODD D DO**
Address ELLIOT BAY MEDICAL ASSOC, 4 ELLIOT WAY STE 102MANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE OF MIDWEST USA 1998
Internship and Year CHRIST HOSPITAL & MEDICAL CENTER OAK LAWN IL 1999
Residency and Year CHRIST HOSPITAL & MEDICAL CENTER OAK LAWN IL 2001
License Expiration Date **6/30/2017**
Remarks

License Number 10654
License Date 8/4/1999
Name **MELLMAN, THOMAS A MD**
Address HOWARD UNIVERSITY HOSPITAL, 2041 GEORGIA AVEN.W. WASHINGTON, DC, 20060
Specialty P
Board Certified P
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1982
Internship and Year CASE WESTERN RESERVE UNIV - CLEVELAND, OH 1983
Residency and Year CASE WESTERN RESERVE UNIV - CLEVELAND, OH 1984
License Expiration Date **6/30/2005**
Remarks

License Number 9306
License Date 10/5/1994
Name **MELLON, ROBERT MD**
Address 701 E NEVERSINK RD, READING, PA, 19606
Specialty CHP
Board Certified
School and Year of Graduation UNIVERSITY OF TN COLLEGE OF MEDICINE USA 1945
Internship and Year TRENTON PSYCHIATRIC HOSPITAL - WEST TRENTON NJ 1950
Residency and Year INSTITUTE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA PA 1951
License Expiration Date **6/30/2006**
Remarks **Deceased 4/12/2013**

License Number 6264
License Date 8/7/1980
Name **MELLORS, ROBERT C MD**
Address SOUTH SHORE MED CTR, 75 WASHINGTON STNORWELL, MA, 02061
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIV OF NY DOWNSTATE COLL MED-BROOKLYN, NY USA 1975
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1976
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1980
License Expiration Date **6/30/2002**
Remarks

License Number 13172
License Date 7/5/2006
Name **MELNIKOVA, YANA V MD**
Address 789 CENTRAL AVE, DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation ST PETERSBURG UNIV RUSSIA 1998
Internship and Year HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2005
Residency and Year HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12666
License Date 4/6/2005
Name **MELOTTI, MICHELLE MD**
Address VIRTUAL RADIOLOGIC PROFESSIONA, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1995
Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1997
Residency and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10828
License Date 2/2/2000
Name **MEMOLI, NATALIE P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation STATE UNIV OF NY SCH OF MED - BUFFALO, NY USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 6817
License Date 11/10/1983
Name **MEMOLI, VINCENT A MD**
Address DHMC-PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation TUFTS UNIV SCH MED -BOSTON,MA USA 1976
Internship and Year RUSH-PRESBY,ST LUKES CTR-CHICAGO,IL 1977
Residency and Year RUSH-PRESBY ,ST LUKES CTR-CHICAGO,IL 1980
License Expiration Date **6/30/2017**
Remarks

License Number 17119
 License Date 6/3/2015
 Name **MEMON, HASAN K MD**
 Address 450 OCEAN BLVD #9, LONG BRANCH, NJ, 07740
 Specialty P
 Board Certified
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2012
 Internship and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2013
 Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2015
 License Expiration Date **6/30/2017**

Remarks

License Number 11570
 License Date 4/3/2002
 Name **MEMON, ZARINA G MD**
 Address 15 SUNSET RD, ARLINGTON, MA, 02474
 Specialty AN
 Board Certified AN
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI USA 1993
 Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1994
 Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1995
 License Expiration Date **12/12/2007**

Remarks **12/12/07 - Preliminary Agreement for Practice Restrictions. 6/6/11- Settlement Agreement**

License Number 14769
 License Date 3/3/2010
 Name **MENDEL, JEFFREY B MD**
 Address 180 OTIS ST, W NEWTON, MA, 02465
 Specialty DR
 Board Certified DR
 School and Year of Graduation TUFTS UNIVERSITY USA 1977
 Internship and Year NORWALK HOSPITAL - NORWALK, CT 1978
 Residency and Year NORWALK HOSPITAL - NORWALK, CT 1981
 License Expiration Date **6/30/2016**

Remarks

License Number 8826
 License Date 10/7/1992
 Name **MENDELL, ALLAN E MD**
 Address THE COUNSELING CENTER, ONE MAIN ST NASHUA, NH, 03060
 Specialty P
 Board Certified P
 School and Year of Graduation UNIVERSITY OF TEXAS USA 1976
 Internship and Year BUREAU FOR HEALTH SERVICES FRANKFORT - KENTUCKY 1978
 Residency and Year UNIVERSITY HOSPITAL - A B CHANDLER M C LEXINGTON - KENTUCKY 1979
 License Expiration Date **6/30/2016**

Remarks

License Number 12505
License Date 10/6/2004
Name **MENDELOVICZ, NAOMI M MD**
Address GENESIS BEHAVIORAL HEALTH, 111 CHURCH ST LACONIA, NH, 03246
Specialty P
Board Certified P
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 2000
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date **6/30/2010**
Remarks

License Number 15671
License Date 5/2/2012
Name **MENDESE, GARY W MD**
Address MYSTIC VALLEY DERMATOLOGY, 92 MONTVALE AVE STE 3000 STONEHAM, MA, 02180
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 2007
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2008
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16456
License Date 1/8/2014
Name **MENDLICK, MATTHEW R MD**
Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF NEBRASKA MEDICAL CENTER USA 2003
Internship and Year TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM - TUCSON, AZ 2004
Residency and Year UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER - TUCSON, AZ 2008
License Expiration Date **6/30/2016**
Remarks

License Number 14324
License Date 2/4/2009
Name **MENDLOWITZ, ABBE D MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE STE 105 POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MARYLAND USA 1982
Internship and Year MALLINCKRODT INSTITUTE OF RADIOLOGY/WASHINGTON UNIV-ST LOUIS, MO 1983
Residency and Year MALLINCKRODT INSTITUTE OF RADIOLOGY/WASHINGTON UNIV-ST LOUIS, MO 1986
License Expiration Date **6/30/2011**
Remarks

License Number 11925
License Date 5/7/2003
Name **MENDOZA JR, ARTEMIO J C MD**
Address WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF THE PHILIPPINES- MANILA, PHILIPPINES PHILIPPINES 1996
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1999
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15452
License Date 11/2/2011
Name **MENDOZA, SALUD P MD**
Address 74 PEAR TREE LN, NEWMARKET, NH, 03857
Specialty P
Board Certified P
School and Year of Graduation DE LA SALLE UNIVERSITY HEALTH SCIENCES CAMPUS PHILIPPINES 2004
Internship and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2008
Residency and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2011
License Expiration Date **6/30/2017**
Remarks

License Number 11905
License Date 5/7/2003
Name **MENDOZA, SONITA E MD**
Address SEACOAST ARTHRITIS& OSTEOPOROS, 10 MEMBERS WAY STE 403DOVER, NH, 03820-5933
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIV OF THE PHILIPPINES- MANILA PHILIPPINES PHILIPPINES 1996
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1998
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 14388
License Date 4/1/2009
Name **MENDOZA, TRICIA P MD**
Address FRISBIE HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty PYG
Board Certified P
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 1999
Internship and Year BROOKDALE UNIV HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 2005
Residency and Year BROOKDALE UNIV HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 3936
License Date 8/31/1966
Name **MENGER, HAROLD C MD**
Address 78-09 MYRTLE AVE, GLENDALE, NY, 11385-
Specialty OTO
Board Certified OTO
School and Year of Graduation LONG ISLAND COLLEGE OF MEDICINE - BROOKLYN, NY USA 1947
Internship and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1948
Residency and Year NY POLYCLINIC MEDICAL SCHOOL & HOSPITAL - NY, NY 1951
License Expiration Date **6/30/2000**
Remarks

License Number 7130
License Date 6/6/1985
Name **MENKE, THOMAS S DO**
Address 4B, 4 WEST RD STE BSTRATHAM, NH, 03885
Specialty AN
Board Certified AN
School and Year of Graduation NJ SCH OF OSTEOPATHIC MEDICINE-STRATFORD, NJ USA 1982
Internship and Year MONMOUTH MEDICAL CENTER HOSPITAL-LONG BRANCH, NJ 1983
Residency and Year MONMOUTH MEDICAL CENTER HOSPITAL-LONG BRANCH, NJ 1985
License Expiration Date **6/30/2017**
Remarks

License Number 8480
License Date 1/9/1991
Name **MENKES, DANIEL L MD**
Address UNIV OF CT HLTH CTR-NEUROLOGY, 263 FARMINGTON AVEFARMINGTON, CT, 06030
Specialty N
Board Certified N
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1989
Residency and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1989
License Expiration Date **6/30/2001**
Remarks

License Number 16979
License Date 3/4/2015
Name **MENON, ASHWATY MD**
Address 2100 S 12TH ST #302, BISMARCK, ND, 58504
Specialty FP
Board Certified FP
School and Year of Graduation JAWAHARLAL NEHRU MEDICAL COLLEGE BELGAUM INDIA 2009
Internship and Year MARQUETTE GENERAL FAMILY MEDICINE - MARQUETTE, MI 2012
Residency and Year MARQUETTE GENERAL FAMILY MEDICINE - MARQUETTE, MI 2014
License Expiration Date **6/30/2017**
Remarks

License Number 13681
License Date 9/5/2007
Name **MENOR, EDWIN S MD**
Address THE VLGS HEALTH CARE CTR SPEC, 1400 US HWY 27/441, BLDG 810THE VILLAGES, FL, 32162
Specialty GS
Board Certified
School and Year of Graduation CREIGHTON UNIV USA 1997
Internship and Year CABRINI MEDICAL CENTER - NEW YORK, NY 1999
Residency and Year CABRINI MEDICAL CENTER - NEW YORK, NY 2003
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/11 - reinstated 6/4/14**

License Number 16799
License Date 10/1/2014
Name **MERCADO, JOSE R MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 2004
Internship and Year GRIFFIN HOSPITAL - DERBY, CT 2008
Residency and Year UNIVERSITY OF CONNECTICUT(NEW BRITAIN) - FARMINGTON, CT 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16800
License Date 10/1/2014
Name **MERCADO, RIMA R MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 2003
Internship and Year GRIFFIN HOSPITAL - DERBY, CT 2008
Residency and Year GRIFFIN HOSPITAL - DERBY, CT 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10307
License Date 6/3/1998
Name **MERCEA, RADU MD**
Address MC KEESPORT HOSP, 1500 FIFTH STMC KEESPORT, PA, 15132
Specialty FP
Board Certified
School and Year of Graduation INSTITUTE OF MED AND PHARMACY BUCURESTI ROMANIA 1987
Internship and Year MC KEESPORT HOSP - MC KEESPORT, PA 1995
Residency and Year MC KEESPORT HOSP - MCKEESPORT, PA 1998
License Expiration Date **6/30/1999**
Remarks

License Number 5854
License Date 1/5/1978
Name **MERCER, GEORGE N MD**
Address 4211 SWIFT AVENUE, SAN DIEGO, CA, 92104
Specialty END
Board Certified END
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE MIAMI, FL USA 1975
Internship and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITAL - HANOVER, NH 1976
Residency and Year DARTMOUTH MEDICAL SCHOOL AFFILTATED HOSPITAL - HANOVER, NH 1977
License Expiration Date **6/30/2014**
Remarks

License Number 9322
License Date 11/2/1994
Name **MERCHANT, KENNETH MD**
Address HEGG MEDICAL CLINIC, 2121 HEGG DR ROCK VALLEY, IA, 51247
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE USA 1987
Internship and Year GEISINGER MEDICAL CENTER 1988
Residency and Year TX TECH UNIV HEALTH SCIENCE CENTER 1993
License Expiration Date **6/30/1999**
Remarks

License Number 12395
License Date 7/7/2004
Name **MERCURO, ELISA J DO**
Address DERRY MEDICAL CENTER, 6 TSIENNETTO RDDERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation KIRKSVILLE COLLEGE, KIRKSVILLE MO US 2001
Internship and Year NH DARTMOUTH-CONCORD, CONCORD NH 2002
Residency and Year NH DARTMOUTH-CONCORD, CONCORD NH 2004
License Expiration Date **6/30/2016**
Remarks

License Number 10489
License Date 1/6/1999
Name **MEREDITH, THOMAS S MD**
Address 1210 MILAN RD, MILAN, NH, 03588
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF COLORADO SCH OF MED- BOULDER, CO USA 1986
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1989
License Expiration Date **6/30/2011**
Remarks

License Number 8357
License Date 6/6/1990
Name **MERGUERIAN, PAUL A MD**
Address SEATTLE CHILDRENS HOSP, 4800 SANDPOINT WAY NE SEATTLE, WA, 98105
Specialty U
Board Certified U
School and Year of Graduation HEBREN UNIVERSITY ISRAEL 1981
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1984
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1988
License Expiration Date **6/30/2016**
Remarks **6/30/94 LAPSED FOR NON RENEWAL /REINSTATED 11/5/03**

License Number 13461
License Date 4/4/2007
Name **MERHI, BASMA O MD**
Address 2 CHABLIS TERRACE UNIT 1, CONCORD, NH, 03303
Specialty IM
Board Certified IM
School and Year of Graduation LEBANESE UNIV LEBANON 2002
Internship and Year STATEN ISLAND UNIV HOSPITAL-STATEN ISLAND, NY 2005
Residency and Year ST PETERS UNIV HOSPITAL, NEW BRUNSWICK, NJ 2006
License Expiration Date **6/30/2011**
Remarks

License Number 14031
License Date 6/4/2008
Name **MERING III, JAMES H MD**
Address 328 EAST RIDGE ST, MARQUETTE, MI, 49855
Specialty U
Board Certified U
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1965
Internship and Year SWEDISH MEDICAL CENTER-SEATTLE, WA 1966
Residency and Year UNIV OF CALIFORNIA SANDIEGO MEDICAL CENTER - SAN DIEGO, CA 1972
License Expiration Date **6/30/2016**
Remarks

License Number 11669
License Date 7/3/2002
Name **MERKEL, MARY F DO**
Address MERRIMACK FAMILY PRACTICE, 294 DANIEL WEBSTER HGWYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK COLL OF OSTEOPATHIC - OLD WESTBURY, NY USA 1999
Internship and Year LUTHERAN MEDICAL CTR - BROOKLYN, NY 2000
Residency and Year LUTHERAN MEDICAL CTR - BROOKLYN, NY 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16836
License Date 11/6/2014
Name **MERKLE, PAUL F MD**
Address PORTSMOUTH REGIONAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty ORS
Board Certified ORS
School and Year of Graduation KECK SCHOOL OF MED OF THE UNIV OF SOUTHERN CALIFOR USA 1990
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE- LOS ANGELES, CA 1991
Residency and Year UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE- LOS ANGELES, CA 1995
License Expiration Date **6/30/2016**

Remarks

License Number 5341
License Date 6/9/1975
Name **MERLIS, ANTHONY L MD**
Address DHMC- RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty RNR
Board Certified RNR
School and Year of Graduation UNIV OF MARYLAND SCH OF MED- BALTIMORE, MD USA 1968
Internship and Year NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO, IL 1969
Residency and Year BARNES-JEWISH HOSPITALS CAMPUS- ST LOUIS, MO 1970
License Expiration Date **6/30/2017**

Remarks

License Number 9569
License Date 10/4/1995
Name **MERRA, ANNE M MD**
Address 10 MARKET PL DR UNIT 3A, PO BOX 204YORK, ME, 03909
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MA MEDICAL SCHOOL WORCESTER, MA USA 1988
Internship and Year J DEMPSEY HOSPITAL UNIV CT H C FARMINGTON, CT 1992
Residency and Year J DEMPSEY HOSPITAL UNIV CT H C FARMINGTON, CT 1992
License Expiration Date **6/30/2017**

Remarks

License Number 10335
License Date 7/1/1998
Name **MERRENS, EDWARD J MD**
Address DHMC - HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994
Internship and Year UNIV WASHINGTON HOSPITAL - SEATTLE, WA 1995
Residency and Year UNIV WASHINGTON HOSPITAL - SEATTLE, WA 1997
License Expiration Date **6/30/2016**

Remarks

License Number 15135
License Date 2/2/2011
Name **MERRIAM, MICHAEL A MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF VERMONT USA 1984
Internship and Year BROWN UNIVERSITY/RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1986
Residency and Year BROWN UNIVERSITY/RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1990
License Expiration Date **6/30/2017**
Remarks

License Number 7881
License Date 8/8/1988
Name **MERRICK, RICHARD M MD**
Address NORTHEASTER VT REG HOSPITAL, 1315 HOSPITAL DRST JOHNSBURY, VT, 05819
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1985
Internship and Year OVERLOOK HOSPITAL - SUMMIT NJ 1986
Residency and Year OVERLOOK HOSPITAL - SUMMIT NJ 1988
License Expiration Date **6/30/2016**
Remarks

License Number 14661
License Date 11/4/2009
Name **MERRILL, DOUGLAS G MD**
Address UC IRVINE HEALTH - ADMINISTRATION, 101 THE CITY DRIVE SOUTHORANGE, CA, 92868
Specialty
Board Certified AN
School and Year of Graduation UNIVERSITY OF KANSAS USA 1978
Internship and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1978
Residency and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 6285
License Date 9/4/1980
Name **MERRILL, RAYMOND E MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIVERSITY IN BOSTON, MA USA 1957
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 6365
License Date 4/2/1981
Name **MERRITHEW, DANA A MD**
Address SPEARE MEMORIAL HOSPITAL, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON,MA USA 1978
Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1979
Residency and Year ST ELIZABETHS HOSP - BOSTON, MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 6326
License Date 12/1/1980
Name **MERRITT, DENISE MD**
Address EASTERN MAINE MED CTR, 489 STATE STBANGOR, ME, 04401
Specialty IM
Board Certified
School and Year of Graduation UNIV OF CONN SCH OF MED-FARMINGTON,CT USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MED CTR 1980
Residency and Year DARTMOUTH-HITCHCOCK MED CTR 1980
License Expiration Date **6/30/2014**
Remarks

License Number 15317
License Date 7/6/2011
Name **MERTZ, CHRISTOPHER M MD**
Address 250 PLEASANT STREET, CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2009
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2011
License Expiration Date **6/30/2017**
Remarks

License Number 10336
License Date 7/1/1998
Name **MESSINA, CARLEEN M DO**
Address US DEPT OF VET AFFAIRS - FITCHBURG PRIMARY CARE, C/O VA CENTERAL W MASS - 275 NICHOLS
Specialty FP
Board Certified FP
School and Year of Graduation KIRKSVILLE COLL OF OSTEO MED - KIRKSVILLE, MO USA 1993
Internship and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 1994
Residency and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 1995
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL 6/30/99**
REINSTATED 9/1/10

License Number 12627
License Date 3/2/2005
Name **MESZAROS, MICHAEL D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, SYRACUSE NY US 2002
Internship and Year MAYO CLINIC JACKSONVILLE, JACKSONVILLE FL 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2007
License Expiration Date **6/30/2009**
Remarks

License Number 14845
License Date 5/5/2010
Name **METCALFE, SU MD**
Address RADIATION ONCOLOGY ASSOC PA, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty RO
Board Certified R
School and Year of Graduation UNIVERSITY OF VERMONT USA 2005
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year UNIVERSITY OF ROCHESTER - ROCHESTER, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 12112
License Date 10/1/2003
Name **METER, RICHARD A MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GYN
Board Certified
School and Year of Graduation UNIVERSITY OF S CAROLINA, CHARLESTON SC US 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2005**
Remarks

License Number 15197
License Date 4/6/2011
Name **METKAR, UMESH S MD**
Address CAROLINA PINES REGIONAL MEDICAL CENTER, 1304 W BOBO NEWSOM HWYHARTSVILLE, SC, 2955
Specialty ORS
Board Certified
School and Year of Graduation N.D.M.V.P.SAMAJ'S MEDICAL COLLEGE INDIA 2002
Internship and Year MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS - MILWAUKEE, WI 2008
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
License Expiration Date **6/30/2013**
Remarks

License Number 10872
License Date 4/5/2000
Name **METTS, ROBERT E MD**
Address EASTERN CAROLINA ORTHOPADIC CL, 31 OFFICE PARK DRJACKSONVILLE, NC, 28546
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1989
Internship and Year NAVAL MEDICAL CENTER PORTSMOUTH - PORTSMOUTH VA 1990
Residency and Year NAVAL MEDICAL CENTER PORSMOUTH - PORTSMOUTH VA 1996
License Expiration Date **6/30/2010**
Remarks

License Number 12851
License Date 8/3/2005
Name **METZGER, MICHAEL E MD**
Address STRAFFORD CARDIOLOGY ASSOC, 21 WHITEHALL RD STE 301ROCHESTER, NH, 03867
Specialty CD
Board Certified CD
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 1999
Internship and Year CHRISTIANA HOSPITAL, NEWARK DE 2000
Residency and Year CHRISTIANA HOSPITAL, NEWARK DE 2002
License Expiration Date **6/30/2017**
Remarks

License Number 10395
License Date 9/2/1998
Name **MEVORACH, DAVID L MD**
Address FINGER LAKES PAIN MANAGEMENT, 13 ITHACA ST PO BOX 555HORSEHEADS, NY, 14845
Specialty AN
Board Certified AN
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILA, PA USA 1986
Internship and Year UNIV OF ROCHESTER MED CTR - ROCHESTER, NY 1987
Residency and Year UNIV OF ROCHESTER MED CTR - ROCHESTER, NY 1990
License Expiration Date **6/30/2010**
Remarks

License Number 13436
License Date 3/7/2007
Name **MEYER, ERIC T MD**
Address LAKE REGION GENERAL HOSPITAL, 80 HIGHLAND STLACONIA, NH, 03246
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF ILLINOIS USA 1983
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE-EVANSTON, IL 1984
Residency and Year NORTHWESTERN UNIV FEINBERG SOM - CHICAGO, IL 1986
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL. 6/30/15. RENEWED 7/9/15.**

License Number 3473
License Date 9/13/1961
Name **MEYER, GEORGE A MD**
Address C/O PETER A MEYER, 12 GREYSTONE WAYREADING, MA, 01867
Specialty R
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1949
Internship and Year METROPOLITAN HOSPITAL- NY 1950
Residency and Year BRONX VA- NY 1956
License Expiration Date **6/30/2013**
Remarks

License Number 15764
License Date 7/11/2012
Name **MEYER, GREGG S MD**
Address 1 CHERRY BROOK RD, WESTON, MA, 02493-1305
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE- ALBANY, NY USA 1986
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1990
License Expiration Date **6/30/2014**
Remarks

License Number 11382
License Date 9/5/2001
Name **MEYER, HERB T DO**
Address 391 MAIN ST, DANVILLE, NH, 03819
Specialty FP
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO- BIDDEFORD, ME USA 1988
Internship and Year EASTMORELAND HOSPITAL - PORTLAND, OR 1989
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1991
License Expiration Date **6/30/2017**
Remarks **7/12/05 - Settlement Agreement**

License Number 11785
License Date 11/6/2002
Name **MEYER, JACK E MD**
Address BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS ST RAD ADM RA008BOSTON, MA, 02115-2120
Specialty R
Board Certified R
School and Year of Graduation CORNELL UNIV MED COLL - NEW YORK, NY USA 1965
Internship and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1966
Residency and Year UNIV OF MICHIGAN HLTH SYSTEMS - ANN ARBOR, MI 1969
License Expiration Date **6/30/2010**
Remarks

License Number 8662
License Date 12/4/1991
Name **MEYER, JOSEPH P MD**
Address CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST STE 205CONCORD, NH, 03301-2952
Specialty
Board Certified GS
School and Year of Graduation LOYOLA-STRITCH SCHOOL OF MEDICINE UNITED STATES 1977
Internship and Year COOK COUNTY HOSPITAL CHICAGO - ILLINOIS 1978
Residency and Year COOK COUNTY HOSPITAL CHICAGO - ILLINOIS 1982
License Expiration Date **6/30/2017**
Remarks

License Number 14770
License Date 3/3/2010
Name **MEYER, KEVIN B MD**
Address NASHUA NEPHROLOGY, 38 TYLER STNASHUA, NH, 03060
Specialty NEP
Board Certified NEP
School and Year of Graduation UNIVERSITY OF CINCINNATI USA 2001
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2002
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 7478
License Date 12/4/1986
Name **MEYER, MELVIN B MD**
Address 40 PRESTONFIELD RD, NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF WASHINGTON SCH MED SEATTLE, WA USA 1958
Internship and Year HENNEPIN CO MEDICAL CENTER - MINNEAPOLIS, MN 1959
Residency and Year GRADY MEMORIAL HOSPITAL - ATLANTA, GA 1963
License Expiration Date **6/30/2006**
Remarks **DECEASED 1/8/2015**

License Number 11383
License Date 9/5/2001
Name **MEYER, PETER C MD**
Address 1701 N CHESTNUT AVE APT 10, MARSHFIELD, WI, 54449
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1983
Internship and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1984
Residency and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1986
License Expiration Date **6/30/2005**
Remarks

License Number 7882
 License Date 6/8/1988
 Name **MEYER, RICHARD A MD**
 Address GRACE COTTAGE HOSP, 185 GRAFTON RDTOWNSHEND, VT, 05353
 Specialty IM
 Board Certified IM
 School and Year of Graduation ALBANY MEDICAL COLLEGE OF UNION UNIV ALBANY, NY USA 1983
 Internship and Year MARY I BASSETT HOSPITAL - COOPERTOWN, NY 1984
 Residency and Year MARY I BASSETT HOSPITAL - COOPERTOWN, NY 1986
 License Expiration Date **6/30/2016**
 Remarks **Lapsed for non-renewal 6/30/02 - Reinstated 4/6/11**

License Number 10844
 License Date 3/1/2000
 Name **MEYER, THEO E MD**
 Address U M M H C, 55 LAKE AVE NWORCESTER, MA, 01655
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIV OF PRETORIA- SOUTH AFRICA SOUTH AFRICA 1976
 Internship and Year VERWOERD HOSPITAL - PRETORIA SOUTH AFRICA 1977
 Residency and Year GARANKUWA HOSPITAL - PRETORIA SOUTH AFRICA 1978
 License Expiration Date **6/30/2008**
 Remarks

License Number 6953
 License Date 8/2/1984
 Name **MEYER, THOMAS L MD**
 Address CLARKS SUMMIT STATE HOSP, 1451 HILLSIDE DRCLARKS SUMMIT, PA, 18411
 Specialty P
 Board Certified P
 School and Year of Graduation SOUTHWESTERN UNIV AZNAR MED COLL PHILIPPINES 1978
 Internship and Year MERCY CATHOLIC MED CTR-PHIL,PA 1980
 Residency and Year NORRISTOWN STATE HOSP-NORRISTOWN,PA 1983
 License Expiration Date **6/30/2016**
 Remarks **2/12/92 - DISCIPLINARY ORDER 2/18/93 - Amendment to Disc. Order 12/31/97 - Recommended Decision 4/8/98 - "Decision and Order" 5/8/01 - "Order of the Board" 8/8/01 - "Order of the Board" 5/7/02 - "Order of the Board" 3/28/03 - "Order Removing Restrictions"**

License Number 14846
 License Date 5/5/2010
 Name **MEYER, TRINH B MD**
 Address DARTMOUTH-HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
 Specialty GE
 Board Certified GE
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2002
 Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2003
 Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2005
 License Expiration Date **6/30/2016**
 Remarks

License Number 14232
 License Date 11/5/2008
 Name **MEYERMANN, MARK W DO**
 Address TRIPLER ARMY MED CTR, 1 JARRET WHIT RD 3G, RADIOLOGYTRIPLER AMC, HI, 96859
 Specialty R
 Board Certified R
 School and Year of Graduation UNIV OF NEW JERSEY USA 1999
 Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2000
 Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2004
 License Expiration Date **6/30/2016**
 Remarks

License Number 11817
 License Date 1/8/2003
 Name **MEYERS, COREY J MD**
 Address 157 VIEW DR, PITTSFIELD, MA, 01201
 Specialty IM
 Board Certified IM
 School and Year of Graduation STATE UNIV OF NEW YORK - BROOKLYN, NY USA 1993
 Internship and Year UNIV OF CONNECTICUT MEDICAL CENTER - FARMINGTON, CT 1995
 Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1997
 License Expiration Date **5/6/2015**
 Remarks **LAPSED FOR NON-RENEWAL ON 6/30/05-
 RE-INSTATED ON 2/6/08
 8/7/12 - Final Decision and Order. 7/9/14 - Order of Conditional Approval - license issued with
 restrictions and/or conditions. 5/1/15 - Dr. Meyers requested to be
 placed on inactive status. Board approved his request at its May 6, 2015 meeting.**

License Number 10812
 License Date 1/5/2000
 Name **MEYERS, DAVID L MD**
 Address 2301 KEN OAK RD, BALTIMORE, MD, 21209
 Specialty EM
 Board Certified EM
 School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILA, PA USA 1975
 Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1976
 Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1979
 License Expiration Date **6/30/2014**
 Remarks

License Number 3731
 License Date 9/5/1964
 Name **MEYERS, KARL R MD**
 Address , PO BOX 2716BALA-CYNWYD, PA, 19004
 Specialty CLP
 Board Certified CLP
 School and Year of Graduation ALBANY, NY USA 1963
 Internship and Year PHILADELPHIA HOSPITAL - PA 1964
 Residency and Year PHILA HOSPITAL - PA 1964
 License Expiration Date **6/30/2006**
 Remarks

License Number 4132
License Date 9/19/1967
Name **MEYERS, ROBERT D MD**
Address 62 KING RD, ETNA, NH, 03750-3504
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1961
Internship and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1962
Residency and Year DARTMOUTH AFFILIATED HOSPITAL - HANOVER, NH 1967
License Expiration Date **6/30/2011**
Remarks **DECEASED 7/12/2011**

License Number 14999
License Date 9/1/2010
Name **MEYSAMI, ALIREZA MD**
Address DHMC/REHUMATOLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty RHU
Board Certified
School and Year of Graduation SHADID BEHESHTI UNIVERSITY IRAN 2002
Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2008
Residency and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2010
License Expiration Date **6/30/2012**
Remarks

License Number 8862
License Date 12/2/1992
Name **MEZZANOTTE, WILLIAM S MD**
Address PULMONARY MEDICINE ASSOC, BEDFORD COMMONS 31 RIVERWAY PLBEDFORD, NH, 03110-6743
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1984
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL PHILADELPHIA - PENNSYLVANIA 1985
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL PHILADELPHIA - PENNSYLVANIA 1988
License Expiration Date **6/30/1999**
Remarks

License Number 16768
License Date 9/3/2014
Name **MEZZETTI JR, THOMAS P MD**
Address STRATA PATHOLOGY, 1 CRANBERRY HILL STE 303LEXINGTON, MA, 02421
Specialty PTH
Board Certified PTH
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEO USA 1992
Internship and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 1993
Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12912
License Date 10/5/2005
Name **MIALE, THOMAS D MD**
Address PEDIATRIC ONCOLOGY, 4101 DEW DWEY AVEREGINA, SK, S4T 7T1
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1969
Internship and Year ST LOUIS CHILDRENS HOSP, ST LOUIS MO 1970
Residency and Year ST LOUIS CHILDRENS HOSP, ST LOUIS MO 1971
License Expiration Date **6/30/2009**
Remarks

License Number 17071
License Date 5/6/2015
Name **MIAN, MUHAMMAD S MD**
Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03101
Specialty IM
Board Certified
School and Year of Graduation RAWALPINDI MEDICAL COLLEGE UNIV OF THE PUNJAB PAKISTAN 2007
Internship and Year MAIMONIDES MEDICAL CENTER-BROOKLYN,NY 2012
Residency and Year GRAND RAPIDS MEDICAL-MICHIGAN STATE UNIVERSITY-GRAND RAPIDS, MI 2015
License Expiration Date **6/30/2017**
Remarks

License Number 12239
License Date 3/3/2004
Name **MIAO, LIN MD**
Address HEART SAFE, 565 TURNPIKE ST STE 75NO ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation HARBIN MEDICAL UNIVERSITY, CHINA CHINA 1982
Internship and Year MIRIAM HOSPITAL, PROVIDENCE RI 1995
Residency and Year MIRIAM HOSPITAL, PROVIDENCE RI 1997
License Expiration Date **6/30/2016**
Remarks

License Number 7953
License Date 8/10/1988
Name **MICCOLO, MICHAEL L MD**
Address 432 MASSACHUSETTS AVE, W SPRINGFIELD, MA, 01089
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VT COLL OF MED-BURLINGTON,VT USA 1981
Internship and Year THE GRADUATE HOSP-PHIL,PA 1982
Residency and Year THE GRADUATE HOSP-PHIL,PA 1986
License Expiration Date **6/30/2010**
Remarks **Deceased 5/15/10**

License Number 6540
License Date 8/8/1997
Name **MICELI, ROBERT G MD**
Address , PO BOX 2027DANVERS, MA, 01923-5027
Specialty LM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1976
Internship and Year ST ELIZABETH'S MED CTR - MA 1977
Residency and Year ST ELIZABETH'S MED CTR - MA 1979
License Expiration Date **6/30/2003**
Remarks

License Number 15511
License Date 1/4/2012
Name **MICHAEL, LAURA E DO**
Address ENDO CHOICE PATHOLOGY, 11390 OLD ROSWELL RD., STE 100ALPHARETTA, GA, 30009
Specialty PTH
Board Certified PTH
School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF MEDICINE USA 1993
Internship and Year FLORIDA MEDICAL CENTER SOUTH - FORT LAUDERDALE, FL 1994
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12035
License Date 8/6/2003
Name **MICHAELS, MICHAEL J MD**
Address LAHEY CLINIC INSTITUTE OF UROL, 17 OLD ROLLINSFORD RD STE 3DOVER, NH, 03820-2892
Specialty U
Board Certified U
School and Year of Graduation CORNELL UNIVERSITY, NEW YORK NY US 1997
Internship and Year LAHEY CLINIC MED CTR, BURLINGTON MA 1998
Residency and Year LAHEY CLINIC MEDICAL CTR, BURLINGTON MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12396
License Date 7/7/2004
Name **MICHAELSON, IRA P MD**
Address 170 GOVERNORS AVE, MEDFORD, MA, 02155
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF FLORENCE, FIRENZE ITALY ITALY 1977
Internship and Year CARNEY HOSPITAL, BOSTON MA 1979
Residency and Year JOHN H STROGER HOSP, CHICAGO IL 1980
License Expiration Date **6/30/2016**
Remarks

License Number 11969
License Date 6/4/2003
Name **MICHALAK, RONALD E MD**
Address MONADNOCK ORTHOPAEDIC ASSOC, 458 OLD ST RD STE 200PETERBOROUGH, NH, 03458
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF ILLINOIS - CHICAGO IL USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 8993
License Date 7/7/1993
Name **MICHALOPOULOS, GEORGE N MD**
Address PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038-
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1988
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1989
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 13260
License Date 9/6/2006
Name **MICHAUD, GREGORY F MD**
Address BRIGHAM AND WOMAN'S HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF MARYLAND USA 1990
Internship and Year BOSTON UNIV MED CTR-BOSTON MA 1991
Residency and Year BOSTON UNIV MED CTR-BOSTON MA 1994
License Expiration Date **6/30/2010**
Remarks

License Number 11331
License Date 7/11/2001
Name **MICHAUD, JEFFREY S DO**
Address FMI, 15 E CHESTNUT STAUGUSTA, ME, 04330
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC M USA 1998
Internship and Year MAINE-DARTMOUTH FAMILY PRACTICE 1999
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE 2001
License Expiration Date **6/30/2002**
Remarks

License Number 12269
License Date 4/7/2004
Name **MICHAUD, MARC J MD**
Address NH ORTHOPAEDIC SURGERY, 9 WASHINGTON PLACE BEDFORD, NH, 03110
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1993
Internship and Year FITZSIMONS ARMY MED CTR, FORT SAM HOUSTON TX 1994
Residency and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11384
License Date 9/5/2001
Name **MICHAUD, STEPHEN J MD**
Address GOFFSTOWN PRIMARY CARE, 17 A TATRO DRIVE SUITE 201 GOFFSTOWN, NH, 03045
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MED COLL - PHILADELPHIA, PA USA 1993
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996
License Expiration Date **6/30/2017**
Remarks

License Number 11832
License Date 2/5/2003
Name **MICHEL, EDUARD MD**
Address VRC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1993
Internship and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1997
Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1998
License Expiration Date **6/30/2011**
Remarks **LAPSED FOR NON-RENEWAL 6/30/05...**
REINSTATED 1/3/07

License Number 16349
License Date 10/2/2013
Name **MICHELIN, KRISTA M MD**
Address 333 BORTHWICK AVE, PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation MEDEX PROGRAM DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 2008
Residency and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 2010
License Expiration Date **6/30/2017**
Remarks

License Number 10337
License Date 7/1/1998
Name **MICHELSSEN, WOLFGANG J MD**
Address 330 BORTHWICK AVE, STE 108PORTSMOUTH, NH, 03801
Specialty N
Board Certified N
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS- NY, NY USA 1963
Internship and Year UNIV HOSPITAL - CLEVELAND, OH 1964
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1965
License Expiration Date **6/30/2006**
Remarks

License Number 17179
License Date 7/1/2015
Name **MICIC, VESNA MD**
Address 11011 MCCORMICK RD STE 200, HUNT VALLEY, MD, 21031
Specialty CHN
Board Certified CHN
School and Year of Graduation UNIVERSITY OF NIS SERBIA 1990
Internship and Year SUNY @ STONY BROOK-STONY BROOK, NY 2005
Residency and Year SUNY @ STONY BROOK-STONY BROOK, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11600
License Date 5/1/2002
Name **MIDHA, DEEPAK MD**
Address 1055 LAKE WINDWARD OVERLOOK, ALPHARETTA, GA, 30005
Specialty GS
Board Certified GS
School and Year of Graduation PATNA MEDICAL COLL- PATNA BIHAR INDIA INDIA 1963
Internship and Year THE HOSPITAL CENTER AT ORANGE - ORANGE, NJ 1970
Residency and Year THE HOSPITAL CENTER AT ORANGE - ORANGE, NJ 1973
License Expiration Date **6/30/2016**
Remarks

License Number 12969
License Date 12/7/2005
Name **MIEDEL, HANNAH E MD**
Address CARILION FAMILY MEDICINE, 415 S POLLARD STVINTON, VA, 24179
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2002
Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2004
License Expiration Date **6/30/2007**
Remarks

License Number 7155
License Date 7/10/1985
Name **MIELE, CATHY A MD**
Address CTR FOR WOMENS HEALTH, 21 WHITEHALL RD ROCHESTER, NH, 03867-1935
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS-WORCESTER, MA USA 1981
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1982
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1985
License Expiration Date **6/30/2005**
Remarks

License Number 16837
License Date 11/6/2014
Name **MIETTINEN, SARI T MD**
Address 134 BIRCH DR, RINDGE, NH, 03461
Specialty PD
Board Certified PD
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2003
Internship and Year BAYLOR COM-TEXAS CHILDREN'S HOSPITAL - HOUSTON, TX 2004
Residency and Year BAYLOR COM-TEXAS CHILDREN'S HOSPITAL - HOUSTON, TX 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8827
License Date 10/7/1992
Name **MIGLIORE, JOSEPH J MD**
Address , PO BOX 40 DURHAM, NH, 03824-0040
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY USA 1966
Internship and Year BARNES HOSPITAL - WASHINGTON UNIVERSITY ST LOUIS - MISSOURI 1967
Residency and Year BOSTON CITY HOSPITAL BOSTON - MASSACHUSETTS 1972
License Expiration Date **6/30/2010**
Remarks **2/9/01 - LICENSE SUSPENDED FOR 180 DAYS WITH THE LAST 90 DAYS STAYED PENDING COMPLIANCE WITH THE REMAINING SANCTIONS IN SETTLEMENT AGREEMENT. DR. MIGLIORE CAN RESUME PRACTICE 8/8/01 OR 5/10/01 IF OTHER TERMS OF SETTLEMENT AGREEMENT ARE MET. REINSTATED ON MAY 24, 2001**

License Number 10185
License Date 12/3/1997
Name **MIGOTSKY, FAY J MD**
Address RINGE FAMILY PRACTICE, 145 RT 202 RINDGE, NH, 03461
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTER, NY USA 1978
Internship and Year ME-DARTMOUTH FAMILY PRACTICE- ME 1979
Residency and Year ME DARTMOUTH FAMILY PRACTICE-ME 1979
License Expiration Date **6/30/2017**
Remarks

License Number 16016
License Date 2/6/2013
Name **MIHU, ANAMARIA C MD**
Address DANBURY HOSP, 24 HOSPITAL AVEDANBURY, CT, 06810
Specialty IM
Board Certified
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE IULIU HATIEGANU ROMANIA 2005
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2010
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2013
License Expiration Date **6/30/2015**
Remarks

License Number 10257
License Date 4/1/1998
Name **MIKAEL, NAGY MD**
Address 590 SOUTH AVE, WESTON, MA, 02493
Specialty IM
Board Certified
School and Year of Graduation KASER EL ENI SCHOOL OF MEDICINE EGYPT 1983
Internship and Year FAULKNER HOSPITAL-BOSTON,MA 1992
Residency and Year FAULKNER HOSPITAL-BOSTON,MA 1994
License Expiration Date **6/30/2003**
Remarks

License Number 12582
License Date 1/5/2005
Name **MIKE-MAYER, ROBERT MD**
Address 875 GREENLAND RD C-12, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW JERESEY, NEWARK NJ US 1995
Internship and Year ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 1996
Residency and Year ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10960
License Date 6/7/2000
Name **MIKHAIL, ASHRAF G MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation AZARITA-ALEXANDRIA UNIV - ALEXANDRIA, EGYPT EGYPT 1994
Internship and Year CREEDMOOR PSYCHIATRIC CENTER - QUEENS VILLAGE, NY 1997
Residency and Year CREEDMOOR PSYCHIATRIC CENTER - QUEENS VILLAGE, NY 1998
License Expiration Date **6/30/2002**
Remarks

License Number 5509
License Date 4/28/1976
Name **MIKKELSEN, EDWIN J MD**
Address 313 CONGRESS ST 5TH FL, BOSTON, MA, 02210
Specialty CHP
Board Certified P
School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1973
Internship and Year MAYO GRAD SCH OF MED 1974
Residency and Year MAYO GRAD SCH OF MED 1974
License Expiration Date **6/30/2014**
Remarks

License Number 9192
License Date 6/1/1994
Name **MILAD, EMAD R MD**
Address HAMPSTEAD HOSPITAL, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty CHP
Board Certified P
School and Year of Graduation UNIVERRSITY OF ALEXANDRIA FAC OF MEDICINE EGYPT 1980
Internship and Year INSTITUTE OF LIVING HOSPITAL - HARTFORD CT 1992
Residency and Year FINCH UNIVERSITY OF HEALTH SCIENCE - N CHICAGO IL 1990
License Expiration Date **6/30/2016**
Remarks

License Number 12770
License Date 6/1/2005
Name **MILANCOVICI, SILVIA Z DO**
Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2002
Internship and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 2003
Residency and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10791
License Date 12/1/1999
Name **MILCHEV, VALENTIN I MD**
Address LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation MED ACEDEMY HIGHER MED INSTITUTE OF SOFIA BULGARIA 1991
Internship and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1994
Residency and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 9166
License Date 5/4/1994
Name **MILEK, DEBRA J MD**
Address 26 MANCHESTER SQ PEASE INTL, 601 SPAULDING TPKE #19PORTSMOUTH, NH, 03801-
Specialty OM
Board Certified PM
School and Year of Graduation NEW JERSY MEDICAL SCHOOL USA 1985
Internship and Year MONMOUTH MEDICAL CENTER - LONG BRANCH NJ 1986
Residency and Year HARVARD SCHOOL OF PUBLIC HEALTH - BOSTON MA 1990
License Expiration Date **6/30/1998**
Remarks

License Number 11875
License Date 4/2/2003
Name **MILES, CLIFFORD D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF NEBRASKA - OMAHA, NE USA 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2005**
Remarks

License Number 16869
License Date 12/3/2014
Name **MILHOAN, RUSTY A MD**
Address 3150 MATLOCK RD STE 401, ARLINGTON, TX, 76015
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CENTER USA 1985
Internship and Year JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 1989
Residency and Year JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 1992
License Expiration Date **6/30/2016**
Remarks

License Number 12270
License Date 4/7/2004
Name **MILIAN, NAILIM M MD**
Address , PO BOX 82-4294PEMBROKE PINES, FL, 33082
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1997
Internship and Year JACKSON MEMORIAL MED CTR, MIAMI FL 1998
Residency and Year JACKSON MEMORIAL MED CTR, MIAMI FL 2001
License Expiration Date **6/30/2016**
Remarks

License Number 16284
License Date 8/7/2013
Name **MILLARD, HUN MD**
Address HUN MILLARD MD, 230 SO. FRONTAGE RDNEW HAVEN, CT, 06519
Specialty P
Board Certified P
School and Year of Graduation HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 8717
License Date 5/6/1992
Name **MILLARD, ROBERTA L MD**
Address PERRY MEDICAL SERVICES, 5 ALUMNI DR STE 204EXETER, NH, 03833-2122
Specialty IM
Board Certified IM
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 1986
Internship and Year UNIVERSITY OF VIRGINIA HOSPITALS 1987
Residency and Year UNIVERSITY OF VIRGINIA HOSPITALS 1989
License Expiration Date **6/30/2006**
Remarks

License Number 15068
License Date 11/3/2010
Name **MILLEA, RYAN MD**
Address 17 NEW MEADOW RD, LYNNFIELD, MA, 01940
Specialty GS
Board Certified
School and Year of Graduation ST GEORGE'S UNIV GRENADA 2008
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2009
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2010
License Expiration Date **6/30/2012**
Remarks

License Number 10685
License Date 9/1/1999
Name **MILLER JR, DAVID P MD**
Address WAKE FOREST UNIV SCH OF MED, MEDICAL CTR BLVDWINSTON-SALEM, NC, 27157
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NC AT CHAPEL HILL SCH OF MED - NC USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2000**
Remarks

License Number 7435
License Date 9/4/1986
Name **MILLER II, CLINTON F MD**
Address 330 BORTHWICK AVE STE 300, PORTSMOUTH, NH, 03801-4102
Specialty NS
Board Certified NS
School and Year of Graduation DUKE UNIV SCH MED DURHAM NC USA 1972
Internship and Year UNIVERSITY HOSPITAL CLEVELAND OH 1973
Residency and Year UNIVERSITY HOSPITAL CLEVELAND OH 1978
License Expiration Date **6/30/2016**
Remarks

License Number 6603
License Date 8/12/1982
Name **MILLER III, FREDERICK S MD**
Address MAINE EYE CENTER, 15 LOWELL ST PORTLAND, ME, 04102-2748
Specialty OPH
Board Certified OPH
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH MED - OH USA 1976
Internship and Year UNIV COLORADO HEALTH SCIENCE CENTER - DENVER, CO 1977
Residency and Year UNIV WASHINGTON AFFILIATED HOSPITAL - SEATTLE, WA 1982
License Expiration Date **6/30/1999**
Remarks

License Number 7217
License Date 10/3/1985
Name **MILLER, A CHRISTINE MD**
Address 795 EL CAMINO REAL, PALO ALTO, CA, 94301
Specialty D
Board Certified D
School and Year of Graduation UNIV OF CALIFORNIA SCH MED - DAVIS, CA USA 1978
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1979
Residency and Year STANFORD UNIV HOSPITAL - STANFORD, CA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 7358
License Date 6/12/1986
Name **MILLER, ARNOLD R MD**
Address LACONIA CLINIC, 274 MAIN ST LACONIA, NH, 03246-2742
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1980
Internship and Year ST ELIZABETH HOSPITAL - BOSTON MA 1981
Residency and Year UNIVERISTY OF MA HOSPITAL - WORCESTER 1985
License Expiration Date **6/30/2016**
Remarks **5/7/02 Settlement Agreement**

License Number 14135
License Date 8/6/2008
Name **MILLER, ASHLEY A MD**
Address NEW LONDON PEDIATRICS, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 9893
License Date 12/4/1996
Name **MILLER, BRIAN F DO**
Address SO NH REGIONAL MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF OSTEO MED E LANSING USA 1979
Internship and Year GARDEN CITY HOSPITAL - GARDEN CITY MI 1980
Residency and Year PONTIAC OSTEOPATHIC HOSPITAL - PONITAC, MI 1985
License Expiration Date **6/30/2016**
Remarks

License Number 5513
License Date 5/6/1976
Name **MILLER, BUELL A MD**
Address 260 WESTERN AVE, S PORTLAND, ME, 04106-2432
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1961
Internship and Year ST LUKES HOSPITAL - NY, NY 1962
Residency and Year UNIV HOSPITAL - ANN ARBOR, MICHIGAN 1966
License Expiration Date **6/30/2000**
Remarks

License Number 12240
License Date 3/3/2004
Name **MILLER, CHRISTOPHER J MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1990
Internship and Year NAVAL SCHOOL OF HEALTH SCIENCES, BETHESDA MD 1991
Residency and Year UNIVERSITY OF TEXAS, DALLAS TX 1999
License Expiration Date **6/30/2014**
Remarks

License Number 10094
License Date 8/6/1997
Name **MILLER, CLAIRE L MD**
Address 115 MACLEAN PLACE, ONTARIOCANADA, , L0S 1E3
Specialty FP
Board Certified
School and Year of Graduation UNIV OF WESTERN ONTARIO LONDON CANADA CANADA 1995
Internship and Year QUEEN'S UNIV FAMILY MEDICINE - KINGSTON, ONTARIO 1997
Residency and Year QUEEN'S UNIV FAMILY MEDICINE - KINGSTON, ONTARIO 1997
License Expiration Date **6/30/2009**
Remarks

License Number 11181
License Date 2/7/2001
Name **MILLER, DANIEL J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF ROME LA SAPIENZA - ROME ITALY ITALY 1979
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1980
Residency and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1981
License Expiration Date **6/30/2001**
Remarks

License Number 17120
License Date 6/3/2015
Name **MILLER, DARIN J MD**
Address YORK HOSPITAL, 16 HOSPITAL DRYORK, ME, 03909
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1992
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1993
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14690
License Date 12/2/2009
Name **MILLER, DENA L MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1995
Internship and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1996
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2000
License Expiration Date **6/30/2013**
Remarks

License Number 10910
License Date 5/3/2000
Name **MILLER, DONALD M MD**
Address DHMC OPH, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1992
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9123
License Date 3/2/1994
Name **MILLER, ERIC B MD**
Address HVMA, 40 HOLLAND STSOMERVILLE, MA, 02144
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year UNIVERSITY OF CT SCHOOL OF MEDICINE - FARMINGTON CT 1993
Residency and Year UNIVERSITY OF CT SCHOOL OF MEDICINE - FARMINGTON CT 1993
License Expiration Date **6/30/2016**
Remarks

License Number 7918
License Date 7/6/1988
Name **MILLER, FELICIA G MD**
Address 121 RIVER RD, WEST NEWBURY, MA, 01985
Specialty PD
Board Certified PD
School and Year of Graduation MOUNT SINAI SCHOOL OF MEDICINE USA 1983
Internship and Year MA GENERAL HOSPITAL - BOSTON MA 1984
Residency and Year MA GENERAL HOSPITAL - BOSTON MA 1986
License Expiration Date **6/30/1999**
Remarks

License Number 5656
License Date 12/21/1976
Name **MILLER, GARY E MD**
Address , , ,
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF TEXAS USA 1960
Internship and Year
Residency and Year
License Expiration Date **1/5/1982**
Remarks

License Number 16079
License Date 4/3/2013
Name **MILLER, JEREMY S MD**
Address MLAB PC, 403 LAKESTONE WAYMARTINEZ, GA, 30907
Specialty PTH
Board Certified PTH
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA SCHOOL OF MED USA 2003
Internship and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 2008
Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13552
License Date 6/6/2007
Name **MILLER, JOHN J MD**
Address SEACOAST MENTA HEALTH CENTER, 30 PROSPECT AVEEXETER, NH, 03833
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1986
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1987
Residency and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 4990
License Date 5/22/1973
Name **MILLER, JOSEPH M MD**
Address 9 BUCKS HILL RD, DURHAM, NH, 03824
Specialty OM
Board Certified OM
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON MA USA 1945
Internship and Year MOUNT SINAI HOSP-NEW YORK CITY NY 1946
Residency and Year PETER BENT BRIGHAM HOSP-BOSTON MA 1949
License Expiration Date **6/30/2008**
Remarks **6/4/03 - Board directed office staff to change Dr. Miller's license to "Even Year Renewal"**

License Number 7258
License Date 1/2/1986
Name **MILLER, KENNETH J MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation WRIGHT STATE UNIVERSITY USA 1982
Internship and Year
Residency and Year
License Expiration Date **8/22/1988**
Remarks

License Number 10095
License Date 8/6/1997
Name **MILLER, LINDA A MD**
Address 4913 THAMES LANE, SARASOTA, FL, 34238
Specialty GS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL - HANOVER, NH USA 1991
Internship and Year U-HOSPITAL-SUNY HLTH SCI CENTER-NY 1997
Residency and Year U HOSPITAL-SUNY HLTH SCI CENTER - NY 1997
License Expiration Date **6/30/2005**
Remarks

License Number 13914
License Date 4/2/2008
Name **MILLER, MARIAN K MD**
Address DARTMOUTH HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation WRIGHT STATE UNIV USA 1995
Internship and Year KETTERING MEDICAL CENTER-KETTERING, OH 1996
Residency and Year KETTERING MEDICAL CENTER-KETTERING, OH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12533
License Date 11/3/2004
Name **MILLER, MAURICE M MD**
Address 5400 KENNEDY AVE, CINCINNATI, OH, 45213
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MARYLAND, BALTIMORE MD US 1990
Internship and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1991
Residency and Year ROBERT C BYRD HEALTH SCIENCES CTR, MORGANTOWN WV 1999
License Expiration Date **6/30/2016**
Remarks

License Number 5865
License Date 3/2/1978
Name **MILLER, MICHAEL D MD**
Address 35 STEPHEN DR, GOFFSTOWN, NH, 03045-2176
Specialty DR
Board Certified DR
School and Year of Graduation DUKE UNIV SCHOOL OF MEDICINE - DURHAM, NC USA 1974
Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1975
Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1978
License Expiration Date **6/30/2016**
Remarks

License Number 12803
License Date 7/6/2005
Name **MILLER, MICHAEL K MD**
Address 100 MIDLAND AVE, PORT CHESTER, NY, 10573
Specialty PTH
Board Certified PTH
School and Year of Graduation HAHNEMANN UNIVERSITY, PHILADELPHIA PA USA 1997
Internship and Year MT SINAI MEDICAL CENTER, NEW YORK NY 1998
Residency and Year MT SINAI MEDICAL CENTER, NEW YORK NY 2003
License Expiration Date **6/30/2017**
Remarks

License Number 14888
License Date 6/2/2010
Name **MILLER, MICHAEL L DO**
Address MIRACA SCIENCES, 4207 E COTTON CTR BLVD PHOENIX, AZ, 85040
Specialty HMP
Board Certified HMP
School and Year of Graduation KANSAS CITY UNIVERSITY USA 1975
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1976
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 14847
License Date 5/5/2010
Name **MILLER, MICHAEL P MD**
Address ELLIOT HEALTH SYSTEM, ONE ELLIOT WAY MANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation NY MEDICAL COLLEGE USA 1999
Internship and Year NSLIJHS SCHNEIDER CHILDRENS HOSPITAL - NEW HYDE PARK, NY 2000
Residency and Year NSLIJHS SCHNEIDER CHILDRENS HOSPITAL - NEW HYDE PARK, NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 8574
License Date 6/5/1991
Name **MILLER, NORMAN D MD**
Address MERRIMACK VALLEY GI, 92-1162 OLANI ST, UNIT 1 KAPOLEI, HI, 96707
Specialty GE
Board Certified IM
School and Year of Graduation MT SINAI SCHOOL OF MED-CITY UNIV OF NY USA 1983
Internship and Year MONTEFIORE HOSPITAL MC-H&L MOSES 1984
Residency and Year MOUNT AUBURN HOSP 1986
License Expiration Date **6/30/2015**
Remarks

License Number 12349
License Date 6/2/2004
Name **MILLER, NORMAND MD**
Address VEIN CENTERS FOR EXCELLENCE, 224 MAIN ST STE 1-DSALEM, NH, 03079
Specialty VS
Board Certified VS
School and Year of Graduation LAVAL UNIVERSITY, ST-FOY, QUEBEC CANADA CANADA 1977
Internship and Year UNIVERSITY LAVAL, QUEBEC, QUEBEC CANADA 1978
Residency and Year MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7156
License Date 7/10/1985
Name **MILLER, PATRICIA M MD**
Address 25 VILLAGE BROOK LN, DERRY, NH, 03038
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN-MILWAUKEE, WI USA 1980
Internship and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1981
Residency and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1982
License Expiration Date **6/30/2017**
Remarks

License Number 15544
License Date 2/1/2012
Name **MILLER, RASA K MD**
Address DARTMOUTH-HITCHCOCK, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation KAUNO MEDICINOS UNIVERSITETO LITHUANIA 1987
Internship and Year WRIGHT STATE UNIVERSITY - DAYTON, OH 2003
Residency and Year WRIGHT STATE UNIVERSITY - DAYTON, OH 2005
License Expiration Date **6/30/2016**
Remarks

License Number 17020
License Date 4/1/2015
Name **MILLER, ROBYN R MD**
Address 932 HENDERSONVILLE RD STE 104, ASHEVILLE, NC, 28803
Specialty P
Board Certified P
School and Year of Graduation JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - WASHINGTON, DC 1990
Residency and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - WASHINGTON, DC 1993
License Expiration Date **6/30/2017**
Remarks

License Number 10186
License Date 12/3/1997
Name **MILLER, STEPHEN G MD**
Address 31 LINCOLNSHIRE DR, FALL RIVERNOVA SCOTIA CANADA, , B2T-1P8
Specialty FP
Board Certified FP
School and Year of Graduation DALHOUSIE UNIV NOVA SCOTIA 1993
Internship and Year DALHOUSIE UNIV-HALIFAX,NS 1994
Residency and Year DALHOUSIE UNIV -HALIFAX,NS 1996
License Expiration Date **6/30/2007**
Remarks

License Number 9426
License Date 5/3/1995
Name **MILLER, STEVEN G MD**
Address STE 2600, 92 MONTVALE AVESTONEHAM, MA, 02180
Specialty IM
Board Certified IM
School and Year of Graduation BROWN UNIVERSITY USA 1976
Internship and Year VET ADMIN MEDICAL CENTER, RHODE ISLAND 1977
Residency and Year MIRIAM HOSPITAL, RHODE ISLAND 1978
License Expiration Date **6/30/2000**
Remarks

License Number 8130
License Date 6/7/1989
Name **MILLER, THEODORE M MD**
Address SPRINGFIELD MEDICAL CARE SYSTEMS, 1 HOSPITAL CTRBELLOWS FALLS, VT, 05101
Specialty P
Board Certified P
School and Year of Graduation OREGON HEALTH SCIENCES UNIVERSITY USA 1985
Internship and Year INSTITUTE FOR LIVING - HARTFORD, CT 1986
Residency and Year UVM/FLETCHER ALLEN HOSPITAL - BURLINGTON, VT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9660
License Date 3/6/1996
Name **MILLIGAN, FRANCIS J MD**
Address 19 FARRINGTON CORNER RD, HOPKINTON, NH, 03229
Specialty FP
Board Certified FP
School and Year of Graduation LOYOLA UNIV OF CHICAGO STRITCH SCHOOL OF MED - IL USA 1989
Internship and Year SILAS B HAYES - CA 1990
Residency and Year SILAS B HAYES - CA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 9117
License Date 2/2/1994
Name **MILLIGAN, THOMAS R MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF MONTERRY MEXICO MEXICO 1978
Internship and Year
Residency and Year
License Expiration Date **6/30/1994**
Remarks **1/94 - DECISION AND ORDER**
11/94 DECISION AND ORDER
Deceased 11/20/2006

License Number 16950
License Date 2/4/2015
Name **MILLINGTON, TIMOTHY M MD**
Address 15 GOULD AVE, MALDEN, MA, 02148
Specialty GS
Board Certified GS
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 10339
License Date 7/1/1998
Name **MILLS, CARA L MD**
Address FOUNDATION PEDIATRIC, 280 MAIN ST., STE. 111 NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1994
Internship and Year CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1995
Residency and Year CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1996
License Expiration Date **6/30/2016**
Remarks

License Number 16080
License Date 4/3/2013
Name **MILLS, CHARLES S MD**
Address 1070 HOLT AVE, MANCHESTER, NH, 03109
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year VETERANS ADMINISTRATION HOSPITAL - BOSTON, MA 1980
Residency and Year VETERANS ADMINISTRATION HOSPITAL - BOSTON, MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 10096
License Date 8/6/1997
Name **MILLS, CHRISTOPHER J MD**
Address 590 COURT ST, KEENE, NH, 03431
Specialty OBG
Board Certified
School and Year of Graduation SUNY-HLTH SCI CTR AT BROOKLYN, NY USA 1993
Internship and Year CARILION HEALTH SYSTEM-VA 1997
Residency and Year CARILION HEALTH SYSTEM - VA 1997
License Expiration Date **6/30/2005**
Remarks

License Number 7359
License Date 6/12/1986
Name **MILLS, JOHN C MD**
Address VALLEY REGIONAL HOSP, 243 ELM STCLAREMONT, NH, 03743
Specialty EM
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 1971
Internship and Year YALE HOSPITAL 1972
Residency and Year YALE HOSPITAL-1973 NEW ENGLAND MED CTR 1979
License Expiration Date **6/30/2016**
Remarks

License Number 6740
License Date 7/7/1983
Name **MILLS, LETHA E MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY ROADWINDSOR, VT, 05089
Specialty HEM
Board Certified HEM
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH USA 1977
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1978
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1980
License Expiration Date **6/30/2017**
Remarks

License Number 10655
License Date 8/4/1999
Name **MILLS, SHAWN P MD**
Address 348 GIFFORD ST, #2FALMOUTH, MA, 02540
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF TEXAS MED SCH -GALVESTON, TX USA 1993
Internship and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 1994
Residency and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 1999
License Expiration Date **6/30/2002**
Remarks

License Number 8012
License Date 12/7/1988
Name **MILLSTEIN, ROBERT P MD**
Address 10 SPRING CREEK LN, STRATHAM, NH, 03885
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CONNECICUT SCH OF MED USA 1983
Internship and Year STRONG MEM HOSP-ROCHESTER,NY 1984
Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15842
License Date 9/5/2012
Name **MILMAN, STEVEN MD**
Address COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 333 BORTHWICK AVE MED OFFICE BLDG #402
Specialty TS
Board Certified TS
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2002
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2003
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2007
License Expiration Date **6/30/2016**
Remarks

License Number 2327
License Date 9/10/1942
Name **MILNE, JOHN MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 15672
License Date 5/2/2012
Name **MILNER, TIFFANY L MD**
Address DHMC - DEPT OF MEDICINE, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CTR @ SAN ANTONIO USA 2008
Internship and Year UNIVERSITY OF UTAH HEALTH CARE - SALT LAKE CITY, UT 2009
Residency and Year UNIVERSITY OF UTAH HEALTH CARE - SALT LAKE CITY, UT 2012
License Expiration Date **6/30/2016**
Remarks

License Number 11601
License Date 5/1/2002
Name **MILOSAVLJEVIC, VLADAN P MD**
Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation MEDICAL FACULTY UNOV OF BLEGRADE, YUGOSLAVIA YUGOSLAVIA 1987
Internship and Year WAYNE STATE UNIV- DETROIT MEDICAL CTR - DETROIT, MI 1990
Residency and Year MT SINAI HOSPITAL - NEW YORK, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 14469
License Date 6/3/2009
Name **MIN, PATRICIA L MD**
Address DHMC-DEPT OF GENERAL MEDICINE, ONE MED CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIVERSITY USA 1994
Internship and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 1995
Residency and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16676
License Date 7/2/2014
Name **MINA, KARIM G MD**
Address 176 DRAKESIDE RD #306, HAMPTON, NH, 03842
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ALEXANDRIA FACULTY OF MEDICINE EGYPT 2008
Internship and Year NY METHODIST HOSPITAL - BROOKLYN, NY 2011
Residency and Year NY METHODIST HOSPITAL - BROOKLYN, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 7767
License Date 1/6/1988
Name **MINER, DANIEL G MD**
Address 8 E PEARL ST, NASHUA, NH, 03060-3461
Specialty DR
Board Certified DR
School and Year of Graduation JOHN HOPKINS UNIV SCH MED BALTIMORE MD USA 1981
Internship and Year UNION MEM HOSP BALTIMORE MD 1982
Residency and Year JOHNS HOPKINS HOSP BALTIMORE MD 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10961
License Date 6/7/2000
Name **MINER, PAULA M MD**
Address ASSOC IN OBSTETRICS & GYN, 25 DeGRANDPRE WAYPLATTSBURG, NY, 12901
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1997
Internship and Year MAINE-DARTMOUTH FAMILY PRACTICE - AUGUSTA, ME 1999
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE - AUGUSTA, ME 2000
License Expiration Date **6/30/2006**
Remarks

License Number 15545
License Date 2/1/2012
Name **MINERVA, ELLEN MD**
Address NEW HAMPSHIRE HOSPITAL, G UNIT - 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1992
Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1995
License Expiration Date **6/30/2016**
Remarks

License Number 10723
License Date 10/6/1999
Name **MINKIEWICZ, GARY M MD**
Address C/O CMC NEHI, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE-ROC,NY USA 1977
Internship and Year UNIVERSITY OF CALIFORNIA-SAN DIEGO,CA 1978
Residency and Year UNIVERSITY OF CALIFORNIA-SAN DIEGO,CA 1981
License Expiration Date **6/30/2005**
Remarks

License Number 6230
License Date 6/25/1980
Name **MINSINGER, WILLIAM E MD**
Address DHMC, DEPT OF ORTHOPEDICS, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1978
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
License Expiration Date **6/30/2016**
Remarks

License Number 10911
License Date 5/3/2000
Name **MINSTER, ANNA MD**
Address 750 WASHINGTON ST, BOSTON, MA, 02111
Specialty PD
Board Certified PD
School and Year of Graduation KISINEV MED INSTITUTE - KISINEV, USSR USSR 1979
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2003**
Remarks

License Number 13173
License Date 7/5/2006
Name **MINTZ, DANIEL H MD**
Address MILLER SCHOOL MED UNIV/MIAMI, 1450 NW 10 AVE (R-77)MIAMI, FL, 33136
Specialty IM
Board Certified IM
School and Year of Graduation NY MEDICAL COLLEGE USA 1956
Internship and Year HENRY FORD HOSPITAL-DETROIT, MI 1957
Residency and Year DC GENERAL HOSPITAL PROGRAM-GEORGETOWN MED-WASHINGTON, DC 1958
License Expiration Date **6/30/2010**
Remarks

License Number 9778
License Date 7/3/1996
Name **MINTZ, HOLLY P MD**
Address PEDIATRICS HLTH PINE TREE PLC, UNIT 8, 360 RTE 101BEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation SUNY HEALTH SCIENCE CTR AT SYRACUSE COLL OF MED NY USA 1993
Internship and Year UNIV OF PITTSBURGH MEDICAL CENTER - PA 1996
Residency and Year UNIV OF PITTSBURGH MEDICAL CENTER - PA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11216
License Date 4/4/2001
Name **MIRABELLO, JOHN MD**
Address ROCHESTER OBGYN, 21 WHITEHALL RD STE 201ROCHESTER, NH, 03867
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIFORMED SER UNIV - BETHESDA, MD USA 1988
Internship and Year WILFORD HALL MED CTR - LACKLAND AFB, TX 1989
Residency and Year WILFORD HALL MED CTR - LACKLAND AFB, TX 1992
License Expiration Date **6/30/2017**
Remarks

License Number 5720
License Date 5/5/1977
Name **MIRAGLIUOLO, NICOLA J MD**
Address 193 KINSLEY ST, NASHUA, NH, 03060-3658
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1973
Internship and Year ST ELIZABETHS HOSPITAL-BOSTON MA 1974
Residency and Year ST ELIZABETHS HOSPITAL - BOSTON,MA 1974
License Expiration Date **11/13/2003**
Remarks **11/13/03 - Voluntary Surrender of License**

License Number 12939
License Date 11/2/2005
Name **MIRANDA, JULIO A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DE PANAMA, PANAMA PANAMA 1993
Internship and Year COOK COUNTY HOSPITAL, CHICAGO IL 2002
Residency and Year COOK COUNTY HOSPITAL, CHICAGO IL 2005
License Expiration Date **6/30/2009**
Remarks

License Number 10724
License Date 10/6/1999
Name **MIRANDA-SEIJO, JUAN MD**
Address OKEMO REGIONAL MED CTR, RTE 103LUDLOW, VT, 05149
Specialty FP
Board Certified FP
School and Year of Graduation FACULTY OF MEDICINE UNIV OF SANTIAGO SPAIN 1987
Internship and Year ST RICHARDS HOSPITAL-CHICHESTER-UNITED KINGDOM 1992
Residency and Year IXWORTH SURGERY-IXWORTH SUFFOLK-ENGLAND 1996
License Expiration Date **6/30/2005**
Remarks

License Number 11602
License Date 5/1/2002
Name **MIRAZITA, JAMES A MD**
Address PAIN SOLUTIONS, 280 MAIN ST #420NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation OHIO STATE UNIV - COLUMBUS, OH USA 1992
Internship and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1993
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1996
License Expiration Date **6/30/2016**
Remarks

License Number 6400
License Date 6/4/1981
Name **MIRBEGIAN, ROUBEN MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF TEHERAN 1971
Internship and Year
Residency and Year
License Expiration Date **10/3/1984**
Remarks

License Number 3372
License Date 7/20/1960
Name **MIREAULT, NORMAN G MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **10/3/1993**
Remarks **DECEASED 10/3/93**

License Number 14632
License Date 10/7/2009
Name **MIRMANESH, SHAPOUR MD**
Address VISTA STAFF, 275 E 200 SSALT LAKE CITY, UT, 84111
Specialty IM
Board Certified IM
School and Year of Graduation SPARTAN HEALTH SCIENCE UNIVERSITY USA 1999
Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2001
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16123
License Date 5/1/2013
Name **MIRMOW, DWIGHT P MD**
Address PATHOLOGY DEPARTMENT, 2260 WRIGHTSBORO ROAD AUGUSTA, GA, 30904
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF SC SCHOOL OF MEDICINE USA 1990
Internship and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1991
Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 12547
License Date 12/1/2004
Name **MIROCHA, SARAH J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF WISCONSIN, MADISON WI US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2006**
Remarks

License Number 15453
License Date 11/2/2011
Name **MIRZA, MUHAMMAD F MD**
Address PSG, 121 BIRKDALE RDBEDFORD, NH, 03110
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIVERSITY OF KARACHI PAKISTAN 1995
Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2005
Residency and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15546
License Date 2/1/2012
Name **MIRZA, NAUREEN MD**
Address ELLIOT HOSPITAL, 185 QUEENS CITY AVEMANCHESTER, NH, 03101
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIVERSITY OF KARACHI PAKISTAN 1998
Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2001
Residency and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 14258
License Date 12/3/2008
Name **MIRZA, SOHAIL K MD**
Address DHMC-ORTHOPEDIC SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF COLORADO USA 1987
Internship and Year UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 1990
Residency and Year UNIV OF WASHINGTON - SEATTLE, WA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 6029
License Date 4/5/1979
Name **MISHCON, MERIT J MD**
Address TILTON MEDICAL ASSOCIATES, 243 EAST MAINTILTON, NH, 03276-
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLLEGE MEDICINE - BURLINGTON, VT USA 1976
Internship and Year MEMORIAL HOSPITAL - PAWTUCKET, RI 1977
Residency and Year MEMORIAL HOSPITAL - PAWTUCKET, RI 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14933
License Date 7/7/2010
Name **MISHRA, ANURAG MD**
Address UNIVERSAL PHYSICIAN & TELEMEDICINE PLLC, 6800 SMOKETREE TRAILDENTON, TX, 76208
Specialty IM
Board Certified IM
School and Year of Graduation KANPUR UNIVERSITY INDIA 1983
Internship and Year UNIVERSITY OF MISSOURI HEALTH SCIENCE CENTER - COLUMBIA, MO 1994
Residency and Year UNIVERSITY OF MISSOURI HEALTH SCIENCE CENTER - COLUMBIA, MO 1995
License Expiration Date **6/30/2014**
Remarks

License Number 8249
License Date 11/16/1989
Name **MISIEWICZ, JOSEPH A MD**
Address 163A DW HWY, MEREDITH, NH, 03253-5839
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MIAMI SCH OF MED - MIAMI, FL USA 1984
Internship and Year PHOENIX BAPIST HOSPITAL - PHOENIX, AZ 1985
Residency and Year PHOENIX BAPIST HOSPITAL - PHOENIX, AZ 1987
License Expiration Date **6/30/2017**
Remarks

License Number 17021
License Date 4/1/2015
Name **MISRA, SARTHAK B MD**
Address 45 HIGH ST, NASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation TOPIWALA NAT'L MED COLLEGE, UNIV OF MUMBAI INDIA 2007
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2013
Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2015
License Expiration Date **6/30/2017**
Remarks

License Number 14934
License Date 7/7/2010
Name **MISSIOS, SYMEON MD**
Address LSU-HSC DEPT OF NEUROSURGERY, 1501 KINGS HWYSHREVEPORT, LA, 71105
Specialty NS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10873
License Date 4/5/2000
Name **MISTLER, LISA A MD**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF VERMONT USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14807
License Date 4/7/2010
Name **MISTRETTA, ANTHONY MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY USA 1996
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1997
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
License Expiration Date **6/30/2016**
Remarks

License Number 6002
License Date 11/17/1978
Name **MITAL, MOHINDER A MD**
Address 500 WALTER ST NE STE 305, ALBUQUERQUE, NM, 87102-2543
Specialty
Board Certified ORS
School and Year of Graduation UNIV OF BOMBAY - INDIA INDIA 1959
Internship and Year MUHLENBERG HOSPITAL - PLAINFIELD, NJ 1963
Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON,MA 1967
License Expiration Date **6/30/1999**
Remarks

License Number 15227
License Date 5/4/2011
Name **MITCHELL II, ROBERT E MD**
Address CONCORD HOSP CTR FOR UROLOGIC CARE, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty U
Board Certified U
School and Year of Graduation COLUMBIA UNIVERSITY USA 2006
Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2007
Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2011
License Expiration Date **6/30/2017**
Remarks

License Number 9048
License Date 9/1/1993
Name **MITCHELL, CHERYL M MD**
Address CAMBRIDGE FAMILY HEALTH, 237 HAMPSHIRE STCAMBRIDGE, MA, 02039
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year MEMORIAL HOSPITAL - PAWTUCKET RI 1992
Residency and Year MEMORIAL HOSPITAL - PAWTUCKET RI 1992
License Expiration Date **6/30/2000**
Remarks

License Number 16184
License Date 6/5/2013
Name **MITCHELL, DANIEL R MD**
Address 160 ALLEN STREET, RUTLAND, VT, 05701
Specialty DR
Board Certified DR
School and Year of Graduation VANDERBILT UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1987
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1992
License Expiration Date **6/30/2017**
Remarks

License Number 13142
License Date 6/7/2006
Name **MITCHELL, ERIC I MD**
Address 7 COLONIAL DR, TOWANDA, PA, 18848
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1974
Internship and Year PHILADELPHIA GENERAL HOSPITAL-PHILADELPHIA, PA 1975
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA-PHILADELPHIA, PA 1979
License Expiration Date **6/30/2008**
Remarks

License Number 13599
License Date 7/11/2007
Name **MITCHELL, HANNAH S MD**
Address CONCORD WOMEN'S CARE, 248 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 7446
License Date 10/2/1986
Name **MITCHELL, JOHN S MD**
Address WENATCHEE VA CBOC, 2530 CHESTER-KIM RDWENATCHEE, WA, 98801
Specialty IM
Board Certified IM
School and Year of Graduation ST LOUIS UNIV SCH MED ST LOUIS MO USA 1981
Internship and Year ST JOHNS MERCY MED CTR ST LOUIS MO 1982
Residency and Year THE JEWISH HOSP ST LOUIS MO 1984
License Expiration Date **6/30/2016**
Remarks **1/7/00 - SETTLEMENT AGREEMENT**

License Number 10097
License Date 8/6/1997
Name **MITCHELL, MICHAEL S MD**
Address 1493 CAMBRIDGE ST, CAMBRIDGE, MA, 02139
Specialty P
Board Certified
School and Year of Graduation MOREHOUSE SCH OF MED - ATLANTA, GA USA 1992
Internship and Year CAMBRIDGE HOSPITAL - MA 1993
Residency and Year CAMBRIDGE HOSPITAL - MA 1997
License Expiration Date **6/30/1998**
Remarks

License Number 8093
License Date 5/10/1989
Name **MITCHELL, SANDRA E MD**
Address UNIV OF FLORIDA RADIATION ONCO, PO BOX 100385GAINESVILLE, FL, 32610-0385
Specialty ON
Board Certified ON
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED CINCINNATI OH USA 1985
Internship and Year UNIV CINCINNATI HOSP MED CTR CINCINNATI 1986
Residency and Year UNIV CINCINNATI HOSP MED CTR CINCINNATI OH 1989
License Expiration Date **6/30/2001**
Remarks

License Number 16725
License Date 8/6/2014
Name **MITNAUL, JR, LARRY D MD**
Address 8 MEADOW LN, ENFIELD, NH, 03748-3532
Specialty P
Board Certified
School and Year of Graduation U OF TEXAS HEALTH SCIENCE CTR - SAN ANTONIO, TX US 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 16124
License Date 5/1/2013
Name **MITREVOLIS, E GARY MD**
Address WENTWORTH - DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENEDA 2010
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2011
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16648
License Date 6/4/2014
Name **MITSCHELE, MATTHEW W MD**
Address ADULT AND CHILDRENS OF DOVER, 10 MEMBERS WAY, STE 201DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2011
Internship and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2012
Residency and Year UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2014
License Expiration Date **6/30/2016**
Remarks

License Number 7454
License Date 10/2/1986
Name **MITSOPOULOS, SPIROS MD**
Address SPIROS MITSOPOULOS, MD, PLLC, 445 CYPRESS ST., UNIT 9MANCHESTER, NH, 03103-
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1984
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1985
Residency and Year FAULKNER HOSPITAL - BOSTON, MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 6013
License Date 2/2/1979
Name **MITTELMAN, MICHAEL A MD**
Address 130 HARBOR RD, RYE, NH, 03870-1030
Specialty D
Board Certified D
School and Year of Graduation UNIV OF TORONTO CANADA 1966
Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1967
Residency and Year ST FRANCIS HOSPITAL - MONTREAL CANADA 1968
License Expiration Date **9/29/2014**
Remarks **Deceased 9/29/14**

License Number 15000
License Date 9/1/2010
Name **MITTLEIDER, DEREK MD**
Address SPECTRUM MEDICAL GROUP, 33 SEWALL ST PORTLAND, ME, 04102
Specialty DR
Board Certified DR
School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date **6/30/2016**
Remarks

License Number 9856
License Date 10/2/1996
Name **MITZ, HOWARD S DO**
Address NORTH COUNTRY GASTROENTEROLOGY, 220 COTTAGE ST LITTLETON, NH, 03561
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF HLTH SCI COLL OF OSTEO MED - KANSAS CITY USA 1985
Internship and Year PHOENIX GENERAL HOSPITAL OSTEO - AR 1988
Residency and Year CHICAGO COLLEGE OF OSTEO MEDICINE - IL 1991
License Expiration Date **6/30/2016**
Remarks

License Number 4708
License Date 6/12/1972
Name **MIXTER III, CHARLES G MD**
Address 20 LYDIA ST, GREYMOUTH, NZ, 7805
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON MA USA 1965
Internship and Year MASSACHUSETTS GENERAL HOSP-BOSTON MA 1966
Residency and Year MASSACHUSETTS GENERAL HOSP-BOSTON MA 1972
License Expiration Date **6/30/2014**
Remarks

License Number 10396
License Date 9/2/1998
Name **MIZRAY, MILITZA I MD**
Address GENESIS BEHAVIORAL HEALTH, 111 CHURCH ST LACONIA, NH, 03246
Specialty P
Board Certified P
School and Year of Graduation STATE UNIV OF NY HLTH SCI CTR-BROOKLYN, NY USA 1987
Internship and Year NEW YORK UNIV MED CTR - NY, NY 1988
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1992
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/03 - reinstated 7/2/14**

License Number 8028
License Date 1/4/1989
Name **MOAK, GARY S MD**
Address GEISEL MEDICAL SCHOOL AT DARTMOUTH - PSYCH ASSOC, ONE MEDICAL CTR DR LEBANON, NH, 03
Specialty P
Board Certified P
School and Year of Graduation UMDNJ-ROBERT WOOD JOHNSON MED SCH , NJ USA 1982
Internship and Year HOSPITAL UNIV HLTH CTR - PITTSBURGH, PA 1983
Residency and Year HOSPITAL UNIV HLTH CTR - PITTSBURGH, PA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 16125
License Date 5/1/2013
Name **MOCHSON, CRAIG M MD**
Address 250 MERCER ST APT C403, NEW YORK, NY, 10012
Specialty EM
Board Certified EM
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1999
Internship and Year BELLEVUE HOSPITAL CENTER - NEW YORK, NY 2000
Residency and Year BELLEVUE HOSPITAL CENTER - NEW YORK, NY 2003
License Expiration Date **6/30/2015**
Remarks

License Number 9350
License Date 1/11/1995
Name **MOCKLI, GARY C MD**
Address SMITHKLINE BEECHAM CLINICAL, 2040 CONCOURSE ST LOUIS, MO, 63146
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE USA 1987
Internship and Year MOFFITT HOSPITAL - SAN FRANCISCO CA 1988
Residency and Year MOFFITT HOSPITAL - SAN FRANCISCO CA 1992
License Expiration Date **6/30/2000**
Remarks

License Number 8561
License Date 6/5/1991
Name **MODLIN, JOHN F MD**
Address DHMC/PEDIATRIC DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1971
Internship and Year CHILDREN'S HOSPITAL, BOSTON MA 1972
Residency and Year CHILDREN'S HOSPITAL, BOSTON MA 1973
License Expiration Date **6/30/2015**
Remarks

License Number 10338
License Date 7/1/1998
Name **MODZELEWSKI JR, JOSEPH R MD**
Address DEPT OF PATHOLOGY, 171 ASHLEY AVECHARLESTON, SC, 29425-0690
Specialty PTH
Board Certified
School and Year of Graduation UNIV OF SC SCHOOL OF MED - COLUMBIA, SC USA 1992
Internship and Year EAST CAROLINA UNIV PROGRAM - GREENVILLE, NC 1994
Residency and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1995
License Expiration Date **6/30/1999**
Remarks

License Number 10368
License Date 8/5/1998
Name **MOEN, KATHLEEN Y MD**
Address DHMC/ORTHOPEDIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MASS MED SCHOOL - WORCESTER, MA USA 1992
Internship and Year MEDICAL COLL OF WISCONSIN AND AFFILIATED HOSPITALS DEPT OF ORTHOPEDICS - MILWAUKEE,
Residency and Year MEDICAL COLL OF WISCONSIN - MILWAUKEE, WI 1997
License Expiration Date **6/30/2012**
Remarks

License Number 7091
License Date 5/2/1985
Name **MOESCHLER, JOHN B MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty MG
Board Certified CG
School and Year of Graduation UNIVERSITY OF NEBRASKA-OMAHA, NE USA 1975
Internship and Year UNIVERSITY OF NEBRASKA HOSPITAL-OMAHA, NE 1976
Residency and Year UNIVERSITY OF NEBRASKA HOSPITAL-OMAHA, NE 1978
License Expiration Date **6/30/2017**
Remarks

License Number 10540
License Date 4/7/1999
Name **MOHAMMAD, AAMIR MD**
Address 119 BRENTWOOD ST 104, LIBERTY, MO, 64068
Specialty IM
Board Certified IM
School and Year of Graduation DOW MED COLL UNIV OF KARACHI - KARACHI PAKISTAN 1991
Internship and Year WAYNE STATE UNIV -DETROIT MEDICAL CENTER - DETROIT, MI 1995
Residency and Year WAYNE STATE UNIV - DETROIT MEDICAL CENTER - DETROIT,MI 1996
License Expiration Date **6/30/2000**
Remarks

License Number 3565
License Date 9/15/1962
Name **MOHEBAN, ROBERT R MD**
Address 266 BARTEMUS TRAIL, PO BOX 588NASHUA, NH, 03061
Specialty GS
Board Certified GS
School and Year of Graduation TEHERAN MEDICAL SCHOOL USA 1956
Internship and Year ST LUKE'S HOSPITAL- MA 1957
Residency and Year CARNEY HOSPITAL- MA 1962
License Expiration Date **6/30/2012**
Remarks

License Number 11113
License Date 11/1/2000
Name **MOHOLKAR, MANOJ MD**
Address INDUSTRIAL MEDICAL CTR, 226 MILL HILL AVEBRIDGEPORT, CT, 06610
Specialty IM
Board Certified IM
School and Year of Graduation GRANT MEDICAL COLL UNIV OF MUMBAI-BYCULLA INDIA 1989
Internship and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1997
Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1999
License Expiration Date **6/30/2008**
Remarks

License Number 15484
License Date 12/7/2011
Name **MOHUCHY, MYKOLA MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty DR
Board Certified DR
School and Year of Graduation ST GEORGES UNIVERSTIY GRENADA 1998
Internship and Year JERSEY SHORE UNIVERSITY MEDICAL CENTER-NEPTUNE, NJ 1999
Residency and Year ALBERT IENSTEIN COLLEGE OF MEDICINE JACOBI - BRONX, NJ 2003
License Expiration Date **6/30/2013**
Remarks

License Number 14771
License Date 3/3/2010
Name **MOINZADEH, ALIREZA MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty U
Board Certified U
School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1997
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date **6/30/2016**

Remarks

License Number 8201
License Date 8/9/1989
Name **MOLANO, THOMAS R MD**
Address HUGGINS HOSPITAL, 240 SOUTH MAIN STWOLFEBORO, NH, 03894
Specialty GS
Board Certified GS
School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS, OH USA 1981
Internship and Year BAYLOR COLL MED HOSPITAL - HOUSTON, TX 1982
Residency and Year SINAI HOSPITAL - BALTIMORE, MD 1986
License Expiration Date **6/30/2016**

Remarks **lapsed 6/30/02 - reinstated 3/4/15**

License Number 11970
License Date 6/4/2003
Name **MOLINARI, DIANE C DO**
Address ST JOSEPH MEDICAL CENTER, 1717 SOUTH J STTACOMA, WA, 98405
Specialty EM
Board Certified EM
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC - OLD WESTBURY NY USA 1989
Internship and Year DELAWARE VALLEY MEDIACL CENTER - PHILADELPHIA PA 1990
Residency and Year BETH ISRAEL MEDICAL CENTER - NEW YORK NY 1993
License Expiration Date **6/30/2005**

Remarks

License Number 11876
License Date 4/2/2003
Name **MOLINARI, ROBERT W MD**
Address 6703 70TH W, LAKEWOOD, WV, 98499
Specialty ORS
Board Certified ORS
School and Year of Graduation MT SINAI SCH OF MED - NEW YORK, NY USA 1988
Internship and Year WALTER REED ARMY MED CTR - WASHINGTON, DC 1989
Residency and Year MT SINAI SCH OF MED - NEW YORK, NY 1993
License Expiration Date **6/30/2005**

Remarks

License Number 13507
License Date 5/9/2007
Name **MOLLANO, ANTHONY V MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty HSO
Board Certified HSO
School and Year of Graduation UNIV OF ROCHESTER USA 2001
Internship and Year UNIV OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2002
Residency and Year UNIV OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 15228
License Date 5/4/2011
Name **MOLNAR-GABOR, STEVEN MD**
Address WILLIAM BEAUMONT ARMY MEDICAL CENTER, 5005 NORTH PIEDRAS STREETEL PASO, TX, 79920
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF SZEGED HUNGARY 1975
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1994
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1996
License Expiration Date **6/30/2017**
Remarks

License Number 15765
License Date 7/11/2012
Name **MOLONEY, JOHN F MD**
Address 96 CAMPUS DRIVE SUITE 1, SCARBOROUGH, ME, 04107
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL- WORCESTER USA 1985
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME, 04102 1986
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME, 04102 1988
License Expiration Date **6/30/2016**
Remarks

License Number 8802
License Date 9/2/1992
Name **MONAFO, WILLIAM J MD**
Address 356 MAIN ST, Cell #978-804-3426TOWNSEND, MA, 01469
Specialty A
Board Certified A
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year ST LOUIS CHILDRENS HOSPITAL - ST LOUIS MO 1989
Residency and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS MO 1992
License Expiration Date **6/30/2006**
Remarks **6/1/05 - Preliminary Agreement for Practice Restrictions. Voluntarily agrees not to practice medicine in the state of NH and MA**
06/12/06 - Voluntary Surrender of License

License Number 9967
License Date 4/2/1997
Name **MONAHAN, JOHN J MD**
Address UNIV OF MASS MED CTR, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1958
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - NH 1960
Residency and Year CHILDRENS HOSPITAL - MA 1963
License Expiration Date **6/30/1998**
Remarks

License Number 12397
License Date 7/7/2004
Name **MONAHAN, KEVIN M MD**
Address BOSTON MEDICAL CTR, 88 E NEWTON ST BOSTON, MA, 02118
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CT, FARMINGTON CT US 1989
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1990
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1992
License Expiration Date **6/30/2006**
Remarks

License Number 11818
License Date 1/8/2003
Name **MONAHAN, LILA H MD**
Address PARTNERS IN PED/FOUNDATION MEDICAL PARTNERS, 116 SPIT BROOK RD NASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1992
Residency and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 11512
License Date 2/6/2002
Name **MONAWAR, SADIG M MD**
Address DARTMOUTH HITCHCOCK @ NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ZAGREB - ZAGREB, CROATIA CROATIA 1992
Internship and Year SUNY HEALTH SCI CENTER - BROOKLYN, NY 1998
Residency and Year SUNY HEALTH SCI CENTER - BROOKLYN, NY 2000
License Expiration Date **6/30/2014**
Remarks

License Number 16726
License Date 8/6/2014
Name **MONE JR, CHRISTOPHER B DO**
Address WENTWORTH DOUGLASS PHYSICIAN CORP, 789 CENTRAL AVEDOVER, NH, 03820-2526
Specialty IM
Board Certified
School and Year of Graduation U OF NEW ENGLAND COL OF OSTEO MED - BIDDEFORD, ME USA 2011
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2012
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14298
License Date 1/7/2009
Name **MONER, SUSAN E MD**
Address 435 KEARNEY ST SE, SALEM, OR, 97302
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIV USA 1983
Internship and Year WAYNE STATE UNIV SCHOOL OF MEDICINE - DETROIT, MI 1984
Residency and Year DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 1987
License Expiration Date **6/30/2015**
Remarks

License Number 12940
License Date 11/2/2005
Name **MONES, JOAN M DO**
Address 7406 SW 52ND CT, MIAMI, FL, 33143
Specialty PTH
Board Certified PTH
School and Year of Graduation DES MOINES UNIVERSITY, DES MOINES IA US 1979
Internship and Year FLORIDA MEDICAL CTR SOUTH, FORT LAUDERDALE FL 1980
Residency and Year JACKSON MEMORIAL HOSPITAL, MIAMI FL 1985
License Expiration Date **6/30/2015**
Remarks

License Number 12072
License Date 9/3/2003
Name **MONG, DENNIS P MD**
Address BROOKE ARMY MEDICAL CTR, 3851 ROGER BROOKE DR MCHE-MDEFORT SAM HOUSTON, TX, 7823
Specialty IM
Board Certified IM
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1970
Internship and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 1971
Residency and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 1975
License Expiration Date **6/30/2005**
Remarks

License Number 14717
License Date 1/6/2010
Name **MONIGHETTI, ROBERT A MD**
Address NH SPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1983
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1984
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 9704
License Date 5/1/1996
Name **MONLUX, GEORGE W MD**
Address 111 HOPKINS ST, ATHENS, PA, 18810-1005
Specialty PM
Board Certified FP
School and Year of Graduation UNIVERSITY OF WASHINGTON USA 1971
Internship and Year TRIPLER ARMY MEDICAL CENTER HAWAII 1972
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL 1996
License Expiration Date **6/30/2003**
Remarks

License Number 11926
License Date 5/7/2003
Name **MONOSON, PETER A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MED COLLEGE - NEW YORK, NY USA 1971
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL/CORNELL CAMPUS- NEW YORK, NY 1974
Residency and Year UNIV OF TEXAS HEALTH SCIENCE CENTER - SAN ANTONIO, TX 1978
License Expiration Date **6/30/2017**
Remarks

License Number 3497
License Date 3/14/1962
Name **MONROE, KENNETH E MD**
Address 294 W CONTINENTAL VISTA PL, GREEN VALLEY, AZ, 85614
Specialty IM
Board Certified
School and Year of Graduation MCGILL UNIVERSITY- MONTREAL CANADA 1951
Internship and Year RHODE ISLAND HOSPITAL 1952
Residency and Year RHODE ISLAND HOSPITAL 1953
License Expiration Date **6/30/2008**
Remarks

License Number 4153
License Date 10/10/1967
Name **MONROE, RICHARD C MD**
Address 260 COTTAGE ST, LITTLETON, NH, 03561-1821
Specialty GS
Board Certified
School and Year of Graduation JOHN HOPKINS MEDICAL SCHOOL - BALTIMORE, MD USA 1960
Internship and Year ALLENTOWN HOSPITAL - ALLENTOWN, PA 1961
Residency and Year ALLENTOWN HOSPITAL - ALLENTOWN, PA 1965
License Expiration Date **6/30/2000**
Remarks

License Number 10816
License Date 1/5/2000
Name **MONTAGUE, LAURIE A MD**
Address 121 CAT HOLE RD, CLAREMONT, NH, 03743
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1997
Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1998
Residency and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY- CONCORD, NH 2000
License Expiration Date **6/30/2016**
Remarks **LAPSED 6/30/2002----REINSTATED 12/6/2006**

License Number 8358
License Date 6/6/1990
Name **MONTANARELLA, MARY J MD**
Address DR MONTANARELLA & ASSOC, 30 CANTON ST STE 6MANCHESTER, NH, 03103
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED -ROCHESTER,NY USA 1986
Internship and Year STRONG MEM HOSP-ROCHESTER,NY 1987
Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1990
License Expiration Date **6/30/2016**
Remarks **2/11/14- Settlement Agreement**

License Number 9193
License Date 6/1/1994
Name **MONTANARO JR, JOSEPH MD**
Address JOSEPH MONTANARO JR, MD PC, 6 BUTTERICK RD STE 300LONDONDERRY, NH, 03053-
Specialty OBG
Board Certified
School and Year of Graduation ROSS UNIVERSITY DOMINICA 1989
Internship and Year ST MICHAEL'S MEDICAL CENTER - NEWARK NJ 1994
Residency and Year ST MICHAEL'S MEDICAL CENTER - NEWARK NJ 1994
License Expiration Date **6/30/2016**
Remarks

License Number 8491
License Date 2/6/1991
Name **MONTEAGUDO, CARLOS A MD**
Address NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED - CHICAGO, IL USA 1987
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1988
Residency and Year MASS MENTAL HEALTH CENTER - BOSTON, MA 1991
License Expiration Date **6/30/2001**
Remarks

License Number 13001
License Date 2/1/2006
Name **MONTECALVO, RAYMOND M MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1985
Internship and Year UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 1986
Residency and Year UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 16951
License Date 2/4/2015
Name **MONTEIRO, BIANCA F MD**
Address WENTWORTH DOUGLAS PHYSICIAN CORP, 789 CENTRAL AVEDOVER, NH, 03820-2523
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIVERSIDADE FEDERAL FLUMINENSE BRAZIL 2001
Internship and Year HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2003
Residency and Year HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15627
License Date 4/4/2012
Name **MONTEIRO, JOSEPH A MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty DR
Board Certified DR
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 10520
License Date 3/3/1999
Name **MONTEITH, WILLIAM K MD**
Address RIVERSIDE ASSOCIATES IN ANES, 38-40 FRONT ST BINGHAMTON, NY, 13905
Specialty AN
Board Certified
School and Year of Graduation DALHOUSIE UNIV FAC OF MED-HALIFAX CANADA 1985
Internship and Year FACULTY OF MEDICINE UNIV OF OTTAWA - OTTAWA ONTARIO, CANADA 1986
Residency and Year FACULTY OF MEDICINE UNIV OT OTTAWA - OTTAWA ONTARIO, CANADA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 13017
License Date 3/1/2006
Name **MONTGOMERY JR, JAMES C MD**
Address 7660 BLUE HOUSE LANE, EDISTO ISLAND, SC, 29438
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL UNIVERSITY OF SC, CHARLESTON SC US 1975
Internship and Year GREENVILLE HOSPITAL, GREENVILLE SC 1976
Residency and Year GREENVILLE HOSPITAL, GREENVILLE SC 1979
License Expiration Date **6/30/2008**
Remarks

License Number 9100
License Date 1/5/1994
Name **MONTGOMERY, CHARLES H MD**
Address MASHREE FAMILY MEDICINE, 5 INDUSTRIAL DR STE 100 MASHPEE, MA, 02649
Specialty IM
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1961
Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1962
Residency and Year HARTFORD HOSPITAL - HARTFORD CT 1964
License Expiration Date **6/30/2002**
Remarks

License Number 12468
License Date 9/1/2004
Name **MONTGOMERY, JULIA V MD**
Address DHMC, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation NORTHERN STATE UNIVERSITY, RUSSIA RUSSIA 1992
Internship and Year ABBOTT-NORTHWESTERN HOSP, MINNEAPOLIS MN 1999
Residency and Year ABBOTT-NORTHWESTERN HOSP, MINNEAPOLIS MN 2001
License Expiration Date **6/30/2006**
Remarks

License Number 16769
License Date 9/3/2014
Name **MONTGOMERY, NICOLE J MD**
Address DHMC-PSYCHIATRY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 3680
License Date 3/11/1964
Name **MOODY JR, HAMDEN C MD**
Address MANCHESTER ENT P A, 130 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty OTO
Board Certified OTO
School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1960
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1964
License Expiration Date **6/30/1999**
Remarks **deceased 9/7/04**

License Number 16081
License Date 4/3/2013
Name **MOODY, LARA W MD**
Address HEALTHPOINT, 33431 13TH PLACE SFEDERAL WAY, WA, 98003
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 2008
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 13018
License Date 3/1/2006
Name **MOODY, LAURA O MD**
Address POPLAR HEALTHCARE, 3495 HACKS CROSSMEMPHIS, TN, 38125
Specialty PTH
Board Certified PTH
School and Year of Graduation EAST TENNESSEE STATE UNIVERSITY, JOHNSON CITY TN US 1995
Internship and Year UNIVERSITY OF TENNESSEE, MEMPHIS TN 1996
Residency and Year UNIVERSITY OF TENNESSEE, MEMPHIS TN 1999
License Expiration Date **6/30/2016**
Remarks

License Number 13979
License Date 5/7/2008
Name **MOONDRA, VAIBHAV K MD**
Address HEART & VASCULAR INST OF FL, 1840 MEASE DR STE 200SAFETY HARBOR, FL, 34695
Specialty ICE
Board Certified ICE
School and Year of Graduation STATE UNIV OF NEW YORK USA 2003
Internship and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSPITAL - BOSTON, MA 2004
Residency and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSPITAL - BOSTON, MA 2006
License Expiration Date **6/30/2014**
Remarks

License Number 8976
License Date 6/2/1993
Name **MOONEY, DAVID P MD**
Address CHILDREN'S HOSPITAL BOSTON, FEGAN 3 300 LONGWOOD AVEBOSTON, MA, 02115
Specialty PDS
Board Certified PDS
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year MEDICAL CENTER HOSPITAL VERMONT - BURLINGTON VT 1991
Residency and Year CHILDREN'S MERCY HOSPITAL -KANSAS CITY MO 1993
License Expiration Date **6/30/2017**
Remarks

License Number 10165
License Date 11/5/1997
Name **MOONEY, SUSAN E MD**
Address WOMEN'S CARE CTR, 141 MASCOMA STLEBANON, NH, 03766
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF PITTSBURGH - PITTSBURGH, PA USA 1993
Internship and Year UNIV OF NEW MEXICO - ALBUQUERQUE, NM 1997
Residency and Year UNIV OF NEW MEXICO - ALBUQUERQUE, NM 1997
License Expiration Date **6/30/2017**
Remarks

License Number 12583
License Date 1/5/2005
Name **MOORE, ARTHUR V MD**
Address 11 CROCKETT DR, BOW, NH, 03304
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIVERSITY, NEW YORK NY US 1983
Internship and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1984
Residency and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1985
License Expiration Date **6/30/2013**
Remarks

License Number 10589
License Date 6/2/1999
Name **MOORE, BRAD R MD**
Address 103 PELICAN PLACE, BRANDON, MS, 39047
Specialty GP
Board Certified
School and Year of Graduation UNIV OF MISSISSIPPI SCH OF MED - JACKSON, MS USA 1994
Internship and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1995
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1996
License Expiration Date **6/30/2000**
Remarks

License Number 11761
License Date 10/2/2002
Name **MOORE, CHERYL C MD**
Address 300 SLIGO RD, ROLLINSFORD, NH, 03869
Specialty PTH
Board Certified PTH
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC USA 1987
Internship and Year WALTER REED ARMY MEDICAL CTR, WASHINGTON DC 1988
Residency and Year WALTER REED ARMY MEDICAL CTR, WASHINGTON DC 1991
License Expiration Date **6/30/2016**
Remarks

License Number 7749
License Date 12/2/1987
Name **MOORE, LOIS A MD**
Address 243 ELM ST, CLAREMONT, NH, 03743-2005
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF VIRGINIA SCH MED-CHARLOTTESVILLE,VA USA 1969
Internship and Year VANDERBILT UNIV HOSPITAL - NASHVILLE, TN 1970
Residency and Year VANDERBILT UNIV HOSPITAL - NASHVILLE, TN 1973
License Expiration Date **6/30/2002**
Remarks

License Number 3638
License Date 9/17/1963
Name **MOORE, MICHAEL J MD**
Address EMERSON HOSPITAL -JOHN, CUMING BLDG STE 720CONCORD, MA, 01742
Specialty N
Board Certified N
School and Year of Graduation NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL USA 1962
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1963
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1963
License Expiration Date **6/30/1999**
Remarks

License Number 6537
License Date 5/6/1982
Name **MOORE, MICHELE C MD**
Address 34 PLEASANT ST, PO BOX 248ALSTEAD, NH, 03602-0248
Specialty GPM
Board Certified
School and Year of Graduation ROYAL COLLEGE OF PHYSICIANS IRELAND 1974
Internship and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1976
Residency and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1976
License Expiration Date **6/30/2016**
Remarks

License Number 16838
License Date 11/6/2014
Name **MOORE, NICOLA L MD**
Address 395 CONCORD AVE, CAMBRIDGE, MA, 02138
Specialty FP
Board Certified FP
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA UNIV USA 1999
Internship and Year HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2000
Residency and Year HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2002
License Expiration Date **6/30/2016**
Remarks

License Number 2192
License Date 9/14/1939
Name **MOORE, RAYMOND E MD**
Address 13 EMERSON AVE, PO BOX 159HAMPSTEAD, NH, 03841-
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1937
Internship and Year RHODE ISLAND HOSPITAL- PROVIDENCE, RI 1938
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1939
License Expiration Date **6/30/1998**
Remarks **Deceased 10/19/05**

License Number 9493
License Date 7/5/1995
Name **MOORE, STEPHEN B MD**
Address ASSOCIATES IN MEDICINE, 224 ELM STCLAREMONT, NH, 03743-
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1969
Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL CANADA 1970
Residency and Year UNIVERSITY OF TORONTO MEDICAL SCHOOL - TORONTO CANADA 1975
License Expiration Date **6/30/2003**
Remarks

License Number 11833
License Date 2/5/2003
Name **MOORE, THOMAS L MD**
Address COMPREHENSIVE HEALTH SERVICES, 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL, 32920
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED- PITTSBURGH, PA USA 1983
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1984
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1991
License Expiration Date **6/30/2017**
Remarks

License Number 14299
License Date 1/7/2009
Name **MORAG, EYAL MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105 Poughkeepsie, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV USA 1994
Internship and Year BROCKTON UNIV - BROCKTON, MA 1995
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2011**
Remarks

License Number 5582
License Date 8/12/1976
Name **MORAIN, WILLIAM D MD**
Address , , ,
Specialty PS
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL IN BOSTON, MA USA 1968
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks **1/13/98 - SETTLEMENT AGREEMENT**

License Number 12469
License Date 9/1/2004
Name **MORAN, ADRIAN M MD**
Address PEDIATRIC CARDIOLOGY ASSOCIATE, 71 US ROUTE ONE STE CSCARBOROUGH, ME, 04074
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY COLLEGE OF DUBLIN, DUBLIN 2 IRELAND IRELAND 1991
Internship and Year CHILDRENS HOSP, BOSTON MA 1993
Residency and Year CHILDRENS HOSP, BOSTON MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9737
License Date 6/5/1996
Name **MORAN, ANNE A MD**
Address MERRIMACK VALLEY HOS PATHOLOGY, 140 LINCOLN AVEHAVERHILL, MA, 01830
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1987
Internship and Year STRONG MEMORIAL HOSP-ROCHESTER,NY 1991
Residency and Year STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1991
License Expiration Date **6/30/2016**
Remarks

License Number 7793
License Date 3/9/1988
Name **MORAN, DOUGLAS J MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-2551
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1980
Internship and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1981
Residency and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 6954
License Date 8/2/1984
Name **MORAN, MARY L MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation RUSH MEDICAL COLLEGE - ILLINOIS USA 1981
Internship and Year
Residency and Year
License Expiration Date
Remarks

License Number 13072
License Date 5/3/2006
Name **MORAN, PETER C MD**
Address INDIAN STREAM HEALTH CTR, 141 CORLISS LANECOLEBROOK, NH, 03576
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1987
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER MA 1988
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL- WORCESTER MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 15169
License Date 3/25/2011
Name **MORAN, STEPHEN T MD**
Address LAS VENTANAS, 2200 EAST 1ST ST #102ALAMOGORDO, NM, 88310
Specialty P
Board Certified P
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1998
Internship and Year THE ZUCKER HILLSIDE HOSPITAL - GLEN OAKS, NY 1999
Residency and Year THE ZUCKER HILLSIDE HOSPITAL - GLEN OAKS, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 8285
License Date 3/7/1990
Name **MORAY, JONATHAN S MD**
Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation MOUNT SINAI SCH OF MED OF THE CITY OF NY USA 1985
Internship and Year CARNEY HOSP-BOSTON, MA 1986
Residency and Year UNIV HOSP INC-BOSTON, MA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 9324
License Date 11/2/1994
Name **MORBAY, PAUL G MD**
Address HITCHCOCK CLINIC, 25 S RIVER RD BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF OTTAWA CANADA 1974
Internship and Year OTTAWA CIVIC HOSPITAL - OTTAWA ONTARIO CANADA 1975
Residency and Year OTTAWA CIVIC HOSPITAL - OTTAWA ONTARIO CANADA 1976
License Expiration Date **6/30/2014**
Remarks

License Number 13073
License Date 5/3/2006
Name **MORDEN, NANCY E MD**
Address D H COMMUNITY HEALTH CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1995
Internship and Year DULUTH FAMILY PRACTICE RESIDENCY PROGRAM, DULUTH MN 1996
Residency and Year DULUTH FAMILY PRACTICE RESIDENCY PROGRAM, DULUTH MN 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12913
License Date 10/5/2005
Name **MOREL, ANNE-SOPHIE MD**
Address CENTRE HOSPITALIER UNIV, 1011 LAUSANNESWITZERLAND, ,
Specialty PD
Board Certified PDT
School and Year of Graduation UNIVERSITY OF DE GENEVE, SWITZERLAND SWITZERLAND 1998
Internship and Year JACOBI MED CTR, BRONX NY 2003
Residency and Year JACOBI MED CTR, BRONX NY 2005
License Expiration Date **6/30/2007**
Remarks

License Number 14088
License Date 7/9/2008
Name **MORESI, JEAN M MD**
Address MIRACA LIFE SCIENCES, 810 LANDMARK DR STE 217-219GLEN BURNIE, MD, 21061
Specialty DMP
Board Certified DMP
School and Year of Graduation LOUISIANA STATE UNIV USA 1989
Internship and Year LOUISIANA STATE UNIV HEALTH SCIENCES CENTER - SHREVEPORT, LA 1990
Residency and Year LOUISIANA STATE UNIV MEDICAL CENTER HOSPITAL - SHREVEPORT, LA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12350
License Date 6/2/2004
Name **MORFORD, RONALD G MD**
Address EXETER CARDIOVASCULAR, 3 ALUMNI DR STE 101EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1997
Internship and Year MAYO SCHOOL OF MED, ROCHESTER MN 2000
Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 2003
License Expiration Date **6/30/2008**
Remarks

License Number 5747
License Date 6/13/1977
Name **MORGAN JR, GEORGE J MD**
Address 17 WOODCOCK LN, ETNA, NH, 03750
Specialty RHU
Board Certified RHU
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON MA USA 1972
Internship and Year UNIVERSITY OF CHICAGO CLINICS-CHICAGO IL 1973
Residency and Year UNIVERSITY OF CHICAGO CLINICS-CHICAGO IL 1975
License Expiration Date **6/30/2017**
Remarks

License Number 16552
License Date 4/2/2014
Name **MORGAN, ADAM A MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation VA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE USA 1996
Internship and Year THE COLORADO HEALTH FOUNDATION - DENVER, CO 1997
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2001
License Expiration Date **6/30/2016**
Remarks

License Number 15628
License Date 4/4/2012
Name **MORGAN, CLINTON R MD**
Address ST JOSEPH REGIONAL CANCER CTR, 1250 IDAHO STLEWISTON, ID, 83501
Specialty IM
Board Certified IM
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2009
Internship and Year PROVIDENCE PORTLAND MEDICAL CENTER - PORTLAND, OR 2010
Residency and Year PROVIDENCE PORTLAND MEDICAL CENTER - PORTLAND, OR 2012
License Expiration Date **6/30/2016**
Remarks

License Number 15766
License Date 7/11/2012
Name **MORGAN, KAREN L DO**
Address DERRY PEDIATRICS PROF ASSOC, 43 B BIRCH STDERRY, NH, 03038
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2009
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON CT, 06030 2010
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON CT, 06030 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12706
License Date 5/4/2005
Name **MORGAN, MARK A MD**
Address 173 MIDDLE ST, LANCASTER, NH, 03584
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 2001
Internship and Year DARTMOUTH HITCHCOCK, LEBANON NH 2002
Residency and Year DARTMOUTH HITCHCOCK, LEBANON NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12218
License Date 2/4/2004
Name **MORGAN, MARTHA MD**
Address INDIAN HEALTH SVC HOSP, 760 HOSPITAL CIRCLEBROWNING, MT, 59417
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1993
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1994
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1997
License Expiration Date **6/30/2016**
Remarks

License Number 10757
License Date 11/3/1999
Name **MORGENSTERN, STEVEN A MD**
Address 76 ELM ST 307, JAMAICA PLAIN, MA, 02130
Specialty GP
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1996
Internship and Year BOSTON UNIVERSITY - BOSTON MA 1999
Residency and Year BOSTON UNIVERSITY - BOSTON MA 1999
License Expiration Date **6/30/2000**
Remarks

License Number 9931
License Date 2/5/1997
Name **MORHUN, PATRICK J MD**
Address 6 SOUTH PARK ST, PO BOX 2171LEBANON, NH, 03766
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF MANITOBA FAC OF MED WINNIPEG CANADA 1990
Internship and Year UCLA SCHOOL OF MEDICINE - CA 1996
Residency and Year UCLA SCHOOL OF MEDICINE - CA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 8747
License Date 6/3/1992
Name **MORIN, CHARLES R MD**
Address 210 WHITING ST STE 6, HINGHAM, MA, 02043
Specialty P
Board Certified P
School and Year of Graduation BROWN UNIVERSITY USA 1976
Internship and Year QUEEN'S MEDICAL CENTER HONOLULU - HAWAII 1977
Residency and Year QUEEN'S MEDICAL CENTER - HONOLULU, HI 1977
License Expiration Date **6/30/2004**
Remarks

License Number 16126
License Date 5/1/2013
Name **MORIN, JESSIKA T MD**
Address COOS COUNTY FAMILY HEALTH SVS, 133 PLEASANT STBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2001
Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2002
Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2004
License Expiration Date **6/30/2017**
Remarks

License Number 2394
License Date 3/8/1945
Name **MORIN, ROBERT J MD**
Address 375 CENTRAL STREET, FRANKLIN, NH, 03235
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **3/3/1990**
Remarks **DECEASED 3/3/90**

License Number 5008
License Date 6/11/1973
Name **MORLEY JR, KENNETH C MD**
Address MT ASCUTNEY MEDICAL CENTER, 289 COUNTY RDWINDSOR, VT, 05089
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY-BOSTON MA USA 1960
Internship and Year PRESBYTERIAN MED CTR-NEW YORK CITY NY 1961
Residency and Year PRESBYTERIAN MED CTR-NEW YORK CITY NY 1969
License Expiration Date **6/30/2000**
Remarks

License Number 14633
License Date 10/7/2009
Name **MORLEY, BENJAMIN D MD**
Address DHMC/ ANES, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation WAKE FOREST UNIVERSITY USA 2005
Internship and Year WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER - WINSTON-SALEM, SC 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 7205
License Date 9/10/1985
Name **MORLEY, DAVID C MD**
Address 817 MERRIMACK ST, LOWELL, MA, 01854
Specialty ORS
Board Certified ORS
School and Year of Graduation QUEENS UNIVERSITY FAC OF MEDICINE-KINGSTON-CANADA CANADA 1978
Internship and Year ST LUKES- ROOSEVELT -NEW YORK 1979
Residency and Year ST LUKES-ROOSEVELT-NEW YORK 1980
License Expiration Date **6/30/2017**
Remarks

License Number 10792
License Date 12/1/1999
Name **MOROSINI, CHARLES J MD**
Address 55 OL;D COLONY WAY, ORLEANS, MA, 02653
Specialty IM
Board Certified IM
School and Year of Graduation JEFFERSON MED COLL -PHILADELPHIA, PA USA 1960
Internship and Year ST LUKES-ROOSEVELT HOSPITAL - NEW YORK, NY 1961
Residency and Year ST LUKE'S-ROOSEVELT HOSPITAL - NEW YORK, NY 1965
License Expiration Date **6/30/2013**
Remarks

License Number 11603
License Date 5/1/2002
Name **MORRAR, NIDAL MD**
Address LITTLETON FAMILY PRACTICE, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty FP
Board Certified
School and Year of Graduation UNIV OF THE CARIBBEAN - PLYMOUTH, MONTSERRAT BRITISH WEST INDIES 1999
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2000
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2002
License Expiration Date **6/30/2006**
Remarks

License Number 14136
License Date 8/6/2008
Name **MORRELL, TODD D MD**
Address DHMC EMERGENCY MEDICINE, ONE MED CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation WAKEFOREST UNIV USA 1998
Internship and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1999
Residency and Year DENVER HEALTH MEDICAL CENTER - DENVER, CO 2003
License Expiration Date **6/30/2016**
Remarks

License Number 5790
License Date 7/20/1977
Name **MORRIS JR, NICHOLAS W MD**
Address MONADNOCK SURGICAL ASSOCIATES, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty GS
Board Certified GS
School and Year of Graduation TEMPLE UNIVERSITY USA 1969
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1970
Residency and Year
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/92 - reinstated 11/7/12**

License Number 16485
License Date 2/5/2014
Name **MORRIS, ANDREW B MD**
Address RIVERBEND COM MENTAL HEALTH, INC, PO BOX 2032CONCORD, NH, 03302
Specialty P
Board Certified P
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year UNIV OF HAWAII JOHN A BURNS SOM - HONOLULU, HI 1989
Residency and Year UNIV OF HAWAII JOHN A BURNS SOM - HONOLULU, HI 1990
License Expiration Date **6/30/2016**
Remarks

License Number 13633
License Date 8/1/2007
Name **MORRIS, CHRISTOPHER S MD**
Address FAHC-RADIOLOGY DEPT PATRICK 1, MCHV CAMPUS 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation CASE WESTERN RESERVE UNIV USA 1985
Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1986
Residency and Year OHIO STATE UNIV - COLUMBUS, OH 1990
License Expiration Date **6/30/2009**
Remarks

License Number 9494
License Date 7/5/1995
Name **MORRIS, DEAN C D MD**
Address HAMPTON HEALTH, 879 LAFAYETTE RDHAMPTON, NH, 03842
Specialty FP
Board Certified FP
School and Year of Graduation MEMORIAL UNIVERSITY OF NEWFOUNDLAND CANADA 1991
Internship and Year MEMORIAL UNIVERSITY - NEWFOUNDLAND CANADA 1993
Residency and Year MEMORIAL UNIVERSITY - NEWFOUNDLAND CANADA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 8170
License Date 7/12/1989
Name **MORRIS, KATHLEEN C MD**
Address CENTER FOR WOMENS HEALTH, 21 WHITEHALL RD ROCHESTER, NH, 03867-1935
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH OF MED BOSTON MA USA 1985
Internship and Year YORK HOSP YORK PA 1986
Residency and Year YORK HOSP YORK PA 1989
License Expiration Date **6/30/2005**
Remarks

License Number 14233
License Date 11/5/2008
Name **MORRIS, PADRAIG P MD**
Address 4204 MILHAVEN LAKE CT, WINSTON-SALEM, NC, 27106
Specialty RNR
Board Certified RNR
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1983
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1985
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1987
License Expiration Date **6/30/2012**
Remarks

License Number 12885
License Date 9/7/2005
Name **MORRISON JR, DANIEL H MD**
Address DHMC-DIV OF OTOLARYNGOLOGY, ONE MEDICAL CTR DR, CLINIC 4 FLEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1983
Internship and Year GEISINGER MEDICAL CTR, DANVILLE PA 1984
Residency and Year GEISINGER MED CTR, DANVILLE PA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 16127
License Date 5/1/2013
Name **MORRISON, JOSHUA P DO**
Address LRGH HEALTHCARE, 80 HIGHLAND STREET LACONIA, NH, 03246
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year LEHIGH VALLEY HOSPITAL - BETHLEHEM, PA 2010
Residency and Year LEHIGH VALLEY HOSPITAL - BETHLEHEM, PA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 8881
License Date 1/6/1993
Name **MORRISON, PATRICIA M MD**
Address 3791 CRICKET COVE RD E, JACKSONVILLE, FL, 32224
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF VA SCHOOL OF MEDICINE USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2002**
Remarks

License Number 7241
License Date 12/5/1985
Name **MORRISSEAU, PAUL M MD**
Address 9550 S OCEAN DR #910, JENSEN BEACH, FL, 34957-
Specialty U
Board Certified U
School and Year of Graduation UNIV OF VERMONT COLL MED-BUURLINGTON, VT USA 1964
Internship and Year LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO, CA 1965
Residency and Year IRELAND ARMY COMMUNITY HOSPITAL - FORT KNOX, KY 1966
License Expiration Date **6/30/1998**
Remarks

License Number 11003
License Date 7/5/2000
Name **MORRISSEY, GREGORY J DO**
Address HAMPTON INTERNAL MEDICINE, 55 HIGH STHAMPTON, NH, 03842
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND COL OF OSTEO-BIDDEFORD, ME USA 1997
Internship and Year UNECOM/ST VINCENT HOSPITAL - WORCESTER, MA 1998
Residency and Year UNECOM/ST VINCENT HOSPITAL - WORCESTER, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 11421
License Date 10/3/2001
Name **MORROS, CONSTANTINE D MD**
Address 193 WHITE CLIFFS BLVD, SANA ROSA BEACH, FL, 32459
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ALABAMA SCH OF MED- BIRMINGHAM, AL USA 1965
Internship and Year UNIV OF ALABAMA - BIRMINGHAM, AL 1966
Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1969
License Expiration Date **6/30/2017**
Remarks

License Number 14205
License Date 10/1/2008
Name **MORROW, CATHLEEN E MD**
Address DHMC, 1 MEDICAL CTR DR HB 7015LEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT USA 1987
Internship and Year UNIVERSITY OF ROCHESTER/HIGHLAND HOSPITAL - ROCHESTER, NY 1988
Residency and Year UNIVERSITY OF ROCHESTER/HIGHLAND HOSPITAL - ROCHESTER, NY 1990
License Expiration Date **6/30/2016**
Remarks

License Number 14662
License Date 11/4/2009
Name **MORSE II, JAMES L MD**
Address ANNA JAQUES HOSP/EMERG DEPT, 25 HIGHLAND RDNEWBURYPORT, MA, 01950
Specialty EM
Board Certified EM
School and Year of Graduation MCGILL UNIVERSITY CANADA 2003
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2004
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2007
License Expiration Date **6/30/2017**
Remarks

License Number 8562
License Date 6/5/1991
Name **MORSE, CHRISTIE L MD**
Address CONCORD EYE CARE, 248 PLEASANT ST STE 1600CONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE USA 1986
Internship and Year WORCESTER MEMORIAL HOSPITAL 1987
Residency and Year RHODE ISLAND HOSPITAL 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15229
License Date 5/4/2011
Name **MORSE, JACQUELINE M MD**
Address CONCORD HOSPITAL FAMILY HEALTH CENTER, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty GPM
Board Certified FP
School and Year of Graduation UNIV OF TX SOUTHWESTERN MEDICAL CENTER USA 2007
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 8594
License Date 7/17/1991
Name **MORSE, RICHARD A MD**
Address VA MEDICAL CENTER RADIOLOGY, WHITE RIVER JCT, VT, 05055-
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1983
Internship and Year MEDICAL UNIV SOUTH CAROLINA TEACHING HOSPITAL - CHARLESTON, SC 1984
Residency and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 11422
License Date 10/3/2001
Name **MORSE, RICHARD P MD**
Address DHMC PEDIATRIC NEUROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CHN
Board Certified CHN
School and Year of Graduation DARTMOUTH MEDICAL SCH- LEBANON, NH USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 10505
License Date 2/3/1999
Name **MORTELLITI, MICHAEL P MD**
Address PARKLAND MEDICAL CTR, ONE PARKLAND DRDERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1995
Internship and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2005**
Remarks

License Number 10912
License Date 5/3/2000
Name **MORTON, MICHAEL T MD**
Address EXEMPLA-SAINT JOSEPH HOSPITAL, 1835 FRANKLIN STDENVER, CO, 80218
Specialty IM
Board Certified IM
School and Year of Graduation SAINT LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1996
Internship and Year EXEMPLA ST JOSEPH HOSP - DENVER, CO 1997
Residency and Year EXEMPLA ST JOSEPH HOSP - DENVER, CO 1999
License Expiration Date **6/30/2006**
Remarks

License Number 15039
License Date 10/6/2010
Name **MOSCHETTI, WAYNE E MD**
Address DEPT OF ORTHOPAEDICS, DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH
Specialty ORS
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13019
License Date 3/1/2006
Name **MOSCOLA, RITAMARIE MD**
Address VA MEDICAL CENTER, 718 SMYTH REMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1984
Internship and Year MCP HAHNEMANN UNIVERSITY, PHILADELPHIA PA 1985
Residency and Year MCP HAHNEMANN UNIVERSITY, PHILADELPHIA PA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 13875
License Date 3/5/2008
Name **MOSELEY, ELIZABETH MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation E VIRGINIA MED SCHOOL USA 1994
Internship and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1995
Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1998
License Expiration Date **6/30/2012**
Remarks

License Number 9661
License Date 3/6/1996
Name **MOSER, AMANDA S MD**
Address 101 A MYRTLE ST, BOSTON, MA, 02114
Specialty DR
Board Certified DR
School and Year of Graduation NORTHEASTERN OHIO UNIVERSITY-ROOTSTOWN OH USA 1992
Internship and Year AKRON GENERAL MEDICAL CTR-AKRON OH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON NH 1997
License Expiration Date **6/30/1998**
Remarks

License Number 7919
License Date 7/6/1988
Name **MOSER, THOMAS V MD**
Address 20 WASHINGTON PL, BEDFORD, NH, 03110-6706
Specialty ORS
Board Certified ORS
School and Year of Graduation MED COLL OF PENNSYLVANIA.PA USA 1978
Internship and Year UNIV HOSP-INC-BOSTON,MA 1979
Residency and Year CATHOLIC MC BROOKLYN,NY 1984
License Expiration Date **1/23/2005**
Remarks **DECEASED**

License Number 13117
License Date 6/7/2006
Name **MOSES, JEREMY M MD**
Address 14 RESEARCH PLACE, N CHELMSFORD, MA, 01863
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 2000
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2001
Residency and Year HARVARD MEDICAL SCHOOL, BOSTON MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13118
License Date 6/7/2006
Name **MOSES, LYLE MD**
Address 19 OLD KINGS HWY, LEBANON, NH, 03766-2742
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 1957
Internship and Year CHELSEA NAVAL HOSP, CHELSEA MA 1958
Residency and Year MT SINAI MED CTR, CLEVELAND OH 1963
License Expiration Date **6/30/2016**
Remarks

License Number 12470
License Date 9/1/2004
Name **MOSHER, JODEE L MD**
Address SOUTHERN ME GERIATRICS, 50 MARQUIS RDFREEPORT, ME, 04032
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEBRASKA, OMAHA NE US 1998
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1999
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2001
License Expiration Date **6/30/2016**
Remarks

License Number 12506
License Date 10/6/2004
Name **MOSQUERA, JOSEPH L MD**
Address 137 PROSPECT ST, NEWARK, NJ, 07105
Specialty IM
Board Certified IM
School and Year of Graduation U. CENTRAL DEL ESTE, DOMINICAN REPUBLIC DOMINICAN REPUBLIC 1980
Internship and Year HACKENSACK UNIVERSITY, HACKENSACK NJ 1982
Residency and Year HACKENSACK UNIVERSITY, HACKENSACK NJ 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13634
License Date 8/1/2007
Name **MOTAGANAHALLI, RAGHUNANDAN L MD**
Address 1801 N SENATE BLVD MPC 2, STE D-3500/DIV OF VASC SURGINDIANAPOLIS, IN, 46202
Specialty GS
Board Certified GS
School and Year of Graduation AMBEDKAR MEDICAL COLLEGE INDIA 1993
Internship and Year ST LOUIS UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2005
Residency and Year ST LOUIS UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2007
License Expiration Date **6/30/2017**
Remarks

License Number L2916
License Date 1/25/2010
Name **MOTLEY, ROHANA MD**
Address CONCORD HOSPITAL, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/4/2010**
Remarks

License Number 15001
License Date 9/1/2010
Name **MOTLEY, ROHANA U MD**
Address 301 WEST 118TH ST, NEW YORK, NY, 10026
Specialty OBG
Board Certified
School and Year of Graduation MEHARRY MEDICAL COLLEGE USA 1997
Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE 1998
Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE 2001
License Expiration Date **6/30/2012**
Remarks

License Number 14663
License Date 11/4/2009
Name **MOTT, STEPHEN H MD**
Address DHMC - DEPT OF PEDIATRICS, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITE CATHOLIQUE DE LILLE FRANCE 1992
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1988
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1990
License Expiration Date **6/30/2017**
Remarks

License Number 12941
License Date 11/2/2005
Name **MOURAD, IBRAHIM A MD**
Address BARNES-JEWISH WEST COUNTRY HOS, 12634 OLIVE BLVDST LOUIS, MO, 63141
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ALEXANDRIA, ALEXANDRIA EGYPT EGYPT 1982
Internship and Year UNIVERSITY OF MISSOURI, KANSAS CITY MO 2002
Residency and Year UNIVERSITY OF MISSOURI, KANSAS CITY MO 2004
License Expiration Date **6/30/2011**
Remarks

License Number 14355
License Date 3/4/2009
Name **MOURTZINOS, ARTHUR MD**
Address LAHEY CLINIC MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805
Specialty U
Board Certified U
School and Year of Graduation BOSTON UNIVERSITY USA 1999
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year LAHEY CLINIC FOUNDATION - BURLINGTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15158
License Date 3/2/2011
Name **MOUSTAKAS, ARGIRIOS MD**
Address FAHC/UVM, 100 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF SZEGED HUNGARY 2000
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2005
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2008
License Expiration Date **6/30/2015**
Remarks

License Number 13876
License Date 3/5/2008
Name **MOWCHUN, JUSTIN J MD**
Address DHMC-NEUROLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation FLINDERS UNIV SOUTH AUSTRALIA 2003
Internship and Year WASHINGTON UNIV - ST LOUIS, MO 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 17270
License Date 9/2/2015
Name **MOWZOOM, NIMA MD**
Address 15050 ELDERBERRY LN, FORT MYERS, FL, 33907
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE- FL USA 2000
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2001
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
License Expiration Date **6/30/2017**
Remarks

License Number 11254
License Date 5/2/2001
Name **MOY, ALISON A MD**
Address 100 LIBERTY WAY, DOVER, NH, 03821
Specialty IM
Board Certified IM
School and Year of Graduation EMORY UNIVERSITY USA 1989
Internship and Year ST FRANCIS HOSPITAL/MOUNT SINAI HOSPITAL - HARTFORD CT 1990
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON CT 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14772
License Date 3/3/2010
Name **MOYER, KAREN M DO**
Address PO BOX 151, BROOKLINE, NH, 03033
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF NEW JERSEY USA 1998
Internship and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1999
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11551
License Date 3/6/2002
Name **MOYER, PETER H MD**
Address 267 WALNUT ST, BROOKLINE, MA, 02445
Specialty EM
Board Certified EM
School and Year of Graduation COLUMBIA UNIV COLL - NEW YORK, NY USA 1970
Internship and Year NEW YORK PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 1971
Residency and Year LINCOLN MEDICAL AND MENTAL HEALTH CENTER- BRONX NY 1974
License Expiration Date **5/7/2015**
Remarks **5/7/15 - Requested inactive.**

License Number 13915
License Date 4/2/2008
Name **MOYER, STEPHEN D DO**
Address ELLIOT DERMATOLOGY, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty D
Board Certified D
School and Year of Graduation PHILADELPHIA COLLEGE USA 1997
Internship and Year UMDNJSOM-KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1998
Residency and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 2001
License Expiration Date **6/30/2016**
Remarks

License Number 4797
License Date 6/14/1971
Name **MOYLE, WILLIAM D MD**
Address 22 BLACKBERRY LN, KEENE, NH, 03431
Specialty GS
Board Certified GS
School and Year of Graduation CORNELL - NY USA 1960
Internship and Year BELLEVUE HOSPITAL - NY, NY 1961
Residency and Year NORTH SHORE HOSPITAL - MANHASSET, NY 1968
License Expiration Date **6/30/2001**
Remarks

License Number 13916
License Date 4/2/2008
Name **MOZUMDER, MOUSHUMI MD**
Address ST JOSEPH FAMILY MED CTR, 444 NASHUA STMILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 1993
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year LUTHERAN MEDICAL CENTER-BROOKLYN, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16727
License Date 8/6/2014
Name **MOZZICATO, SUSAN MD**
Address DHMC - ALLERGY & IMMUNOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AI
Board Certified AI
School and Year of Graduation UNIV OF LOUISVILLE SCH OF MEDICINE - LOUISVILLE KY US 2008
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2009
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2011
License Expiration Date **6/30/2016**
Remarks

License Number 5514
License Date 5/6/1976
Name **MROZ, FRANK M MD**
Address COTTAGE HOSP, PO BOX 2001WOODSVILLE, NH, 03785
Specialty R
Board Certified R
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1973
Internship and Year WILFORD HALL MED CTR - TEXAS 1974
Residency and Year WILFORD HALL MED CTR - TEXAS 1977
License Expiration Date **7/25/2013**
Remarks **LAPSED FOR NON-RENEWAL 12/31/78...REINSTATED 6/6/07
DECEASED 7/25/13**

License Number 14389
License Date 4/1/2009
Name **MROZOWSKI, ARLENE F DO**
Address MEMORIAL HOSPITAL, PO BOX 5001/3073 WHITE MT HWYNORTH CONWAY, NH, 03860
Specialty EM
Board Certified EM
School and Year of Graduation KANSAS CITY UNIVERSITY USA 1986
Internship and Year MIDWESTERN UNIVERSITY-CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE-OLYMPIA FIELDS, IL 19
Residency and Year MIDWESTERN UNIVERSITY-CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE-OLYMPIA FIELDS, IL 19
License Expiration Date **6/30/2017**
Remarks

License Number 14429
License Date 5/6/2009
Name **MSIMANGA, NOKUTHULA MD**
Address DARTMOUTH-HITCHCOCK, 21 EAST HOLLIS STNASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA USA 2004
Internship and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 2005
Residency and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 2007
License Expiration Date **6/30/2011**
Remarks

License Number 14470
License Date 6/3/2009
Name **MUAWWAD, RAFIK D MD**
Address 3062 UNIVERSITY TERR NW, WASHINGTON, DC, 20016
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF BEIRUT IN NY USA 1974
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER, NY 1976
Residency and Year UNIVERSITY OF MISSOURI-KANSAS CITY - KANSAS CITY, MO 1979
License Expiration Date **6/30/2017**
Remarks

License Number 9705
License Date 5/1/1996
Name **MUCHMORE, JAMES H MD**
Address HEUY P LONG MEDICAL CENTER, PO BOX 5352PINESVILLE, LA, 71361-5352
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF BOLOGNA ITALY 1975
Internship and Year MORRISTOWN MEMORIAL HOSPITAL NJ 1977
Residency and Year BRIDGEPORT HOSPITAL CONN 1981
License Expiration Date **6/30/1998**
Remarks

License Number 14664
License Date 11/4/2009
Name **MUDAN, PUSHPA R MD**
Address 4 HOUSTON DR, NASHUA, NH, 03062
Specialty EM
Board Certified EM
School and Year of Graduation MYSORE UNIVERSITY INDIA 1972
Internship and Year MACNEAL HOSPITAL - BERRWYN, IL 1976
Residency and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1980
License Expiration Date **6/30/2017**
Remarks **ON MEDICAL LEAVE SINCE JAN 1ST 2014-PRESENT**

License Number 14889
License Date 6/2/2010
Name **MUDDANA, SRIKANT MD**
Address 126 4TH AVE APT 7A, BROOKLYN, NY, 11217
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2003
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date **6/30/2012**
Remarks

License Number 14808
License Date 4/7/2010
Name **MUELLER, ARIADNE R MD**
Address 360 MERRIMACK ST BLDG 9, LAWRENCE, MA, 01843
Specialty FP
Board Certified FP
School and Year of Graduation DREXEL UNIVERSITY USA 2005
Internship and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2006
Residency and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 12970
License Date 12/7/2005
Name **MUELLER, DEBORAH A MD**
Address CARING PARTNERS-OBGYN, 21 WHITEHALL RD STE 303 ROCHESTER, NH, 03867
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1985
Internship and Year BROWN UNIVERSITY, PROVIDENCE RI 1986
Residency and Year BROWN UNIVERSITY, PROVIDENCE RI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 7920
License Date 7/6/1988
Name **MUELLO, WENDY G MD**
Address WEEKS MEDICAL CENTER, 170 MIDDLE ST LANCASTER, NH, 03584
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON, MA USA 1983
Internship and Year BOSTON CITY HOSP-BOSTON, MA 1984
Residency and Year BOSTON CITY HOSP-BOSTON, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10308
License Date 6/3/1998
Name **MUIR, J GAVIN MD**
Address MANCHESTER COMMUNITY HEALTH, 145 HOLLIS ST MANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILIA, PA USA 1995
Internship and Year SOUTHERN COLORADO FAMILY MEDICINE - PUEBLO, CO 1996
Residency and Year SOUTHERN COLORADO FAMILY MEDICINE - PUEBLO, CO 1998
License Expiration Date **6/30/2016**
Remarks

License Number 7062
License Date 4/4/1985
Name **MUKERJEE, ANIL K MD**
Address 134 COTTAGE ST, PO BOX 680LITTLETON, NH, 03561
Specialty CD
Board Certified CD
School and Year of Graduation MAHATMA GANDHI MED COLL INDORE, PRADESH INDIA 1975
Internship and Year UNITED HOSP MED CTR PRESBY NEWARK NJ 1978
Residency and Year NEW ENG MED CTR BOSTON MA /MEMORIAL HOSPITAL PAWTUCKET RI 1984
License Expiration Date **6/30/2017**
Remarks

License Number 17271
License Date 9/2/2015
Name **MUKERJEE, SEEMA MD**
Address 2 1/2 BEACON ST STE 199, CONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE - MI USA 2005
Internship and Year SINAI-GRACE HOSPITAL - DETROIT, MI 2007
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 9738
License Date 6/5/1996
Name **MUKHERJEE, SUNIT MD**
Address ASSOCIATES IN CARDIOVASCULAR, 217 SUTTON ST NORTH ANDOVER, MA, 01845-
Specialty CD
Board Certified CD
School and Year of Graduation BOSTON UNIVERSITY-BOSTON MA USA 1989
Internship and Year DALLAS CO HP-PARKLAND MEM-DALLAS TX 1992
Residency and Year BOSTON UNIVERSITY-BOSTON MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 4682
License Date 5/10/1972
Name **MULCAHY JR, THOMAS M MD**
Address PO BOX 1101, N MARSHFIELD, MA, 02059-9999
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE, NY USA 1969
Internship and Year UNIV HOSPITAL - BOSTON, MA 1970
Residency and Year UNIV HOSPITAL - BOSTON, MA 1972
License Expiration Date **6/30/2003**
Remarks

License Number 15885
License Date 10/3/2012
Name **MULHOLLAND, KEVIN J MD**
Address HOSPITAL MEDICINE OF EXETER, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 1991
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1992
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
License Expiration Date **6/30/2016**
Remarks

License Number 13219
License Date 8/2/2006
Name **MULL, SEARS C MD**
Address 278 PIONEER LOOP, GEORGETOWN, SC, 29440
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF PITTSBURGH USA 1966
Internship and Year SUNY HEALTH SCIENCE CTR SYRACUSE-SYRACUSE, NY 1970
Residency and Year SUNY HEALTH SCIENCE CTR SYRACUSE-SYRACUSE, NY 1972
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NON-RENEWAL 6/30/08.. REINSTATED 12/2/09**

License Number 5129
License Date 12/3/1973
Name **MULLA, MOHAMMAD IBRAHIM MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation BRITISH MEDICAL COUNCIL
Internship and Year
Residency and Year
License Expiration Date **10/1/1987**
Remarks

License Number 11332
License Date 7/11/2001
Name **MULLANEY, STEVEN MD**
Address CORE PHYSICIAN SERVICES, 24 PLAISTOW ROADPLAISTOW, NH, 03865
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS SCHOOL OF MEDICINE USA 1994
Internship and Year MALDEN MEDICAL CENTER MALDEN MA 1995
Residency and Year MALDEN MEDICAL CENTER MALDEN MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 11636
License Date 6/5/2002
Name **MULLEN, CHARLES J MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLL - VALHALLA, NY USA 1989
Internship and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1990
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 4534
License Date 2/20/1970
Name **MULLEN, MAEVE MD**
Address 388 OLD LAKESHORE RD, GILFORD, NH, 03249-6571
Specialty AN
Board Certified
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1956
Internship and Year UNIV COLLEGE HOSPITAL CORK - IRELAND 1957
Residency and Year WINNIPEG HOSPITAL - CANADA 1969
License Expiration Date **6/30/2006**
Remarks **Deceased 3/12/10**

License Number 9254
License Date 8/3/1994
Name **MULLER, DAVID L MD**
Address 29 RIDGEWOOD RD, SPRINGFIELD, VT, 05156
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1989
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1990
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1994
License Expiration Date **6/30/2016**
Remarks

License Number 11741
License Date 9/4/2002
Name **MULLEY, DEBRA A MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty ORS
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC USA 1996
Internship and Year LONG ISLAND JEWISH MEDICAL CTR, NEW HYDE PARK, NY 1997
Residency and Year LONG ISLAND JEWISH HOSPITAL, NEW HYDE PARK NY 2001
License Expiration Date **6/30/2006**
Remarks

License Number 5396
License Date 8/7/1975
Name **MULLICK, SUBHAS C MD**
Address 7140 DELL RD, SALINE, MI, 48176
Specialty GS
Board Certified GS
School and Year of Graduation KING GEORGES MEDICAL COLLEGE INDIA 1958
Internship and Year KING GEORGES MEDICAL COLLEGE - LUCKNOW, INDIA 1959
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1973
License Expiration Date **6/30/2011**
Remarks **Deceased 7/31/2012**

License Number 5411
License Date 8/21/1975
Name **MULLICK, SWADESH MD**
Address 289 MAIN ST, SALEM, NH, 03079-2731
Specialty OBG
Board Certified OBG
School and Year of Graduation KING GEORGE'S MEDICAL SCHOOL INDIA 1961
Internship and Year LLANDUDNO GENERAL HOSPITAL - ENGLAND 1962
Residency and Year ST TYDIFALS HOSPITAL - ENGLAND 1963
License Expiration Date **6/30/2003**
Remarks

License Number 16082
License Date 4/3/2013
Name **MULLINS, ERIC R MD**
Address LITTLETON REGIONAL HEALTHCARE, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1999
Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2000
Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2004
License Expiration Date **6/30/2017**
Remarks

License Number 10845
License Date 3/1/2000
Name **MULROY JR, RICHARD D MD**
Address 321 FORTUNE AVE, PO BOX 189MILFORD, MA, 01757
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCH OF MEDICINE - BOSTON, MA USA 1981
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1982
Residency and Year NEW ENGLAND MEDICAL CENTER- BOSTON, MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 13261
License Date 9/6/2006
Name **MULROY, WILLIAM F MD**
Address OCCUPATIONAL ORTHO SURG INC, PO BOX 550226WALTHAM, MA, 02455
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV USA 1986
Internship and Year SANTA BARBARA COTTAGE HOSPITAL-SANTA BARBARA CA 1987
Residency and Year NEW ENGLAND MEDICAL CENTER 1991
License Expiration Date **6/30/2016**
Remarks

License Number 12667
License Date 4/6/2005
Name **MUMFORD, JOEL H MD**
Address VETERANS AFFAIRS MEDICAL, 215 NORTH MAIN ST 112WHITE RIVER JCT, VT, 05009
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1970
Internship and Year CHELSEA NAVAL HOSPITAL, CHELSEA MA 1975
Residency and Year CHELSEA NAVAL HOSPITAL, CHELSEA MA 1978
License Expiration Date **6/30/2009**
Remarks

License Number 9683
License Date 4/3/1996
Name **MUMFORD, MARGARET C MD**
Address 115 HIGHLAND ST, PO BOX 451PLYMOUTH, NH, 03264
Specialty OBG
Board Certified
School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE - MO USA 1987
Internship and Year UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 1989
Residency and Year BARNES HOSPITAL - ST LOUIS, MO 1991
License Expiration Date **6/30/2016**
Remarks

License Number 5358
License Date 6/30/1975
Name **MUNGER, ROBERT S MD**
Address ATLANTIC PHYSICAN SERVICE, 45 HIGH RDLEE, NH, 03861-6202
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE SCHOOL OF MEDICINE - OH USA 1970
Internship and Year CLEVELAND METRO GENERAL HOSPITAL - CLEVELAND, OH 1971
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1975
License Expiration Date **6/30/2013**
Remarks

License Number 15803
License Date 8/1/2012
Name **MUNIAPPAN, ASHOK MD**
Address MGH, 55 FRUIT ST BLAKE 1570BOSTON, MA, 02114
Specialty TS
Board Certified TS
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9875
License Date 11/6/1996
Name **MUNIR, MOHAMMAD MD**
Address SPECIALIZED HEALTH MGNT, 246 WALNUT STNEWTON, MA, 02160
Specialty P
Board Certified P
School and Year of Graduation SIND MED COLL UNIV OF KARACHI - PAKISTAN PAKISTAN 1981
Internship and Year WAYNE ST UNIV SCHOOL OF MEDICINE - MI 1990
Residency and Year BOSTON UNIV MED CENTER - MA 1993
License Expiration Date **6/30/2000**
Remarks

License Number 10098
License Date 8/6/1997
Name **MUNOZ, JOHN J MD**
Address MANCHESTER UROLOGY ASSOCIATES, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty U
Board Certified U
School and Year of Graduation UNIV OF PA SCH OF MED - PHILA, PA USA 1995
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1999
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16801
License Date 10/1/2014
Name **MUNRO, ELIZABETH G MD**
Address LAHEY HOSP & MED CTR, 41 MALL RD- DEPT OF GYNECOLOGYBURLINGTON, MA, 01805
Specialty
Board Certified OBG
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 2002
Internship and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD, CA 2003
Residency and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD, CA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 16421
License Date 12/4/2013
Name **MUNROE, CHRISTINE M DO**
Address GREAT WORKS FAMILY PRACTICE, 57 PORTLAND ST, SUITE 2ASO BERWICK, ME, 03908
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 2003
Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2004
Residency and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2005
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 14935
License Date 7/7/2010
Name **MUNSON, JEFFREY C MD**
Address DHMC - SUITE 5C, ONE MED CTR DRLEBANON, NH, 03756
Specialty PCC
Board Certified PCC
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2001
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2002
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12241
License Date 3/3/2004
Name **MUNSON, RUSSELL J MD**
Address BMC HEALTH NET PLAN, ONE MERRILLS WHARFNEW BEDFORD, MA, 02740
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1979
Internship and Year MIDDLESEX HOSPITAL, MIDDLETOWN CT 1980
Residency and Year MIDDLESEX HOSPITAL, MIDDLETOWN CT 1982
License Expiration Date **6/30/2006**
Remarks

License Number 13462
License Date 4/4/2007
Name **MURAI, SARAH E MD**
Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation COLUMBIA UNIV USA 2001
Internship and Year CONTRA COSTA REGIONAL MEDICAL CENTER - MARTINEZ, CA 2002
Residency and Year CONTRA COSTA REGIONAL MEDICAL CENTER - MARTINEZ, CA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 4961
License Date 2/12/1973
Name **MURAKAMI, NOBORU MD**
Address 15 AIKEN AVE, FRANKLIN, NH, 03235
Specialty GS
Board Certified GS
School and Year of Graduation SHINSHU UNIV FACULTY OF MEDICINE JAPAN 1967
Internship and Year BROOKLYN -CUMBERLAND MEDICAL CENTER - BROOKLYN, NY 1970
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1971
License Expiration Date **6/30/2017**
Remarks **1/10/05 Settlement Agreement**

License Number 10055
License Date 7/2/1997
Name **MURALITHARAN, PUSHKALA MD**
Address DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation MED COLL MADURAI UNIV MADURAI T N - INDIA INDIA 1988
Internship and Year HIGHLAND HOSPITAL-NY 1997
Residency and Year HIGHLAND HOSPITAL - NY 1997
License Expiration Date **6/30/2017**
Remarks

License Number 8629
License Date 9/4/1991
Name **MURATA, GARY T MD**
Address 127 PARTRIDGEBERRY LN, SWANZEY, NH, 03446
Specialty U
Board Certified U
School and Year of Graduation MT SINAI SCH OF MED THE CITY UNIV - NY, NY USA 1974
Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON, MA 1975
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON,MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 17121
License Date 6/3/2015
Name **MURCIN, SCOTT J MD**
Address 900 WASHINGTON RD, WEST POINT, NY, 10996
Specialty PD
Board Certified PD
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCE USA 2003
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2004
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11069
License Date 9/6/2000
Name **MURN, ALVIN J MD**
Address THE MEMORIAL HOSP, PO BOX 5001 3073 WHITE MT HWYN CONWAY, NH, 03860
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF PITTSBURGH SCH MED-PITTSBURGH, PA USA 1989
Internship and Year LATROBE AREA HOSPITAL - LATROBE, PA 1990
Residency and Year YORK HOSPITAL - YORK, PA 1993
License Expiration Date **6/30/2003**
Remarks

License Number 11877
License Date 4/2/2003
Name **MURPHY JR, MICHAEL D MD**
Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty R
Board Certified R
School and Year of Graduation MEDICAL COLLEGE OF OHIO- TOLEDO, OH USA 1995
Internship and Year EMORY UNIV HOSPITAL - ATLANTA, GA 1999
Residency and Year EMORY UNIV HOSPITAL - ATLANTA, GA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 6182
License Date 4/3/1980
Name **MURPHY III, MICHAEL J MD**
Address 88 MCGREGOR ST STE 207, MANCHESTER, NH, 03102-3733
Specialty IM
Board Certified IM
School and Year of Graduation UNIV.OF VERMONT SCH. OF MED.BURLINGTON,VT] USA 1975
Internship and Year HOSP.U-PITT HLTH CTR,PITTS PA 1976
Residency and Year HOSP U-PITT HLTH CTR,PITTS PA 1978
License Expiration Date **6/30/2016**
Remarks **5/11/04 - Settlement Agreement**

License Number 5765
License Date 6/21/1977
Name **MURPHY JR, THOMAS E MD**
Address 445 CROWELL RD, HOPKINTON, NH, 03229
Specialty NEP
Board Certified NEP
School and Year of Graduation UNIVERSITY OF MARYLAND-BALTIMORE MD USA 1972
Internship and Year UNIVERSITY OF MARYLAND HOSPITAL-BALTIMORE MD 1973
Residency and Year UNIVERSITY OF MARYLAND HOSPITAL-BALTIMORE MD 1975
License Expiration Date **6/30/2017**
Remarks

License Number 3566
License Date 9/15/1962
Name **MURPHY, ALBERT J MD**
Address MEDICAL ASSOCIATES, 190 BROAD STNASHUA, NH, 03063-3121
Specialty FP
Board Certified
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON USA 1961
Internship and Year SAINT LUKE'S HOSPITAL - DENVER, CO 1962
Residency and Year SAINT LUKE'S HOSPITAL - DENVER, CO 1962
License Expiration Date **6/30/2002**
Remarks **2/3/93 - SETTLEMENT AGREEMENT**
DECEASED 7/13/09

License Number 14234
License Date 11/5/2008
Name **MURPHY, FRANCIS P MD**
Address STAFF CARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty D
Board Certified D
School and Year of Graduation STATE UNIV OF NEW YORK USA 1992
Internship and Year BELLEVUE HOSPITAL CENTER - NY, NY 1993
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 1999
License Expiration Date **6/30/2012**
Remarks

License Number 7093
License Date 5/2/1985
Name **MURPHY, JAMES M MD**
Address NEW LONDON HOSPITAL, 273 COUNDY ROADNEW LONDON, NH, 03257
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIVERSITY-WASHINGTON, DC USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1980
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1984
License Expiration Date **6/30/2017**
Remarks

License Number 11454
License Date 11/7/2001
Name **MURPHY, JOHN M MD**
Address 5 PARTRIDGE LN, BOXFORD, MA, 01921
Specialty OBG
Board Certified OBG
School and Year of Graduation TEMPLE UNIV - PHILADELPHIA, PA USA 1989
Internship and Year TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 1990
Residency and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1993
License Expiration Date **6/30/2005**
Remarks

License Number 14890
License Date 6/2/2010
Name **MURPHY, KARA M MD**
Address PEDIATRIX, 1400 E BOULDER ST, STE 4N4145BCOLORADO SPRINGS, CO, 80909
Specialty NPM
Board Certified NPM
School and Year of Graduation COLUMBIA UNIVERSITY USA 2004
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15318
License Date 7/6/2011
Name **MURPHY, LISBETH A MD**
Address BEDFORD COMMONS OBG, 201 RIVERWAY PLBEDFORD, NH, 03110
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2009
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 16599
License Date 5/7/2014
Name **MURPHY, MICHAEL P MD**
Address PO BOX 61044, OKLAHOMA CITY, OK, 73146
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE USA 2004
Internship and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE 2005
Residency and Year BAPTIST MEMORIAL HOSPITAL - MEMPHIS, TN 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8921
License Date 4/7/1993
Name **MURPHY, RICHARD K MD**
Address CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST STE 205CONCORD, NH, 03301-
Specialty GS
Board Certified GS
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1981
Internship and Year PRESBYTERIAN HOSPITAL 1982
Residency and Year PRESBYTERIAN HOSPITAL 1986
License Expiration Date **6/30/2017**
Remarks

License Number 13917
License Date 4/2/2008
Name **MURRAY JR, JOHN J MD**
Address DHMC-DEPT OF SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty CRS
Board Certified CRS
School and Year of Graduation BOSTON UNIV USA 1977
Internship and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1978
Residency and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 9779
License Date 7/3/1996
Name **MURRAY, CAROLYN J MD**
Address DHMC OCC MED, I MEDICAL CTR DRLEBANON, NH, 03756
Specialty PTX
Board Certified PTX
School and Year of Graduation UNIV OF VIRGINIA SCHOOL OF MEDICINE CHARLOTTESVILL USA 1986
Internship and Year UNIV OF CALIFORNIA SAN DIEGO MEDICAL CENTER - CA 1987
Residency and Year UNIV COLORADO HEALTH SCIENCE CENTER - CO 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10214
License Date 1/7/1998
Name **MURRAY, EVAN D MD**
Address McLEAN HOSPITAL NEUROLOGY, 115 MILL STBELMONT, MA, 02478
Specialty N
Board Certified N
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1994
Internship and Year NATIONAL CAPITAL MILITARY MEDICAL - WASHINGTON, DC 1998
Residency and Year NATIONAL CAPITAL MILITARY MEDICAL - WASHINGTON, DC 1994
License Expiration Date **6/30/2008**
Remarks

License Number 4429
License Date 5/27/1969
Name **MURRAY, J CHARLES MD**
Address 144 TUCKER DR, CONTOOCHOOKER, NH, 03229
Specialty PUD
Board Certified PUD
School and Year of Graduation SETON HALL COLLEGE OF MEDICINE - NJ USA 1961
Internship and Year JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 1962
Residency and Year UNIV OF UTAH AFFILIATED HOSPITAL - SALT LAKE CITY, UT 1968
License Expiration Date **10/3/2010**
Remarks **Deceased 10/3/10**

License Number 12312
License Date 5/5/2004
Name **MURRAY, JAMES A DO**
Address DHMC PULMONARY CARE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation MIDWESTERN UNIVERSITY, GLENDALE AZ US 2000
Internship and Year BASSETT HEALTHCARE, COOPERSTOWN NY 2001
Residency and Year BASSETT HEALTHCARE, COOPERSTOWN NY 2003
License Expiration Date **6/30/2008**
Remarks

License Number 10686
License Date 9/1/1999
Name **MURRAY, JAMES G MD**
Address ENT PHYS & SURGEONS, PA, 130 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF WISCONSIN MED SCH -MADISON, WI USA 1992
Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1993
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - HARTFORD, CT 1994
License Expiration Date **6/30/2017**
Remarks

License Number 13351
License Date 12/6/2006
Name **MURRAY, KYLE R MD**
Address FAMILY CARE OF FARMINGTON, 316 NH ROUTE 11FARMINGTON, NH, 03835
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1985
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND-PAWTUCKET, RI 1986
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND- PAWTUCKET, RI 1988
License Expiration Date **6/30/2016**
Remarks

License Number 17022
License Date 4/1/2015
Name **MURRAY, MATTHEW T MD**
Address CHESHIRE MEDICAL CTR/DARTMOUTH HITCHCOCK - KEENE, 580 - 590 COURT STKEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation SO ILLINOIS UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2001
Residency and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2003
License Expiration Date **6/30/2017**
Remarks

License Number 9739
License Date 6/5/1996
Name **MURRAY, MICHAEL F MD**
Address 60 EAST ST 2100, METHUEN, MA, 01844
Specialty ID
Board Certified IM
School and Year of Graduation PA STATE UNIV COLLEGE OF MEDICINE USA 1988
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1991
Residency and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1996
License Expiration Date **6/30/2001**
Remarks

License Number 12804
License Date 7/6/2005
Name **MURRAY, PATRICIA E DO**
Address T MURRAY WELLNESS CTR INC, PO BOX 244/24 PLEASANT STCONWAY, NH, 03818
Specialty OMM
Board Certified OMM
School and Year of Graduation UNIVERSITY OF N.E. COLLEGE, BIDDEFORD ME USA 1999
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER, FARMINGTON CT 2000
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER, FARMINGTON CT 2002
License Expiration Date **6/30/2017**
Remarks

License Number 9285
License Date 9/7/1994
Name **MURRAY, ROBERT A MD**
Address RIVERBEND COMMUNITY MENTAL HL, 1 N STATE ST PO BOX 2032CONCORD, NH, 03301-
Specialty P
Board Certified P
School and Year of Graduation HAHNEMANN SCHOOL OF MEDICINE USA 1978
Internship and Year INSTITUTE OF PA HOSPITAL - PHILADELPHIA PA 1979
Residency and Year INSTITUTE OF PA HOSPITAL - PHILADELPHIA PA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 14773
License Date 3/3/2010
Name **MURRAY, SEAN P MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1990
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1991
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1996
License Expiration Date **6/30/2012**
Remarks

License Number 10563
License Date 5/5/1999
Name **MURRAY, SUSAN A MD**
Address WOODBURY FAMILY PRACTICE, 101 SHATTUCK WAY STE 6NEWINGTON, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1996
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1997
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **6/30/2017**
Remarks

License Number 16553
License Date 4/2/2014
Name **MURRELL, STEVEN S MD**
Address KEOKUK HOSPITAL, 1600 MORGAN STKEOKUK, IA, 52632
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL UNIVERSITY OF THE AMERICAS NEVIS 2007
Internship and Year TULSA MEDICAL EDUCATION FOUNDATION - TULSA, OK 2008
Residency and Year TULSA MEDICAL EDUCATION FOUNDATION - TULSA, OK 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14259
License Date 12/3/2008
Name **MURTHI, DINAKAR S MD**
Address THE ORTHOPEDIC CENTER, 17 RIVERSIDE DR STE 101NASHUA, NH, 03060
Specialty ORS
Board Certified ORS
School and Year of Graduation YALE UNIV USA 2001
Internship and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 2002
Residency and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9588
License Date 11/1/1995
Name **MUSCHE, FRANK W MD**
Address 38 HAMLET AVE, WOONSOCKET, RI, 02895-
Specialty DR
Board Certified R
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE, BOSTON, MA USA 1970
Internship and Year RHODE ISLAND HOSPITAL PROVIDENCE, RI 1971
Residency and Year RHODE ISLAND HOSPITAL PROVIDENCE, RI 1974
License Expiration Date **6/30/1998**
Remarks

License Number 17272
License Date 9/2/2015
Name **MUSCO, PAUL S MD**
Address 725 RESERVOIR AVE STE 201, CRANSTON, RI, 02910
Specialty OPH
Board Certified OPH
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE- DC USA 1982
Internship and Year GEORGETOWN UNIVERSITY HOSPITAL/WASHINGTON HOSPITAL- WASHINGTON, DC 1983
Residency and Year GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1986
License Expiration Date **6/30/2017**
Remarks

License Number 2874
License Date 9/12/1951
Name **MUSET, FRANK A MD**
Address UNIT 102, 200 ALLIANCE WAYMANCHESTER, NH, 03102
Specialty GS
Board Certified GS
School and Year of Graduation LONG ISLAND COLLEGE OF MEDICINE USA 1943
Internship and Year ST VINCENT'S HOSPITAL - NEW YORK, NEW YORK 1944
Residency and Year ST VINCENT'S HOSPITAL - NEW YORK, NEW YORK 1944
License Expiration Date **6/30/2009**
Remarks

License Number 13877
License Date 3/5/2008
Name **MUSHTAQ, SAFANA MD**
Address SHJ FAMILY MED CTR, 444 NASHUA STMILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation ISLAMIA UNIV PAKISTAN 2000
Internship and Year UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2006
Residency and Year UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2007
License Expiration Date **6/30/2016**
Remarks

License Number 10725
License Date 10/6/1999
Name **MUSLIM, MUHAMMAD A MD**
Address COOPER RIVER PLAZA SO, STE 1407PENNSAUKEN, NJ, 08109
Specialty IM
Board Certified IM
School and Year of Graduation KING EDWARD MEDICAL COLL.-LAHORE PAKISTAN 1992
Internship and Year COOPER HOSPITAL - CAMDEN, NJ 1994
Residency and Year COOPER HOSPITAL - CAMDEN, NJ 1996
License Expiration Date **6/30/2000**
Remarks

License Number 16350
License Date 10/2/2013
Name **MUSOLINO, PATRICIA L MD**
Address MASS. GENERAL HOSPITAL - TELENEUROLOGY, 15 PACKMAN ST., WACC729JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF DE BUENOS AIRES ARGENTINA 2003
Internship and Year MIAMI CHILDREN'S HOSPITAL - MIAMI, FL 2007
Residency and Year MIAMI CHILDREN'S HOSPITAL - MIAMI, FL 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13753
License Date 11/7/2007
Name **MUSSER JR, CARL W MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation WAKE FOREST UNIV USA 2003
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2004
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2006
License Expiration Date **6/30/2011**
Remarks

License Number 12805
License Date 7/6/2005
Name **MUTHUNAYAGAM, NEWTON P MD**
Address 1400 WALLACE BLVD, AMARILLO, TX, 79106
Specialty IM
Board Certified
School and Year of Graduation MED COLLEGE THIRUVANANTHAPURAM, TRIVANDRUM INDIA 2001
Internship and Year TEXAS TECH UNIVERSITY, AMARILLO TX 2003
Residency and Year TEXAS TECH UNIVERSITY, AMARILLO TX 2005
License Expiration Date **6/30/2007**
Remarks

License Number 11182
License Date 2/7/2001
Name **MUTIB, OMAIR K MD**
Address VA MEDICAL CENTER, 718 SMYTH RD 11CMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF BAGHDAD - IRAQ IRAQ 1983
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 1997
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10564
License Date 5/5/1999
Name **MUTO, PAULA M MD**
Address 100 AMESBURY ST, LAWRENCE, MA, 01840
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK MEDICAL COLL - VALHALLA, NY USA 1989
Internship and Year NEW ENGLAND MED CTR - BOSTON, MA 1990
Residency and Year NEW ENGLAND MED CTR - BOSTON, MA 1995
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON RENEWAL 6/30/01-----REINSTATED 9/6/06**

License Number 11927
License Date 5/7/2003
Name **MYERS JR, ROBERT K MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified
School and Year of Graduation UNIV OF KENTUCKY COLLEGE - LEXINGTON, KY USA 1998
Internship and Year UNIV OF KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
License Expiration Date **6/30/2005**
Remarks

License Number 13752
License Date 11/7/2007
Name **MYERS, AMY A MD**
Address APPLE HEALTH SERVICE / FRANKLIN MARSHAL COLL, 415 HARRISBURG AVELANCASTER, PA, 17604
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA STATE UNIV USA 1991
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1992
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1994
License Expiration Date **6/30/2011**
Remarks

License Number 8203
License Date 8/9/1989
Name **MYERS, BRUCE R MD**
Address SEACOAST AREA PHYSIATRY, 875 GREENLAND RDPORTSMOUTH, NH, 03801
Specialty PM
Board Certified PM
School and Year of Graduation MED COLL OF WISCONSIN-MILWAUKEE,WI USA 1985
Internship and Year UNIV OF WI HOSP-MADISON,WI 1986
Residency and Year UNIV OF WI,MADISON,WI 1988
License Expiration Date **6/30/2017**
Remarks

License Number 5047
License Date 7/17/1973
Name **MYERS, H JACK MD**
Address WHI - WOUND HEALING INSTITUTE, 789 CENTRAL AVEDOVER, NH, 03820
Specialty GS
Board Certified GS
School and Year of Graduation COLUMBIA UNIVERSITY-NEW YORK NY USA 1966
Internship and Year THE ROOSEVELT HOSP-NEW YORK NY 1967
Residency and Year MARY IMOGENE BASSETT HOSP-COOPERSTOWN NY 1973
License Expiration Date **6/30/2015**
Remarks

License Number 14032
License Date 6/4/2008
Name **MYERS, JEFF L MD**
Address MASS GENERAL HOSPITAL, 55 FRUIT ST COX 662BOSTON, MA, 02114
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF OKLAHOMA USA 1991
Internship and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1993
Residency and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1999
License Expiration Date **6/30/2010**
Remarks

License Number 9495
License Date 7/5/1995
Name **MYERS, MARK D MD**
Address PEDIATRIC HLTH ASSOC @BEDFORD, 360 ROUTE 101 STE #8BEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1992
Internship and Year CHILDREN'S HOSPITAL - PHILADELPHIA PA 1995
Residency and Year CHILLDREN'S HOSPITAL - PHILADELPHIA PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10127
License Date 9/10/1997
Name **MYERS, MELISSA A MD**
Address NORTHERN HUMAN SERVICES, 25 W MAIN STCONWAY, NH, 03818
Specialty P
Board Certified P
School and Year of Graduation JEFFERSON MED COLL THOS JEFFERSON UNIV PA USA 1995
Internship and Year MC LEAN HOSPITAL - BELMONT, MA 1999
Residency and Year MC LEAN HOSPITAL - BELMONT,MA 1999
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 7883
License Date 6/8/1988
Name **MYERS, ROBERT B MD**
Address 122 ABBOTT ST, N ANDOVER, MA, 01845
Specialty EM
Board Certified
School and Year of Graduation MED COLL OF VIRGINIA COMMONWEALTH UNIV SCH USA 1978
Internship and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1979
Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1981
License Expiration Date **6/30/2010**
Remarks **2/18/99 - Settlement Agreement License Suspended 3/1/99 - 3/31/99 Deceased 8/15/2012**

License Number 15843
License Date 9/5/2012
Name **MYERS, ROBERT P MD**
Address 45 HALLS MILL RD, NEWFIELDS, NH, 03856
Specialty U
Board Certified U
School and Year of Graduation COLUMBIA UNIVERSITY USA 1967
Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1968
Residency and Year MAYO CLINIC - ROCHESTER, MN 1972
License Expiration Date **6/30/2016**
Remarks

License Number 16422
License Date 12/4/2013
Name **MYERS, TERESA A MD**
Address 75 STATE ST 26TH FLOOR, BOSTON, MA, 02109
Specialty FP
Board Certified FP
School and Year of Graduation ST MATTHEW'S UNIVERSITY CAYMAN ISLANDS 2004
Internship and Year SO ILLINOIS UNIVERSITY - QUINCY, IL 2005
Residency and Year SO ILLINOIS UNIVERSITY - QUINCY, IL 2007
License Expiration Date **6/30/2017**
Remarks

License Number 7884
License Date 6/8/1988
Name **MYERS, WARREN P L MD**
Address 436 JOSHUA RD, WHITE RIVER JCT, VT, 05001-9028
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1945
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1946
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1949
License Expiration Date **6/30/2004**
Remarks **DECEASED 4/1/09**

License Number 11819
License Date 1/8/2003
Name **MYNENI, SUMANA MD**
Address SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation SIDDHARTHA MED COLL GUNADALA - VIJAYAWADA INDIA 1997
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2000
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 13918
License Date 4/2/2008
Name **MYO, MYAT MD**
Address LAKES REGION GEN HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation INSTITUTE OF MEDICINE I USA 1995
Internship and Year NORTH GENERAL HOSPITAL-NEW YORK, NY 2006
Residency and Year NORTH GENERAL HOSPITAL-NEW YORK, NY 2007
License Expiration Date **6/30/2014**
Remarks

License Number 11423
License Date 10/3/2001
Name **MYRTUE, ANDREW J MD**
Address 52 MDG UNIT 3865, APO, AE, 09126
Specialty ORS
Board Certified
School and Year of Graduation UNIFORMED SERVICES UNIV OF HLTH SCI-BETHESDA, MD USA 1997
Internship and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2007**
Remarks

License Number 17229
License Date 8/5/2015
Name **NABER, URS H MD**
Address 1377 CONNECTICUT RIVER RD, WHITE RIVER JCT, VT, 05001-7107
Specialty PD
Board Certified
School and Year of Graduation UNIV OF HAMBURG IN GERMANY GERMANY 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2016
License Expiration Date **6/30/2017**
Remarks

License Number 13220
License Date 8/2/2006
Name **NABIOULLINA, TATIANA I MD**
Address FOUNDATION NEUROLOGY, 17 PROSPECT STNASHUA, NH, 03060
Specialty N
Board Certified CN
School and Year of Graduation NOVOSIBIRSK STATE MEDICAL ACADEMY RUSSIA 1996
Internship and Year JERSEY SHORE MEDICAL CTR-NEPTUNE, NJ 2002
Residency and Year FLETCHER ALLEN HEALTH CARE-BURLINGTON, VT 2004
License Expiration Date **6/30/2016**
Remarks

License Number 11217
License Date 4/4/2001
Name **NABI-TREMBLAY, SUZANNE F MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH - BOSTON, MA USA 1997
Internship and Year TOLEDO HOSPITAL - TOLEDO, OH 1998
Residency and Year TOLEDO HOSPITAL - TOLEDO, OH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 15110
License Date 1/5/2011
Name **NABIZADEH, SAYYED M MD**
Address TUFTS MEDICAL CENTER, 800 WASHINGTON STBOSTON, MA, 02111
Specialty CHN
Board Certified
School and Year of Graduation MASHHAD UNIVERSITY OF MEDICAL SCIENCES IRAN 1992
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2009
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2013**
Remarks

License Number 11855
License Date 3/5/2003
Name **NACE, DAVID K MD**
Address 716 HAMILTON RD, BRYN MAWR, PA, 19010
Specialty P
Board Certified P
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED-PITTSBURGH, PA USA 1985
Internship and Year YORK HOSPITAL - YORK, PA 1986
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1987
License Expiration Date **6/30/2009**
Remarks

License Number 9740
License Date 6/5/1996
Name **NACKMAN, LOUIS J MD**
Address ELLIOTT PEDIATRICS AT WINDHAM, 5 INDUSTRIAL DR UNIT BWINDHAM, NH, 03087
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF FLORIDA COLLEGE OF MED USA 1992
Internship and Year PENN STATE UNIV COLLEGE OF MEDICINE - HERSHEY, PA 1996
Residency and Year PENN STATE UNIV COLLEGE OF MEDICINE - HERSHEY, PA 1996
License Expiration Date **6/30/2016**
Remarks **SETTLEMENT AGREEMENT 2/22/02**

License Number 11513
License Date 2/6/2002
Name **NADEAU, DANIEL A MD**
Address 520 SUPERIOR #150, NEWPORT BEACH, CA, 92663
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year UNIV OF VERMONT - BURLINGTON, VT 1989
Residency and Year UNIV OF VERMONT - BURLINGTON, VT 1991
License Expiration Date **6/30/2016**
Remarks

License Number 3467
License Date 8/29/1961
Name **NADEAU, THOMAS R MD**
Address , 128 MAIN ST BOX 726MEREDITH, NH, 03253
Specialty FP
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE - NY USA 1958
Internship and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 1959
Residency and Year ALBANY MEDICAL COLLEGE - ALBANY,NY 1959
License Expiration Date **6/30/2015**
Remarks

License Number 10726
License Date 10/6/1999
Name **NADEL, ALLAN S MD**
Address BRIGHAM & WOMEN HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF CHICAGO - CHICAGO, IL USA 1979
Internship and Year WASHINGTON UNIVERSITY - ST LOUIS MO 1983
Residency and Year WASHINGTON UNIVERSITY - ST LOUIS MO 1983
License Expiration Date **6/30/2001**
Remarks

License Number 14809
License Date 4/7/2010
Name **NADKARNI, SANGEETA S MD**
Address PENTUCKET MEDICAL ASSOC, 500 MERRIMACK ST LAWRENCE, MA, 01843
Specialty NEP
Board Certified NEP
School and Year of Graduation MAHARASHTRA UNIVERSITY INDIA 2000
Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 2004
Residency and Year UNIVERSITY OF MASSA CHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13834
License Date 2/6/2008
Name **NAGARAJ, VASUKI MD**
Address 22 PROSPECT ST, NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation MYSORE UNIVERSITY INDIA 2002
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2006
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 12507
License Date 10/6/2004
Name **NAGARKAR, JYOTI D MD**
Address LUTHERAN MEDICAL CTR, 150 55TH ST BROOKLYN, NY, 11220
Specialty IM
Board Certified
School and Year of Graduation NAGPUR UNIVERSITY, INDIA INDIA 1994
Internship and Year LUTHERAN MEDICAL CTR, BROOKLYN NY 2003
Residency and Year LUTHERAN MEDICAL CTR, BROOKLYN NY 2004
License Expiration Date **6/30/2006**
Remarks

License Number 16554
License Date 4/2/2014
Name **NAGEL, DAVID J MD**
Address DHMC-INTERNAL MED DEPT, 1 MED CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF ROCHESTER USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 8227
License Date 9/6/1989
Name **NAGEL, DAVID J MD**
Address 264 PLEASANT ST, CONCORD, NH, 03301-2551
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTE,NY USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
Residency and Year VA MEDICAL CENTER - BUFFALO, NY 1989
License Expiration Date **6/30/2017**

Remarks

License Number 16555
License Date 4/2/2014
Name **NAGPAL, KAMAL MD**
Address 519 WASHINGTON ST APT 14A, BROOKLINE, MA, 02446
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GURU TEG INDIA 2000
Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2010
Residency and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2012
License Expiration Date **6/30/2016**

Remarks

License Number 13835
License Date 2/6/2008
Name **NAGRI, SRIKRISHNA MD**
Address DHMC - NASHUA DEPT OF GASTRO, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty GE
Board Certified GE
School and Year of Graduation KARNATAK MEDICAL COLLEGE INDIA 1998
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2002
Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2004
License Expiration Date **6/30/2016**

Remarks

License Number 14691
License Date 12/2/2009
Name **NAGY, ALMOS I MD**
Address BEDFORD VAMC, 200 SPRINGS ROADBEDFORD, MA, 01730
Specialty P
Board Certified
School and Year of Graduation SEMMELWEIS UNIVERSITY HUNGARY 1994
Internship and Year TUFTS-NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2005
Residency and Year TUFTS-NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2017**

Remarks

License Number 7131
License Date 6/6/1985
Name **NAGY, HELENE M MD**
Address DHMC-RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation SUNY DOWNSTATE-BROOKLYN, NY USA 1975
Internship and Year FRANCIS SCOTT KEY MEDICAL CTR-BALTIMORE, MD 1976
Residency and Year KINGS COUNTY HOSPITAL CTR-BROOKLYN, NY 1979
License Expiration Date **6/30/2017**
Remarks

License Number 10565
License Date 5/5/1999
Name **NAGY, LINDA M MD**
Address 3441 HEBARD HILL RD, RANDOLPH, VT, 05060
Specialty P
Board Certified P
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1983
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NORTH HAVEN, CT 1984
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NORTH HAVEN, CT 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11219
License Date 4/4/2001
Name **NAHABET, CHAWKI E MD**
Address 108 LEGION DRIVE, SUITE DLAS VEGAS, NM, 87701
Specialty OBG
Board Certified OBG
School and Year of Graduation AIN SHAMS UNIV- CAIRO EGYPT EGYPT 1976
Internship and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 1978
Residency and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14033
License Date 6/4/2008
Name **NAIM, MAHA MD**
Address 150 57TH ST #30D, NEW YORK, NY, 10022
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF BAGHDAD IRAQ 1999
Internship and Year NEW YORK DOWNTOWN HOSPITAL - NEW YORK, NY 2005
Residency and Year NEW YORK DOWNTOWN HOSPITAL - NEW YORK, NY 2007
License Expiration Date **6/30/2010**
Remarks

License Number 10142
License Date 10/1/1997
Name **NAIMARK, RICHARD M MD**
Address 16 FIFTH ST, DOVER, NH, 03820
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MA MED SCH - WORCESTER, MA USA 1989
Internship and Year UNIV OF MASS MEDICAL CENTER- MA 1993
Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12806
License Date 7/6/2005
Name **NAIR, AMITA N MD**
Address MEDICINE PEDIATRICS, 280 MAIN ST STE 111 NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation ODESSA MEDICAL UNIVERSITY, ODESSA UKRAINE 1996
Internship and Year METROPOLITAN HOSPITAL CENTER, NEW YORK NY 2002
Residency and Year METROPOLITAN HOSPITAL CENTER, NEW YORK NY 2005
License Expiration Date **6/30/2009**
Remarks

License Number 3246
License Date 5/1/1958
Name **NAITOVE, ARTHUR MD**
Address 20 RIP RD, HANOVER, NH, 03755-1614
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1948
Internship and Year JEWISH HOSPITAL BROOKLYN - NY 1949
Residency and Year JEWISH HOSPITAL - BROOKLYN, NY 1949
License Expiration Date **6/30/2000**
Remarks

License Number 13805
License Date 1/11/2008
Name **NAJARIAN, KENNETH E MD**
Address FAHC, PATRICK 125 BURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 1980
Internship and Year PRESBYTERIAN-ST LUKES MEDICAL CENTER - DENVER, CO 1981
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 14260
License Date 12/3/2008
Name **NALABOFF, KENNETH M MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation SACKLER SCHOOL OF MEDICINE ISRAEL 1996
Internship and Year NSLIJHS SCHNEIDER CHILDRENS HOSPITAL-NEW HYDE PARK, NY 1997
Residency and Year NORTH SHORE UNIV HOSPITAL-MANHASSET,NY 2001
License Expiration Date **6/30/2010**
Remarks

License Number 11114
License Date 11/1/2000
Name **NALAMALAPU, USHA MD**
Address 1 HALLS HILL, FALMOUTH, ME, 04105
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLL SRI VENKATESVARIS UNIV-TIRUPATI INDIA 1983
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1993
Residency and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1994
License Expiration Date **6/30/2001**
Remarks

License Number 11385
License Date 9/5/2001
Name **NALESNIK JR, WALTER MD**
Address 225 BOSTON ST, STE 204LYNN, MA, 01904
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED- BAY SHORE, NY USA 1982
Internship and Year WAYNE STATE UNIV/DETROIT MEDICAL CENTER - DETROIT, MI 1983
Residency and Year WAYNE STATE UNIV/DETROIT MEDICAL CENTER - DETROIT, MI 1985
License Expiration Date **6/30/2015**
Remarks

License Number 16377
License Date 11/6/2013
Name **NAM, DANIEL MD**
Address 154 MORTIMER AVE, RUTHERFORD, NJ, 07070
Specialty IM
Board Certified
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1999
Residency and Year NORTH SHORE-LONG ISLAND JEWISH (NYU SOM) MANHASSET, NY 2005
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/9/15.**

License Number 13682
License Date 9/5/2007
Name **NAMPIAPARAMPIL, DEVI E MD**
Address DARTMOUTH HITCHCOCK, 1 MEDICAL CENTER DRIVELEBANON, NH, 03766
Specialty PM
Board Certified PM
School and Year of Graduation NORTHWESTERN UNIV MEDICAL SCHOOL USA 2002
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year SPAULDING REHABILITATION HOSPITAL - BOSTON, MA 2006
License Expiration Date **6/30/2009**
Remarks

License Number 12534
License Date 11/3/2004
Name **NANAVATI, AJAY P MD**
Address 8 PROSPECT ST, NASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF W INDIES, CHAMPS FLEURS TRINIDAD WEST INDIES 2000
Internship and Year BROOKLYN HOSPITAL CTR, BROOKLYN NY 2002
Residency and Year BROOKLYN HOSPITAL CTR, BROOKLYN NY 2004
License Expiration Date **6/30/2008**
Remarks

License Number 11333
License Date 7/11/2001
Name **NANGIA, AJAY K MD**
Address KANSAS UNIV PHYSICIANS INC, 3901 RAINBOW BLVDKANSAS CITY, KS, 66160
Specialty UP
Board Certified U
School and Year of Graduation UNITED MED & DENT SCHOOLS OF GUY'S & ST THOMAS HOS UK 1990
Internship and Year YALE-NEW HAVEN MEDICAL CENTER 1993
Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH 1995
License Expiration Date **6/30/2009**
Remarks

License Number 10397
License Date 9/2/1998
Name **NAPIER, JAMES M MD**
Address 2458 CHRISTIAN ST, PO BOX 1089NORWICH, VT, 05055
Specialty P
Board Certified P
School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS,OH USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
License Expiration Date **6/30/2003**
Remarks

License Number 8977
License Date 6/2/1993
Name **NAPIORKOWSKI, PATRICIA A MD**
Address 205 BILLINGS FARM RD, BLDG. L STE BWHITE RIVER JCT, VT, 05001
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1987
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER, CONNECTICUT 1988
Residency and Year PRESBYTERIAN HOSPITAL, NEW YORK NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 7954
License Date 8/10/1988
Name **NAPOLI, JOSEPH A MD**
Address A I DUPONT HOSPITAL FOR CHILDR, PO BOX 269-1600 ROCKLAND RDWILMINGTON, DE, 19899
Specialty PS
Board Certified PS
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS, NY USA 1987
Internship and Year MARY IMOGENE BASSETT HOSP- 1988
Residency and Year MARY IMOGENE BASSETT HOSPITAL 1988
License Expiration Date **6/30/2016**
Remarks

License Number 12431
License Date 8/4/2004
Name **NAPRTA, ANICA MD**
Address HOME HEALTH & HOSPICE CARE, 7 EXECUTIVE PARK DRIVEMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF ZAGREB, ZABREB CROATIA CROATIA 1990
Internship and Year WICHITA FALLS FAMILY PRACTICE PROGRAM, WICHITA FALLS TX 2000
Residency and Year WICHITA FALLS FAMILY PRACTICE PROGRAM, WICHITA FALLS TX 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12432
License Date 8/4/2004
Name **NAPRTA, BORIS MD**
Address GENESIS PHYS SVS, 25 RIDGEWOOD RDBEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ZAGREB, ZAGREB CROATIA CROATIA 1991
Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1996
Residency and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1998
License Expiration Date **6/30/2016**
Remarks

License Number 17122
License Date 6/3/2015
Name **NAQSHBANDI, SYED MUDASSAR MD**
Address WENTWORTH DOUGLASS PHYSICIAN CORP, 789 CENTRAL AVEDOVER, NH, 03820-2526
Specialty IM
Board Certified FPG
School and Year of Graduation SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 2004
Internship and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 2009
Residency and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12753
License Date 6/1/2005
Name **NARVAEZ, GIL M MD**
Address VIRTUAL RADIOLOGY CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CENTRAL DEL, BAYAMON PUERTO RICO PUERTO RICO 1996
Internship and Year UNIVERSITY OF PUERTO RICO, SAN JUAN PUERTO RICO 1997
Residency and Year UNIVERSITY OF PUERTO RICO, SAN JUAN PR 2000
License Expiration Date **6/30/2013**
Remarks

License Number 15259
License Date 6/1/2011
Name **NASEEM, TARIQ M MD**
Address 17 BELMONT SQ APT 3, SOMERVILLE, MA, 02143
Specialty GS
Board Certified
School and Year of Graduation AGA KHAN MEDICAL COLLEGE, AGA KHAN UNIV USA 2004
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2009
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2010
License Expiration Date **6/30/2013**
Remarks

License Number 5405
License Date 8/14/1975
Name **NASH, LAUNCELOT C MD**
Address HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty EM
Board Certified
School and Year of Graduation GUY'S HOSPITAL MEDICAL SCHOOL LONDON UNIV ENGLAND 1964
Internship and Year ST ALBANS CITY HOSPITAL - ST ALBANYS, HERTS 1965
Residency and Year NORTH DEVON INFIRMARY, BARNSTAPLE, DEVON 1966
License Expiration Date **6/30/2002**
Remarks

License Number 11424
License Date 10/3/2001
Name **NASIF, RONALD J MD**
Address 5 WATER ST, MILFORD, MA, 01757
Specialty ORS
Board Certified
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1979
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1980
Residency and Year CARNEY HOSPITAL - DORCHESTER, MA 1981
License Expiration Date **7/12/2010**
Remarks **7/12/10 - Voluntary Surrender of License.**

License Number 12628
License Date 3/2/2005
Name **NASPINSKY, SCOTT R MD**
Address LANCASTER RADIOLOGY ASSOC, PO BOX 3555LANCASTER, PA, 177552
Specialty R
Board Certified
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2011**
Remarks

License Number 14665
License Date 11/4/2009
Name **NASRIN, MUBINA MD**
Address ELLIOT PRIMARY CARE LONDONDERR, 40 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation MAHADEVAPPA RAMPURE MEDICAL COLLEGE INDIA 1994
Internship and Year MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2007
Residency and Year MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10874
License Date 4/5/2000
Name **NASSAR, NICOLAS E MD**
Address 28 ROCHESTER HILL RD, ROCHESTER, NH, 03867
Specialty IM
Board Certified
School and Year of Graduation FACULTY OF MEDICINE,AMERICAN UNIVERSITY OF BEIRUT USA 1995
Internship and Year MARYLAND GENERAL HOSPITAL-BALTIMORE,MD 1996
Residency and Year MARYLAND GENERAL HOSPITAL-BALTIMORE,MD 1999
License Expiration Date **6/30/2001**
Remarks

License Number 14034
License Date 6/4/2008
Name **NATALE, MICHAEL A MD**
Address MAITLAND HOSP 550-560 HIGH ST, MAITLAND NSW AUSTRALIA, , 2320
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF NEW JERSEY USA 1993
Internship and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1994
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1997
License Expiration Date **6/30/2012**
Remarks

License Number 16457
License Date 1/8/2014
Name **NATARAJ, DILIP MD**
Address 329 HARVARD ST APT 14, CAMBRIDGE, MA, 02139
Specialty CCM
Board Certified CCM
School and Year of Graduation LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year UPMC MEDICAL MEDICAL EDUCATION - PITTSBURGH, PA 2002
Residency and Year UPMC MEDICAL MEDICAL EDUCATION - PITTSBURGH, PA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 9570
License Date 10/4/1995
Name **NATARAJAN, ARUNA R MD**
Address GEORGETOWN UNIV MED CTR, 3800 RESERVIOR RD WASHINGTON, DC, 20007
Specialty PD
Board Certified PD
School and Year of Graduation ARMED FORCES MED COLL UNIV OF PUNE INDIA 1984
Internship and Year MARY HITCHCOCK MEDICAL CENTER - HANOVER, NH 1995
Residency and Year MARY HITCHCOCK MEDICAL CENTER - HANOVER, NH 1995
License Expiration Date **6/30/2001**
Remarks

License Number 14300
License Date 1/7/2009
Name **NATARAJAN, SUBBULUXMI MD**
Address 62 REGIS RD, BRAINTREE, MA, 02184
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MISSOURI USA 1998
Internship and Year ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 1999
Residency and Year ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 2001
License Expiration Date **6/30/2011**
Remarks

License Number 9780
License Date 7/3/1996
Name **NATH, ARURU R MD**
Address DARTMOUTH-HITCHCOCK-CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE SRI VENKATESVARA UNIV TIRUPATI A P INDIA 1979
Internship and Year MADRAS MEDICAL COLLEGE HOSPITAL - CANADA 1980
Residency and Year VOCATIONAL TRAINING IN GENERAL NEATH HALES U. K. 1989
License Expiration Date **6/30/2016**
Remarks

License Number 14891
License Date 6/2/2010
Name **NATH, SUJAI D MD**
Address SENTIENT, 11011 MCCORMICK RD STE 200HUNT VALLEY, MD, 21031
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 1991
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1992
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1995
License Expiration Date **6/30/2016**
Remarks

License Number 6741
License Date 7/7/1983
Name **NATHAN, JEFFREY S MD**
Address 10 DEACON DR, NASHUA, NH, 03063
Specialty OBG
Board Certified OBG
School and Year of Graduation FAC DE MED DE LA UNIV-GUADALAJARA MEXICO 1977
Internship and Year LUTHERAN MED CTR-BROOKLYN,NY 1980
Residency and Year LUTHERAN MED CTR- BROOKLYN,NY 1983
License Expiration Date **6/30/2011**
Remarks

License Number 14892
License Date 6/2/2010
Name **NATHAN, MICHELLE MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIVERSITY USA 1995
Internship and Year METROPOLITON HOSPITAL CENTER, NY, NY 1996
Residency and Year METROPOLITON HOSPITAL CENTER, NY, NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 8690
License Date 3/4/1992
Name **NATTELL, DANIEL F MD**
Address OPTIMAL RADIOLOGY, 28 WHITE BRIDGE RD SUITE 316NASHVILLE, TN, 37205
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ARIZONA USA 1987
Internship and Year TUCSON MEDICAL CENTER - TUCSON, AZ 1988
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/93 - reinstated 7/3/13**

License Number 5383
License Date 8/4/1975
Name **NATTIE, EUGENE E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL, MA USA 1971
Internship and Year PETER BRIGHAM HOSPITAL - BOSTON, MA 1972
Residency and Year PETER BRIGHAM HOSPITAL - BOSTON, MA 1972
License Expiration Date **6/30/2011**
Remarks

License Number 3195
License Date 3/13/1957
Name **NAULT, BURTON A MD**
Address NH DEPT OF EDUCATION, 21 SOUTH FRUIT STCONCORD, NH, 03301-8508
Specialty GS
Board Certified GS
School and Year of Graduation CORNELL UNIVERSITY MEDICAL USA 1956
Internship and Year ST ELIZABETH HOSPITAL BRIGHTON - MA 1957
Residency and Year ST ELIZABETH HOSPITAL - BRIGHTON, MA 1957
License Expiration Date **6/30/2015**
Remarks

License Number 16017
License Date 2/6/2013
Name **NAVARENGOM, KERON B MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation KERALA UNIVERSITY INDIA 2004
Internship and Year CAMC-WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 2010
Residency and Year CAMC-WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 2012
License Expiration Date **6/30/2015**
Remarks

License Number 14936
License Date 7/7/2010
Name **NAVARETTE, BRYAN P MD**
Address RADIOLOGISTS OF NORTH IOWA, 1010 4TH ST SW, STE 100MASON CITY, IA, 50401
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF TEXAS USA 2006
Internship and Year MARSHFIELD CLINIC, MARSHFIELD, WI 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2014**
Remarks

License Number 13262
License Date 9/6/2006
Name **NAWROCKI, MARK N MD**
Address MASS EYE & EAR INFIRMARY - DEPT OF ANESTHESIOLOGY, 243 CHARLES STBOSTON, MA, 02114
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MED SCHOOL USA 1986
Internship and Year STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1987
Residency and Year STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1989
License Expiration Date **6/30/2014**
Remarks

License Number 10215
License Date 1/7/1998
Name **NAWROCKI, STEVEN P MD**
Address MONADNOCK COMMUNITY HOSPITAL, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty IM
Board Certified IM
School and Year of Graduation COLL MED JAGIELLONSKI UNIV KRAKOW POLAND 1986
Internship and Year METROWEST MED CTR INC - MA 1987
Residency and Year METROWEST MED CTR INC - MA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 15354
License Date 8/3/2011
Name **NAYAK, VIJAY K MD**
Address MASSACHUSETTS ENT ASSOC, 3 MEETINGHOUSE RDCHELMSFORD, MA, 01824
Specialty OTO
Board Certified OTO
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2000
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2001
Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 6742
License Date 7/7/1983
Name **NAYLOR, CLAIRE M MD**
Address 129 BONDS CORNER RD, HANCOCK, NH, 03449
Specialty FP
Board Certified FP
School and Year of Graduation ST LOUIS UNIV SCH MED-ST LOUIS USA 1978
Internship and Year M S HERSHEY MED CTR-HERSHEY,PA 1979
Residency and Year M S HERSHERY MED CTR-HERSHERY,PA 1981
License Expiration Date **6/30/2013**
Remarks

License Number 10656
License Date 8/4/1999
Name **NAZEER, AMENA MD**
Address IU HEALTH WEST HOSPITAL, 1111 NORTH RONALD REAGAN PKWYAVON, IN, 46123
Specialty IM
Board Certified IM
School and Year of Graduation RAWALPINDI MED COLL UNIV OF PUNJAB-PAKISTAN PAKISTAN 1993
Internship and Year UNIV OF CONNECTICUT HLTH CTR - FARMINGTON, CT 1996
Residency and Year UNIV OF CONNECTICUT HLTH CTR - FARMINGTON, CT 1997
License Expiration Date **6/30/2013**
Remarks

License Number 11928
License Date 5/7/2003
Name **NAZEER, AYESHA MD**
Address CONCORD HOSP CARDIAC ASSOC, 85 SPRING ST STE 2 A1LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation THE RAWALPINDI MED COLL - PUNJAB PAKISTAN PAKISTAN 1996
Internship and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1998
Residency and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2000
License Expiration Date **6/30/2017**
Remarks

License Number 6956
License Date 8/2/1984
Name **NEAL, GEORGE B MD**
Address 18 CONSTITUTION DR UNIT 6, BEDFORD, NH, 03110
Specialty N
Board Certified N
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1976
Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1977
Residency and Year NAVAL HOSP-BETHESDA,MD 1980
License Expiration Date **6/30/2016**
Remarks

License Number 8204
License Date 8/9/1989
Name **NEAL, REBECCA R MD**
Address DHMC - NH HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON,MA USA 1985
Internship and Year FRAMINGHAM UNION HOSP-FRAMINGHAM,MA 1986
Residency and Year MASS GEN HOSPITAL-BOSTON,MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 14692
License Date 12/2/2009
Name **NEALE, S GLEN MD**
Address NORTH COUNTRY ORTHOPEDICS, 81 MEDICAL VILLAGE DR #1NEWPORT, VT, 05855
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VERMONT USA 1985
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1986
Residency and Year MAINE MEDICAL CENTER -PORTLAND, ME 1987
License Expiration Date **6/30/2017**
Remarks

License Number 9022
License Date 8/4/1993
Name **NEALIS, RICHARD H MD**
Address FRISBIE MEMORIAL HOSPITAL, 21 WHITEHALL RDROCHESTER, NH, 03867-
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 1969
Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1970
Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1975
License Expiration Date **6/30/2009**
Remarks

License Number 9286
License Date 9/7/1994
Name **NEBESAR, ROBERT A MD**
Address 25 GREEN LN, CANTON, MA, 02021
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 1956
Internship and Year DUKE UNIVERSITY AFFIL HOSPITAL - DURHAM NC 1957
Residency and Year UNIVERSITY CO HEALTH SCIENCE CTR - DENVER CO 1958
License Expiration Date **6/30/2004**
Remarks **DECEASED 07/19/06**

License Number 12807
License Date 7/6/2005
Name **NEDELKA, SHANNON C MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820-6420
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF TEXAS, GALVESTON TX USA 1998
Internship and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1999
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER, ROCHESTER NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 8321
License Date 5/9/1990
Name **NEGRI, DAMON J MD**
Address LITTLETON REGIONAL HOSP - EMERGENCY DEPT, 600 ST JOHNSBURY WAYLITTLETON, NH, 03561
Specialty EM
Board Certified EM
School and Year of Graduation MICHIGAN STATE UNIV COLL OF HUMAN MED USA 1982
Internship and Year PROVIDENCE MED CTR-OREGON 1983
Residency and Year PROVIDENCE MED CTR - OREGON 1983
License Expiration Date **6/30/2016**
Remarks

License Number 15720
License Date 6/6/2012
Name **NEHRU, DANY A MD**
Address CHESHIRE MED CTR/ DARTMOUTH HITCHCOCK KEENE, 590 COURT STREETKEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation XAVIER UNIVERSITY SCHOOL OF MEDICINE ARUBA 2007
Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2010
Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 17023
License Date 4/1/2015
Name **NEIL JR, JAY L MD**
Address 24 MARILYN LANE, WALLA WALLA, WA, 99362
Specialty AN
Board Certified AN
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1991
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
License Expiration Date **6/30/2017**
Remarks

License Number 6621
License Date 10/7/1982
Name **NEIL, JAY L MD**
Address NORTHERN NH ORTHOPEDICS, 3073 WHITE MT HIGHWAYN CONWAY, NH, 03860-5001
Specialty ORS
Board Certified ORS
School and Year of Graduation LOMA LINDA UNIV SCH MED - LOS ANGELES, CA USA 1971
Internship and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1975
Residency and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1975
License Expiration Date **6/30/2012**
Remarks

License Number 8060
License Date 3/29/1989
Name **NEILLEY, GREGORY S MD**
Address MONADNOCK INTERNAL MEDICINE, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty GER
Board Certified GER
School and Year of Graduation UMDNJ NJ MED SCH NEWARK NJ USA 1982
Internship and Year UNIV WISCONSIN HOSP CLN MADISON WI 1983
Residency and Year UNIV WISCONSIN HOSP CLN MADISON WI 1985
License Expiration Date **6/30/2017**
Remarks

License Number 4523
License Date 12/30/1969
Name **NEILSON, JEFFREY B MD**
Address 2 HOMESTEAD LANE, DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF BRISTOL UNITED KINGDOM 1955
Internship and Year BRISTOL ROYAL INFIRMARY - UNITED KINGDOM 1956
Residency and Year BRISTOL ROYAL INFIRMARY - UNITED KINGDOM 1956
License Expiration Date **6/30/2011**
Remarks **Deceased 8/27/2012**

License Number 5029
License Date 7/3/1973
Name **NEINAS, FREDERICK W MD**
Address LAHEY- CLINIC 4C GIM, 41 MALL RDBURLINGTON, MA, 01805-2742
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE, MI USA 1964
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1965
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MI 1973
License Expiration Date **6/30/2002**
Remarks

License Number 9857
License Date 10/2/1996
Name **NELLHAUS, KURT M MD**
Address LACONIA CLINIC, PO BOX 637LACONIA, NH, 03246-
Specialty PUD
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED - ST GEORGE'S GRENADA 1981
Internship and Year ST JOHN'S ESPISCPL HOSPITAL - NY 1984
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1988
License Expiration Date **6/30/2001**
Remarks

License Number 11637
License Date 6/5/2002
Name **NELSON, DAVID L DO**
Address AMMONOOSVC COMMUNITY HLTH SRVC, 25 MOUNT EUSTIS RDLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE - PHILADELPHIA, PA USA 1999
Internship and Year MEMORIAL HOSPITAL - PENINSULA - ORMOND BEACH, FL 2000
Residency and Year MEMORIAL HOSPITAL - PENINSULA - ORMOND BEACH, FL 2002
License Expiration Date **6/30/2016**
Remarks

License Number 7232
License Date 11/7/1985
Name **NELSON, MICHAEL H MD**
Address PSYCHIATRIC MED ASSOCIATE, 1 MEETING HOUSE RD #5CHELMSFORD, MA, 01824-
Specialty P
Board Certified P
School and Year of Graduation UNIV OF LONDON FAC OF MED - LONDON LONDON 1959
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1971
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1971
License Expiration Date **6/30/2001**
Remarks

License Number 17072
License Date 5/6/2015
Name **NELSON, PETER M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2012
Internship and Year DARTMOUGH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUGH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 9194
License Date 6/1/1994
Name **NELSON, RICHARD S MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301-
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1980
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1981
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1983
License Expiration Date **6/30/2016**
Remarks

License Number 10472
License Date 12/2/1998
Name **NELSON, SONJA N MD**
Address HARBOUR WOMENS HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1991
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1992
Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 13119
License Date 6/7/2006
Name **NELSON, SUZANNE M MD**
Address HOULTON PEDIATRICS, 22 HARTFORD STHOULTON, ME, 04730
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1987
Internship and Year NEW YORK AND PRESBYTERIAN HOSP, NEW YORK NY 1988
Residency and Year NEW YORK AND PRESBYTERIAN HOSP, NEW YORK NY 1991
License Expiration Date **6/30/2012**
Remarks

License Number 10541
License Date 4/7/1999
Name **NELSON, TINA S MD**
Address CHESHIRE MEDICAL CENTER, DARTMOUTH-HITCHCOCK KEENEKEENE, NH, 03431
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10258
License Date 4/1/1998
Name **NELSON, VIRGINIA A MD**
Address 502 BRONSON RD, SYRACUSE, NY, 13219
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1991
Internship and Year ST JOSEPH HOSPITAL HEALTH CENTER SYRACUSE,NY 1992
Residency and Year ST JOSEPH HOSPITAL HEALTH CENTER -SYRACUSE,NY 1995
License Expiration Date **6/30/1999**
Remarks

License Number 11878
License Date 4/2/2003
Name **NELSON, WILLIAM W MD**
Address CHILDRENS HOSP REG MED CTR, 4800 SAND POINT WAY NESEATTLE, WA, 98115
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF COLORADO - DENVER, CO USA 1986
Internship and Year MCP HAHNEMAN SCH OF MED - PHILADELPHIA, PA 1987
Residency and Year MCP HAHNEMAN SCH OF MED - PHILADELPHIA, PA 1988
License Expiration Date **6/30/2005**
Remarks

License Number 7094
License Date 5/2/1985
Name **NEMIAH, JOHN C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, HB 7750 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON, MA USA 1943
Internship and Year BOSTON CITY HOSPITAL-BOSTON, MA 1948
Residency and Year MASS GENERAL HOSPITAL-BOSTON, MA 1949
License Expiration Date **6/30/2003**
Remarks **DECEASED 5/11/09**

License Number 2926
License Date 9/10/1952
Name **NENOPOULOS, CONSTANTINE D MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **1/21/1988**
Remarks **DECEASED 10/17/99**

License Number 11286
License Date 6/6/2001
Name **NEPOMNAYSHY, DMITRY MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty GS
Board Certified GS
School and Year of Graduation OHIO STATE UNIV COLL - COLUMBUS, OH USA 1996
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1997
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16600
License Date 5/7/2014
Name **NERAGI-MIANDOAB, SIYAMEK MD**
Address CMC - CARDIOTHORACIC SURG ASSOC, 100 MCGREGOR ST, STE B600MANCHESTER, NH, 03102
Specialty CTS
Board Certified CTS
School and Year of Graduation ALBERT LUDWIGS UNIV OF FREIBURG GERMANY 1996
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2003
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10657
License Date 8/4/1999
Name **NERVI, ANGELA M MD**
Address UNIV OF MICHIGAN MED CTR, 1500 E MED CTR DRANN ARBOR, MI, 48109
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MA MED SCH - WORCHESTER, MA USA 1993
Internship and Year NEW ENGLAND MEDICAL CTR - BOSTON, MA 1994
Residency and Year NEW ENGLAND MEDICAL CTR - BOSTON, MA 1995
License Expiration Date **6/30/2001**
Remarks

License Number 15512
License Date 1/4/2012
Name **NESRALLAH, MONA MD**
Address 21 WHITEHALL RD, SUITE 303ROCHESTER, NH, 02867
Specialty OBG
Board Certified
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS ANTILLES 2008
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2009
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 7479
License Date 12/4/1986
Name **NESS, KENNETH E MD**
Address NEW LONDON MEDICAL CENTER, 280 COUNTY RD NEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE USA 1984
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date **6/30/1998**
Remarks

License Number 16018
License Date 2/6/2013
Name **NESVACIL, LEON J MD**
Address SPEARS PRIMARY CARE, 4931 129TH ST NHUGO, MN, 55038
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 1961
Internship and Year UNITED HOSPITAL - ST PAUL, MN 1962
Residency and Year
License Expiration Date **6/30/2015**
Remarks

License Number L1399
License Date 6/4/2001
Name **NESVACIL, LEON N MD**
Address DARTMOUTH HITCHCOCK MED CTR, 253 PLEASANT ST CONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **9/12/2001**
Remarks

License Number 8994
License Date 7/7/1993
Name **NETHALA, VENKATRAM MD**
Address THE AROSTOOK MED CTR, 146 ACADAMEY ST PRESQUE ISLE, ME, 06769
Specialty CD
Board Certified CD
School and Year of Graduation ANDHRA MEDICAL COLLEGE INDIA 1982
Internship and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW NY 1987
Residency and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA NY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12313
License Date 5/5/2004
Name **NETT, SHOLEEN T MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MED SCHOOL, LEBANON NH US 2001
Internship and Year CHILDREN'S HOSP AT DARTMOUTH, LEBANON NH 2002
Residency and Year CHILDREN'S HOSP AT DARTMOUTH, LEBANON NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 16423
License Date 12/4/2013
Name **NEUPANEY, ANJANA MD**
Address 22 PROSPECT STREET, NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation MANIPAL COLLEGE OF MEDICAL SCIENCES NEPAL 2005
Internship and Year WESTERN MICHIGAN UNIVERSITY - KALAMAZOO, MI 2011
Residency and Year WESTERN MICHIGAN UNIVERSITY - KALAMAZOO, MI 2013
License Expiration Date **6/30/2017**
Remarks

License Number 8171
License Date 7/12/1989
Name **NEVIN, PHILIP C MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation JOHN HOPKINS UNIVERSTIY USA 1985
Internship and Year
Residency and Year
License Expiration Date **6/30/1991**
Remarks

License Number 12314
License Date 5/5/2004
Name **NEWBERG, ARTHUR H MD**
Address NEW ENGLAND BAPTIST-RADIOLOGY, 125 PARKER HILL AVEBOSTON, MA, 02120
Specialty R
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1970
Internship and Year MAYO SCHOOL OF MEDICINE, ROCHESTER MN 1971
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1976
License Expiration Date **6/30/2014**
Remarks

License Number 16397
License Date 11/6/2013
Name **NEWBERN, JAMES M DO**
Address MERIDIAN HEALTH PLAN, 777 WOODWARD AVE STE 600DETROIT, MI, 48226
Specialty FP
Board Certified FP
School and Year of Graduation WEST VIRGINIA SCHOOL OF OSTEOPATHIC MED USA 1984
Internship and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 1985
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1988
License Expiration Date **6/30/2015**
Remarks **ADMINISTRATIVE LICENSE**

License Number 6217
License Date 6/9/1980
Name **NEWCOMER, JEFFREY P MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty PUD
Board Certified PUD
School and Year of Graduation BOSTON UNIV.-BOSTON MA USA 1975
Internship and Year ST ELIZABETH HOSP-BOSTON MA 1976
Residency and Year ST ELIZABETH HOSP.-BOSTON,MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 16424
License Date 12/4/2013
Name **NEWCOTT, ERIC K MD**
Address NHS GREATER GLASGOW & CLYDE - OPHTHALMOLOGY DEPT, 1055 GREAT WESTERN RDGLASGOW
Specialty OBG
Board Certified
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL-NORFOLK, VA USA 2006
Internship and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - ODESSA TX 2008
Residency and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS - AUGUSTA GA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 7936
License Date 7/25/1988
Name **NEWELL, KATHLEEN MD**
Address 165 MECHANIC ST, LEBANON, NH, 03766-
Specialty OBG
Board Certified
School and Year of Graduation UNIV OF MINNESOTA MED SCH-MINNEAPOLIS,MN USA 1984
Internship and Year UNION MEM HOSP-BALTIMORE,MD 1985
Residency and Year UNION MEM HOSP-BALTIMORE,MD 1988
License Expiration Date **6/30/2002**
Remarks

License Number 15629
License Date 4/4/2012
Name **NEWELL, PETER J MD**
Address DAVIS BROOK MEDICAL LLC, 136 OLD DUBLIN RDHANCOCK, NH, 03449
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MED & HEALTH USA 1964
Internship and Year INTERMOUNTAIN MEDICAL CENTER - MURRAY, UT 1965
Residency and Year
License Expiration Date **6/30/2014**
Remarks

License Number 16728
License Date 8/6/2014
Name **NEWHALL, KARINA A MD**
Address DHMC - DEPT OF SURGERY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation TEMPLE UNIV SCHOOL OF MEDICINE, PHILADELPHIA, PA US 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 5009
License Date 6/11/1973
Name **NEWMAN, GEORGE H MD**
Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation UPSTATE MEDICAL SCHOOL-SYRACUSE NY USA 1966
Internship and Year PRESBYTERIAN HOSP-NEW YORK CITY NY 1966
Residency and Year FRANCIS DELIELD HOSP-NEW YORK CITY NY 1967
License Expiration Date **6/30/2017**
Remarks

License Number 12351
License Date 6/2/2004
Name **NEWMAN, JOEL S MD**
Address NEW ENGLAND BAPTIST-RADIOLOGY, 125 PARKER HILL AVEBOSTON, MA, 02120
Specialty R
Board Certified R
School and Year of Graduation NORTHWESTERN UNIVERSITY, CHICAGO IL US 1987
Internship and Year FAULKNER HOSPITAL, BOSTON MA 1988
Residency and Year TUFTS UNIVERSITY, BOSTON MA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 15987
License Date 1/9/2013
Name **NEWMAN, MICHAEL T MD**
Address 13011 FIRESTONE CT, SILVER SPRING, MD, 20904
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF KENTUCKY COLLEGE OF MED USA 1998
Internship and Year NORTHWESTERN FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1999
Residency and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2007
License Expiration Date **6/30/2015**
Remarks

License Number 12471
License Date 9/1/2004
Name **NEWTON, CHRISTOPHER J MD**
Address NH EYE ASSOCIATES, 1415 ELM STMANCHESTER, NH, 03101
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1999
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 2000
Residency and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2003
License Expiration Date **6/30/2010**
Remarks

License Number 7436
License Date 9/4/1986
Name **NEWTON, CLYDE A MD**
Address 9 BELMONT AVE #101, BRATTLEBORO, VT, 05301-3457
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF MICHIGAN-ANN ARBOR, MI USA 1962
Internship and Year CLEVELAND MET GENERAL/HIGHLAND VIEW HOSPITAL - CLEVELAND, OH 1963
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1970
License Expiration Date **6/30/1998**
Remarks

License Number 9998
License Date 5/7/1997
Name **NEWTON, MICHAEL R MD**
Address CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANT STCONCORD, NH, 03301
Specialty CD
Board Certified CD
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1990
Internship and Year MAINE MED CTR-ME UNIV OF MA MED CTR 1997
Residency and Year MAINE MED CTR-ME,-UNIV OF MA MED CTR 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13074
License Date 5/3/2006
Name **NEWTON, RATNAKUMAR S MD**
Address FAMILY FIRST PRIMARY CARE, 23 STILES RD SUITE 214SALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation MOREHOUSE SCHOOL OF MEDICINE USA 1995
Internship and Year PORTSMOUTH FAMILY MEDICINE, PORTSMOUTH VA 1997
Residency and Year PORTSMOUTH FAMILY MEDICINE, PORTSMOUTH VA 1998
License Expiration Date **6/30/2008**
Remarks

License Number 14810
License Date 4/7/2010
Name **NG, DENNIS MD**
Address 43 STRATHAM HEIGHTS RD, STRATHAM, NH, 03885
Specialty VS
Board Certified VS
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2001
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2002
Residency and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2006
License Expiration Date **6/30/2014**
Remarks

License Number 14848
License Date 5/5/2010
Name **NG, KIMMIE MD**
Address DANA FARBER CANCER INSTITUTE, 44 BINNEY ST DA1220BOSTON, MA, 02115
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 2001
Internship and Year UNIVERSITY OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 2002
Residency and Year UNIVERSITY OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 2004
License Expiration Date **6/30/2014**
Remarks

License Number 10398
License Date 9/2/1998
Name **NGO, SANTA C MD**
Address 21 RIVERSIDE DR, DOVER, NH, 03820
Specialty PD
Board Certified PD
School and Year of Graduation FAR EASTERN UNIV DR N REYES MED FNDN PHILIPPINES 1965
Internship and Year UNITED HOSPITAL MEDICAL CENTER - NJ 1970
Residency and Year NATIONAL JEWISH HOSPITAL ASTHMA CTR - CO 1972
License Expiration Date **6/30/2016**
Remarks

License Number T0464
License Date 4/7/2010
Name **NGUYEN, DINH T MD**
Address 12 ROGERS ROAD, WARD HILL, MA, 01835
Specialty GS

Board Certified

School and Year of Graduation

Internship and Year

Residency and Year

License Expiration Date **10/7/2010**

Remarks **10/12/10 - Order of Conditional Denial on Full License.**

License Number 15485
License Date 12/7/2011
Name **NGUYEN, KHANH L MD**
Address SOC, 1768 BUSINESS CTR DR STE 100RESTON, VA, 20190
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CTR USA 2002
Internship and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - TULSA, OK 2003
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 2006
License Expiration Date **6/30/2017**
Remarks

License Number 12203
License Date 1/7/2004
Name **NGUYEN, MY G MD**
Address 7843 EASTSIDE RD, CHINCOTEAGUE, VA, 23336-2006
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 1999
Internship and Year HUNTERDON MEDICAL CTR, FLEMINGTON NJ 2000
Residency and Year HUNTERDON MEDICAL CTR, FLEMINGTON NJ 2002
License Expiration Date **6/30/2008**
Remarks

License Number 13553
License Date 6/6/2007
Name **NGUYEN, MYHANH J MD**
Address WENTWORTH-DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KANSAS USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2017**
Remarks

License Number 14089
License Date 7/9/2008
Name **NGUYEN, PATRICK P DO**
Address FAMILY PRACTICE OF MERRIMACK, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NORTH TEXAS USA 1995
Internship and Year BAY AREA MEDICAL CENTER - CORPUS CHRISTI, TX 1996
Residency and Year BAY AREA MEDICAL CENTER - CORPUS CHRISTI, TX 1998
License Expiration Date **6/30/2016**
Remarks

License Number 10829
License Date 2/2/2000
Name **NGUYEN, PHAT C DO**
Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation KIRKSVILLE COLL OF OSTEO MED- KIRKSVILLE,MO USA 1995
Internship and Year UPMC HORIZON HOSPITAL SYSTEM - FARRELL PA 1996
Residency and Year MERCY HOSPITAL - PITTSBURGH, PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 17180
License Date 7/1/2015
Name **NGUYEN, THUY MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 12508
License Date 10/6/2004
Name **NGUYEN, TUNG T MD**
Address NEW ENGLAND NECK & SPINE INSTITUTE, 19 TYLER ST, STE 104NASHUA, NH, 03060
Specialty NS
Board Certified NS
School and Year of Graduation MT SINAI SCHOOL OF MED,NEW YORK NY US 1990
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY, PORTLAND OR 1991
Residency and Year OREGON UNIVERSITY, PORTLAND OR 1997
License Expiration Date **6/30/2016**
Remarks

License Number 16556
License Date 4/2/2014
Name **NGUYEN, TUNG T MD**
Address ANESTHESIA RES MGT, 1919 OXMOOR RD STE 111BIRMINGHAM, AL, 35209
Specialty AN
Board Certified AN
School and Year of Graduation LOUISIANA STATE UNIV SCHOOL OF MEDICINE USA 1999
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2000
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12754
License Date 6/1/2005
Name **NGUYEN, VICTORIA A DO**
Address VIRTUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation KANSAS CITY UNIVERSITY, KANSAS CITY MO US 1997
Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1998
Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 11455
License Date 11/7/2001
Name **NGUYEN-KNOFF, NGOC-LAN T MD**
Address PAIN SOLUTIONS, 280 MAIN ST STE 420NASHUA, NH, 03064
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF KANSAS SCH OF MED- KANSAS CITY, KS USA 1995
Internship and Year VIA CHRISTI REGIONAL MEDICAL CENTER - WICHITA, KS 1996
Residency and Year VIA CHRISTI REGIONAL MEDICAL CENTER - WICHITA, KS 1998
License Expiration Date **6/30/2009**
Remarks

License Number 14849
License Date 5/5/2010
Name **NIAKOSARI, ALI R MD**
Address L & M RADIOLOGY, 1 GENERAL STLAWRENCE, MA, 01842
Specialty R
Board Certified R
School and Year of Graduation TEHRAN UNIVERSITY IRAN 1996
Internship and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1998
Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6648
License Date 1/6/1983
Name **NICCOLINI, DREW G MD**
Address PENTUCKET MEDICAL ASSOCIATES, 500 MERRIMACK ST LAWRENCE, MA, 01843
Specialty GE
Board Certified GE
School and Year of Graduation TUFTS UNIV SCH OF MED USA 1971
Internship and Year ST ELIZABETHS HOSP-BOSTON, MA 1974
Residency and Year LEMUEL SHATTUCK HOSP-BOSTON, MA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 9427
License Date 5/3/1995
Name **NICEFORO, JOHN R MD**
Address SALEM RADIOLOGY, 31 STILES RD SALEM, NH, 03079
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1989
Internship and Year CARNEY HOSPITAL BOSTON, MA 1990
Residency and Year LAHEY CLINIC BURLINGTON, MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 12271
License Date 4/7/2004
Name **NICELL, DONALD T MD**
Address VIRTUAL RADIOLOGIC, 7516 RIGBY CT BRADENTON, FL, 34202
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CAPETOWN, SOUTH AFRICA SOUTH AFRICA 1982
Internship and Year UNIVERSITY OF TENNESSEE, MEMPHIS TN 1995
Residency and Year UNIVERSITY OF TENNESSEE, MEMPHIS TN 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12286
License Date 4/7/2004
Name **NICHOLAS, MARNI L MD**
Address BEACON INTERNAL MEDICINE, 155 BORTHWICK AVE STE 202 WESTPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 2000
Internship and Year NEW YORK MED COLLEGE, NEW YORK NY 2001
Residency and Year NEW YORK MED COLLEGE, NEW YORK NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15355
License Date 8/3/2011
Name **NICHOLAS, PAUL E MD**
Address 2026 26TH AVE, OAKLAND, CA, 94601
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2000
Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2004
Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2007
License Expiration Date **6/30/2015**
Remarks

License Number 14471
License Date 6/3/2009
Name **NICHOLS, GUY E MD**
Address MOLECULAR PATHOLOGY LAB NETWOR, 2100 WEST LABURNUM AVE STE 108RICHMOND, VA, 232
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1988
Internship and Year UNIVERSTIY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1990
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1993
License Expiration Date **6/30/2011**
Remarks

License Number 10399
License Date 9/2/1998
Name **NICHOLS, GWENDOLYN B MD**
Address LAWRENCE MEMORIAL HOSP, 170 GOVERNORS AVEMEDFORD, MA, 02155
Specialty R
Board Certified R
School and Year of Graduation CORNELL UNIV MED COLL - NEW YORK, NY USA 1959
Internship and Year BOSTON MEDICAL CENTER - BOSTON, MA 1960
Residency and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1963
License Expiration Date **6/30/2000**
Remarks

License Number 9457
License Date 6/7/1995
Name **NICHOLS, KEITH R MD**
Address ANESTHESIA ASSOC, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1985
Internship and Year USAF SYSTEMS COM REGIONAL HOSPITAL, EGLIN AFB FL 1986
Residency and Year MAINE MEDICAL CENTER, PORTLAND ME 1995
License Expiration Date **6/30/2017**
Remarks

License Number 8978
License Date 6/2/1993
Name **NICHOLSON, LESTER P MD**
Address NORTHERN HUMAN SERVICES, 70 BAY STWOLFEBORO, NH, 03894
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MA MEDICAL SCHOOL USA 1983
Internship and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1984
Residency and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9781
License Date 7/3/1996
Name **NICKERSON, JAMES M MD**
Address DARTMOUTH HITCHCOCK, 590 COURT STKEENE, NH, 03431-
Specialty HEM
Board Certified HEM
School and Year of Graduation LOUISIANA STATE UNIV SCHOOL OF MEDICINE SHREVEPORT USA 1983
Internship and Year BAYSTATE MEDICAL CENTER - MA 1984
Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 5584
License Date 8/12/1976
Name **NICKLES, PETER A MD**
Address GROSSE POINTE ALLERGY CLINIC, 21300 KELLY RDEASTPOINTE, MI, 48021-
Specialty A
Board Certified A
School and Year of Graduation CHICAGO MED SCHOOL USA 1970
Internship and Year BRONX MUNICIPAL HOSPITAL 1971
Residency and Year BRONX MUNICIPAL HOSPITAL 1972
License Expiration Date **6/30/2008**
Remarks

License Number 16839
License Date 11/6/2014
Name **NICOLEAU, CHRISTINE MD**
Address ROCKINGHAM RADIOLOGY, 23 STILES RD STE 104SALEM, NH, 03079
Specialty DR
Board Certified DR
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1983
Internship and Year ST LUKE'S ROOSEVELT HOSPITAL CENTER - NY, NY 1984
Residency and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1988
License Expiration Date **6/30/2016**
Remarks

License Number 11638
License Date 6/5/2002
Name **NIECE, VALERIE J MD**
Address DMC- PLYMOUTH PEDIATRICS, 71 HIGHLAND STPLYMOUTH, NH, 03264
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIV SCH - BOSTON, MA USA 1999
Internship and Year FLETCHER ALLEN HEALTH CARE- BURLINGTON, VT 2000
Residency and Year FLETCHER ALLEN HEALTH CARE- BURLINGTON, VT 2002
License Expiration Date **6/30/2006**
Remarks **DECEASED 12/27/05**

License Number 7623
License Date 6/3/1987
Name **NIEGISCH, CAROL A MD**
Address PENACOOK FAMILY PHYSICIANS, 4 CRESCENT STPENACOOK, NH, 03303-1455
Specialty FP
Board Certified FP
School and Year of Graduation CREIGHTON UNIV SCH MED - OMAHA, NE USA 1984
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1984
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 7624
License Date 6/3/1987
Name **NIEGISCH, ROBERT W MD**
Address FAMILY PHYSICIANS OF PEMBROKE, 121 PEMBROKE STPEMBROKE, NH, 03275-1533
Specialty FP
Board Certified FP
School and Year of Graduation PENN STATE UNIV COLL OF MED - HERSHEY, PA USA 1984
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1985
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 14206
License Date 10/1/2008
Name **NIELSON, KYLE P MD**
Address RELY RADIOLOGY, 1620 NORTHWEST BLVD STE 202COUER D ALENE, ID, 83814
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF UTAH USA 1982
Internship and Year LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 1983
Residency and Year LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 8303
License Date 4/18/1990
Name **NIELSON, LARS E MD**
Address WEEKS MEDICAL CTR, 170 MIDDLE ST LANCASTER, NH, 03584
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH OF MED-BOSTON,MA USA 1982
Internship and Year MED CTR HOSP-BURLINGTON,VT 1983
Residency and Year MED CTR HOSP-BURLINGTON,VT 1986
License Expiration Date **6/30/2016**
Remarks

License Number 8804
License Date 9/2/1992
Name **NIEMAN, AMY B MD**
Address 215 PAIGE HILL RD, GOFFSTOWN, NH, 03045
Specialty PTH
Board Certified PTH
School and Year of Graduation MEDICAL COLLEGE OF OHIO USA 1983
Internship and Year UNIVERSITY OF MIAMI JACKSON MEMORIAL MED CTR MIAMI - FL 1985
Residency and Year UNIVERSITY OF MIAMI JACKSON MEMORIAL MED CTR MIAMI - FL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 10592
License Date 6/2/1999
Name **NIEMELA, LARA K MD**
Address 454 OLD STREET RD SUITE106, PETERBOROUGH, NH, 03458
Specialty PD
Board Certified PD
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK VA USA 1996
Internship and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1997
Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 6407
License Date 6/9/1981
Name **NIERENBERG, DAVID W MD**
Address DHMC-SECTION OF CLINICAL PHARMACOLOGY, HINMAN BOX 7506 1 MED CTR DR LEBANON, NH, 0
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MED SCH, BOSTON,MA USA 1976
Internship and Year BETH ISREAL HOSP, BOSTON,MA 1977
Residency and Year BETH ISREAL HOSP, BOSTON,MA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 9549
License Date 9/6/1995
Name **NIERMAN, ROBERT S MD**
Address DOCTORS WEIGHTLOSS PROGRAM, 4 MILITIA DR LEXINGTON, MA, 02173-
Specialty GS
Board Certified GS
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MED&HEALTH SCI USA 1972
Internship and Year RHODE ISLAND HOSPITAL PROVIDENCE RI 1973
Residency and Year BOSTON UNIV MED CENTER UNIV HOSPITAL BOSTON MA 1978
License Expiration Date **6/30/1998**
Remarks

License Number 8534
License Date 5/8/1991
Name **NIESYN, ERWIN D MD**
Address 3774 S E 6TH AVE, CAPE CORAL, FL, 33904
Specialty IM
Board Certified
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MED WASHINGTON USA 1953
Internship and Year PHILADELPHIA GENERAL HOSP 1954
Residency and Year YALE NEW HAVEN HOSPITAL 1957
License Expiration Date **6/30/2009**
Remarks **DECEASED 1/16/2010**

License Number 15454
License Date 11/2/2011
Name **NIGRINY JR, JOHN F MD**
Address DARTMOUTH HITCHCOCK MEDICAL CENTER, 1 MEDICAL CENTER DRIVE LEBANON, NH, 03756
Specialty PS
Board Certified PS
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 2002
Residency and Year STANFORD HOSPITAL & CLINICS - PALO ALTO, CA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 7921
License Date 7/6/1988
Name **NILES II, NATHANIEL W MD**
Address DHMC - CARDIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MED SCH-WORCHESTER, MA USA 1979
Internship and Year BETH ISREAL HOSP-BOSTON, MA 1980
Residency and Year BETH ISREAL HOSP-BOSTON, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 11670
License Date 7/3/2002
Name **NILSSON, CLAES M MD**
Address PORTSMOUTH REG HOSP CANCER CAR, 333 BORTHWICK AVEPORTSMOUTH, NH, 03802
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1973
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1974
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1977
License Expiration Date **6/30/2004**
Remarks

License Number 11031
License Date 8/2/2000
Name **NIMEC, DONNA L MD**
Address 125 NASHUA ST, BOSTON, MA, 02114
Specialty PM
Board Certified PM
School and Year of Graduation STATE UNIV OF NEW YORK, NY USA 1990
Internship and Year UNIV OF COLORADO HLTH SCI CTR- DENVER, CO 1991
Residency and Year UNIV OF COLORADO HLTH SCI CTR - DENVER, CO 1992
License Expiration Date **6/30/2010**
Remarks

License Number 12914
License Date 10/5/2005
Name **NIPPER, KAREN S MD**
Address EXCELLENT VISION EYE & LASER C, 155 GRIFFIN RD HARBOR HLTH BLDPORTSMOUTH, NH, 03801
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 2000
Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2001
Residency and Year WILLS EYE HOSPITAL, PHILADELPHIA PA 2004
License Expiration Date **6/30/2009**
Remarks

License Number 11971
License Date 6/4/2003
Name **NIR, DAN MD**
Address XRAY PROFESSIONALS, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation HAHNEMANN UNIVERSITY - PHILADELPHIA PA USA 1994
Internship and Year MCP-HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA PA 1998
Residency and Year BOSTON MEDICAL CENTER - BOSTON MA 2000
License Expiration Date **6/30/2005**
Remarks

License Number 15136
License Date 2/2/2011
Name **NISBET, ANDREW S MD**
Address NORTHEASTERN VT REG HOSP, 1315 HOSPITAL DRST JOHNSBURY, VT, 05819
Specialty U
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2004
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2005
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2006
License Expiration Date **6/30/2013**
Remarks

License Number 9782
License Date 7/3/1996
Name **NISKANEN, GRANT W MD**
Address SKYLAKES MEDICAL CENTER, 2865 DAGGETT AVEKLAMATH FALLS, OR, 97601
Specialty FP
Board Certified FP
School and Year of Graduation GEORGE WASHINGTON UNIC OF SCHOOL OF MED HLTH SCI USA 1992
Internship and Year INIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 1993
Residency and Year MERLE WEST MEDICAL CENTER - KLAMATH FALLS, OR 1996
License Expiration Date **6/30/2014**
Remarks

License Number 16237
License Date 7/3/2013
Name **NITICHAIKULVATANA, PRACHAYA MD**
Address DARTMOUTH HITCHCOCK MED CTR, NOTRE DAME PAVILLION AT CMCMANCHESTER, NH, 30102
Specialty IM
Board Certified IM
School and Year of Graduation SRINAKHARINWIROT UNIVERSITY THAILAND 2000
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2005
Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 12668
License Date 4/6/2005
Name **NITZBERG, MARK C MD**
Address 411 MERRIMACK ST STE 202, METHUEN, MA, 01844
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, BOSTON MA US 1989
Internship and Year UNIVERSITY OF MASSACHUSETTS, BOSTON MA 1990
Residency and Year UNIVERSITY OF MASSACHUSETTS, BOSTON MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 10630
License Date 7/7/1999
Name **NIXON, ASA J MD**
Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty RO
Board Certified R
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1988
Internship and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1990
Residency and Year JOINT CENTER FOR RADIATION THERAPY - BOSTON, MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16802
License Date 10/1/2014
Name **NIWAJI, CHANTEL MD**
Address 1300 E WARREN AVE, DETROIT, MI, 48207
Specialty PTH
Board Certified PTH
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year ST VINCENTS HOSPITAL & MEDICAL CTR OF NY - NEW YORK, NY 2008
Residency and Year ST VINCENTS HOSPITAL & MEDICAL CTR OF NY - NEW YORK, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 8172
License Date 7/12/1989
Name **NOBLE, JAMES T MD**
Address CONCORD HOSPITAL, 246 PLEASANT ST STE 104CONCORD, NH, 03301
Specialty ID
Board Certified ID
School and Year of Graduation SUNY-HLTH SCI CTR AT BROOKLYN COLL OF MED USA 1976
Internship and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1982
Residency and Year NEW ENGLAND MED CTR HOSP - BOSTON, MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 14472
License Date 6/3/2009
Name **NOCE, TODD A DO**
Address DARTMOUTH HITCHCOCK MANCHESTER, 100 HITCHCOCK WAY/DEPT RADIOLOMANCHESTER, NH,
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2003
Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 2004
Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11356
License Date 8/1/2001
Name **NOERDLINGER, MAYO A MD**
Address ATLANTIC ORTHOPAEDICS, 150 US HIGHWAY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty ORS
Board Certified ORS
School and Year of Graduation CITY UNIV OF NEW YORK-MOUNT SINAI SCH-NY,NY USA 1994
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1999
License Expiration Date **6/30/2017**
Remarks

License Number 15455
License Date 11/2/2011
Name **NOETH, ERINN K MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF IOWA COLLEGE OF MEDICINE USA 2005
Internship and Year ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 2006
Residency and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL - WASHINGTON, DC 2010
License Expiration Date **6/30/2013**
Remarks

License Number 14693
License Date 12/2/2009
Name **NOGUEIRA, RAUL G MD**
Address MASS GEN HOSP, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty P
Board Certified P
School and Year of Graduation UNIVERSIDADE FEDERAL DO CEARA BRAZIL 1996
Internship and Year UNIVERSITY OF MIAMI SOM/JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1999
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
License Expiration Date **6/30/2011**
Remarks

License Number 12398
License Date 7/7/2004
Name **NOLAN, BRIAN W MD**
Address DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty VS
Board Certified VS
School and Year of Graduation UNIVERSITY OF CT, FARMINGTON CT US 1994
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1995
Residency and Year UNIVERSITY OF MA, WORCESTER MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 5108
License Date 11/20/1973
Name **NOLL, WALTER W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation YALE UNIVERSITY-NEW HAVEN CT USA 1965
Internship and Year YALE-NEW HAVEN HOSP-NEW HAVEN CT 1968
Residency and Year YALE-NEW HAVEN HOSP-NEW HAVEN CT 1970
License Expiration Date **6/30/2005**
Remarks

License Number 8061
License Date 3/29/1989
Name **NOONAN, RICHARD P MD**
Address MEMORIAL HOSP-EMERGENCY DEPT, WHITE MTN HWYNORTH CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MED COLL OF UNION UNIV ALBANY NY USA 1986
Internship and Year HARRISBURG HOSP HARRISBURG PA 1987
Residency and Year HARRISBURG HOSP HARRISBURG PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 8563
License Date 6/5/1991
Name **NOORDSIJ, KATHY L MD**
Address 5 PAGE RD, NEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1989
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1991
License Expiration Date **6/30/2005**
Remarks

License Number 9496
License Date 7/5/1995
Name **NOORDSIJ, PETER G MD**
Address CONCORD ORTHOPAEDICSPA, 264 PLEASANT STCONCORD, NH, 03301-
Specialty ORS
Board Certified ORS
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1990
Residency and Year UNIVERSITY OF WISCONSIN HOSPITAL & CLINIC - MADISON WI 1995
License Expiration Date **6/30/2017**
Remarks

License Number 7625
License Date 6/3/1987
Name **NOORDSY, DOUGLAS L MD**
Address DHMC-PSYCHIATRY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1986
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 11514
License Date 2/6/2002
Name **NORBASH, ALEXANDER M MD**
Address RADIOLOGY, 88 EAST NEWTON STBOSTON, MA, 02118
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MISSOURI-KANSAS - KANSAS CITY, MO USA 1986
Internship and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1987
Residency and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1990
License Expiration Date **6/30/2006**
Remarks

License Number 12315
License Date 5/5/2004
Name **NORCONK, JAMES J MD**
Address ARIS TELERADIOLOGY, 5655 HUDSON DR STE 210HUDSON, OH, 44236
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1981
Internship and Year NAVAL HOSPITAL CTR, SAN DIEGO CA 1982
Residency and Year NAVIAL MEDICAL CTR, SAN DIEGO CA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 11456
License Date 11/7/2001
Name **NORDGREN, JULIA R MD**
Address CHOLESTEROL TREATMENT CTR, 246 PLEASANT ST MEMORIAL BLDCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001
License Expiration Date **6/30/2013**
Remarks

License Number 4710
License Date 6/12/1972
Name **NORDGREN, RICHARD E MD**
Address DHMC-PEDIATRICS-NEUROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation NORTHWESTERN UNIV, CHICAGO, IL USA 1967
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1968
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1972
License Expiration Date **6/30/2016**
Remarks

License Number 10962
License Date 6/7/2000
Name **NORDGREN, ROBERT A MD**
Address DARTMOUTH HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation COLUMBIA UNIV COLL - NEW YORK, NY USA 1996
Internship and Year CHILDREN'S HOSPITAL - PHILADELPHIA, PA 1997
Residency and Year CHILDREN'S HOSPITAL - PHILADELPHIA, PA 1999
License Expiration Date **6/30/2012**
Remarks

License Number 15547
License Date 2/1/2012
Name **NORDSTROM, BENJAMIN R MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year NEW YORK STATE PSYCHIATRIC INSTITUTE - NY, NY 2002
Residency and Year NEW YORK STATE PSYCHIATRIC INSTITUTE - NY, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11786
License Date 11/6/2002
Name **NORDSTROM, CARLA R MD**
Address PULMONARY ASSOCIATE OF RICHMOND, 1000 BOULDERS PKWY #200RICHMOND, VA, 23225
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLL OF PENNSYLVANIA - PHILADELPHIA, PA USA 1993
Internship and Year MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1994
Residency and Year MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 10490
License Date 1/6/1999
Name **NORFLEET, DAVID A DO**
Address 151 A REDSTONE AVE, CRESTVIEW, FL, 02539
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF HLTH SCI COLL OF OSTEO MED-KANSAS CITY USA 1976
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1977
Residency and Year DEACONESS HOSPITAL - ST LOUIS, MO 1979
License Expiration Date **6/30/2009**
Remarks

License Number 12957
License Date 12/7/2005
Name **NORIAN, ISABEL K MD**
Address CTR FOR LIFE MGMT, 10 TSIENNETO RDDERRY, NH, 03038
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF SINT EUSTATIUS, GLEN COVE NY US 2001
Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2002
Residency and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2005
License Expiration Date **6/30/2017**
Remarks

License Number 7480
License Date 12/4/1986
Name **NORMAN, MATTHEW E MD**
Address PO BOX 25106, COLUMBIA, SC, 29224
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF MINNESOTA MEDICAL SCHOOL USA 1982
Internship and Year HENNEPIN CO MEDICAL CENTER - MINNEAPOLIS MN 1983
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 1986
License Expiration Date **6/30/2016**
Remarks

License Number D0015
License Date 5/8/2012
Name **NORMAN, ROBERT A DO**
Address 8002 GUNN HIGHWAY, TAMPA, FL, 33616
Specialty D
Board Certified D
School and Year of Graduation MIDWESTERN UNIVERSITY CHICAGO COLL OF OSTEOPATHIC USA 1981
Internship and Year BRENTWOOD HOSPITAL- BEACHWOOD, OH 1982
Residency and Year RICHARD BROWN INC- MEDFORD MA 1989
License Expiration Date **5/8/2012**
Remarks **5/8/12 - Final Decision and Order**

License Number 13754
License Date 11/7/2007
Name **NORMANDIN, SARAH L MD**
Address CLACKAMAS PEDIATRICS, 9290 SE SUNNYBROOK BLVD #200CLACKAMAS, OR, 97015
Specialty PD
Board Certified
School and Year of Graduation OREGON HEALTH AND SCIENCE UNIV SCHOOL OF MED USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2009**
Remarks

License Number 12316
License Date 5/5/2004
Name **NORRIS, MARTHA A MD**
Address FRANKLIN & SEIDELMANN, 23625 COMMERCE PK STE 204BEACHWOOD, OH, 44122-4845
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF SOUTH DAKOTA, VERMILLION SD US 1984
Internship and Year UNIVERSITY OF SD, SIOUX FALLS SD 1985
Residency and Year UNIVERSITY OF NEBRASKA, OMAHA NE 1989
License Expiration Date **6/30/2008**
Remarks

License Number 16601
License Date 5/7/2014
Name **NORTHCOTE, KENT S MD**
Address 135 IROQUOIS DR, BOULDER, CO, 80303
Specialty EM
Board Certified EM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 1998
Internship and Year UNIVERSITY OF NEVADA - RENO, NV 1999
Residency and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 8359
License Date 6/6/1990
Name **NORTHCUTT, ALBERT C MD**
Address LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF COLORADO SCH OF MED-DENVER,CO USA 1987
Internship and Year UNIV MA HOSP MED CTR - WORCHESTER, MA 1989
Residency and Year UNIV MA HOSP MED CTR-WORCHESTER,MA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 17073
License Date 5/6/2015
Name **NORTHINGTON III, WILLIAM E MD**
Address 10 WATER ST STE 210, LEBANON, NH, 03766
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2002
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE-PITTSBURGH, PA 2003
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE-PITTSBURGH, PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16285
License Date 8/7/2013
Name **NORTON, ANDREW J MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year INDIANA UNIVERSITY SOM-METHODIST HOSPITAL PROGRAM - INDIANAPOLIS, IN 2008
Residency and Year UNIVERSITY OF MICHIGAN HEALTH SYSTEMS - ANN ARBOR, MI 2012
License Expiration Date **6/30/2017**
Remarks

License Number 10913
License Date 5/3/2000
Name **NORTON, JEFFREY A MD**
Address 70 BUTLER ST, SALEM, NH, 03079
Specialty AN
Board Certified
School and Year of Graduation HAHNEMANN MED COLL OF PHILADELPHIA, PA USA 1993
Internship and Year CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 1994
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 17123
License Date 6/3/2015
Name **NORTON, TIMOTHY J MD**
Address 28 HIDDEN CT, N ANDOVER, MA, 01845
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2000
Internship and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2001
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2009
License Expiration Date **6/30/2017**
Remarks

License Number 6957
License Date 8/2/1984
Name **NOSSIFF, JOSEPH E MD**
Address 2299 WOODBURY AVE, NEWINGTON, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation ST GEORGE UNIV SCH MED USA 1981
Internship and Year ST CLARES HOSP-SCHENECTADY,NY 1982
Residency and Year ST CLARES HOSP/FP-SCHENECTADY,NY 1984
License Expiration Date **6/30/2016**
Remarks **2/7/05 - Settlement Agreement**
2/15/06 - Extension to Complete CME for Settlement Agreement

License Number 17074
License Date 5/6/2015
Name **NOTARIANNI, ANDREW P MD**
Address DHMC-ANESTHESIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 16811
License Date 10/1/2014
Name **NOUVELLON, CHANTAL F DO**
Address 275 FLORENCE AVE, ARLINGTON, MA, 02476
Specialty P
Board Certified P
School and Year of Graduation UNIV OF NE COLLEGE OF OSTEOPATHIC MEDICINE USA 1991
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1994
Residency and Year BOSTON UNIVERSITY, BOSTON, MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 14740
License Date 2/3/2010
Name **NOVAK, MATTHEW R MD**
Address 135 CLARENDON ST APT 10R, BOSTON, MA, 02116
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY USA 2007
Internship and Year PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 8718
License Date 5/6/1992
Name **NOVELLO, JOHN J MD**
Address WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVE LEVEL 2DOVER, NH, 03820
Specialty NEP
Board Certified NEP
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1976
Internship and Year ST VINCENT HOSPITAL AND MEDICAL CENTER 1977
Residency and Year ST VINCENT HOSPITAL AND MEDICAL CENTER 1979
License Expiration Date **6/30/2016**
Remarks

License Number 13120
License Date 6/7/2006
Name **NOVELLO, RENEE MD**
Address DHMC/OB/GYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1998
Internship and Year MONMOUTH MEDICAL CTR, LONG BRANCH NJ 2000
Residency and Year MONMOUTH MEDICAL CTR, LONG BRANCH NJ 2003
License Expiration Date **6/30/2016**
Remarks

License Number 16655
License Date 6/4/2014
Name **NOVETSKY, GARY J MD**
Address 9333 HARDING AVE, EVANSTON, IL, 60203
Specialty DR
Board Certified DR
School and Year of Graduation RUSH MEDICAL COLLEGE OF RUSH UNIVERSITY USA 1974
Internship and Year RUSH-PRESBYTERIAN-ST LUKES MEDICAL CENTER - CHICAGO, IL 1975
Residency and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 1978
License Expiration Date **6/30/2016**
Remarks **ADMINISTRATIVE LICENSE**

License Number 13221
License Date 8/2/2006
Name **NOVEY, BRAD P MD**
Address CHAPEL HILL OPHTHALMOLOGY, 110 CONNER DR STE 2CHAPEL HILL, NC, 27514
Specialty OPH
Board Certified OPH
School and Year of Graduation TEMPLE UNIV USA 2002
Internship and Year READING HOSPITAL & MEDICAL CTR-READING, PA 2003
Residency and Year WASHINGTON HOSPITAL CTR-WASHINGTON, DC 2006
License Expiration Date **6/30/2016**
Remarks

License Number 9023
License Date 8/4/1993
Name **NOVEY, WALTER L MD**
Address SAN JUAN MED CTR, 801 WEST MAPLE STFARMINGTON, NM, 07401
Specialty EM
Board Certified IM
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE OF THE CITY OF NY USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN CT 1993
License Expiration Date **6/30/2005**
Remarks

License Number 11542
License Date 3/6/2002
Name **NOVICK, DAVID M MD**
Address LAWRENCE GENERAL HOSPITAL, ONE GENERAL STLAWRENCE, MA, 01842
Specialty R
Board Certified R
School and Year of Graduation STATE UNIV OF NY - SYRACUSE, NY USA 1982
Internship and Year WASHINGTON HOSPITAL - WASHINGTON, DC 1983
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 10687
License Date 9/1/1999
Name **NOVICK, MARSHA B MD**
Address SEACOAST WEIGHT & WELLNESS, 9 BUZELL AVEEXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation RUSH MEDICAL COLLEGE RUSH UNIV - CHICAGO,IL USA 1995
Internship and Year UPMC ST MARGARET - PITTSBURGH, PA 1996
Residency and Year UPMC ST MARGARET - PITTSBURGH, PA 1997
License Expiration Date **6/30/2007**
Remarks

License Number 6150
License Date 12/19/1979
Name **NOVIS, DAVID A MD**
Address NOVIS CONSULTING LLC, 18 TOON LANELEE, NH, 03861
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF VERMONT COLLEGE MEDICINE BURLINGTON, VT USA 1974
Internship and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1975
Residency and Year MOFFITT UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 9876
License Date 11/6/1996
Name **NOWAK, CATHERINE B MD**
Address NATIONAL BIRTH DEFECTS CTR, 40 SECOND AVE STE 520WALTHAM, MA, 02151
Specialty CG
Board Certified PD
School and Year of Graduation MCGILL UNIV FACULTY OF MEDICINE -MONTREAL QUEBEC CANADA 1989
Internship and Year UNIV OF MASS MEDICAL CENTER - MA 1992
Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1992
License Expiration Date **6/30/2001**
Remarks

License Number 9167
License Date 5/4/1994
Name **NOWAK, GEORGE M MD**
Address 539 ISLINGTON ST, STE 4PORTSMOUTH, NH, 03801-
Specialty P
Board Certified P
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1982
Internship and Year WAYNE STATE UNIVERSITY HOSPITAL - DETROIT MI 1983
Residency and Year WAYNE STATE UNIVERSITY HOSPITAL - DETROIT MI 1985
License Expiration Date **6/30/2016**
Remarks

License Number 11787
License Date 11/6/2002
Name **NOWAK, JOANNE T MD**
Address MERRIMACK VALLEY HOSPICE, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1982
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1983
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10688
License Date 9/1/1999
Name **NOWAK, ROGER B MD**
Address 3 ALUMNI DR STE 301, PERRY MEDICAL BLDGEXETER, NH, 03833
Specialty ORS
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED - DC USA 1993
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1994
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10309
License Date 6/3/1998
Name **NOWELL, PETER D MD**
Address SLEEP DISORDER CENTER, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1989
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1993
Residency and Year WAYNE STATE UNIV / VA MEDICAL CENTER - DETROIT MI 1995
License Expiration Date **6/30/2006**
Remarks

License Number 16677
License Date 7/2/2014
Name **NOWICKI, ALEXANDER R MD**
Address 26 N SPRING ST, CONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation JAGIELLONIAN UNIV MEDICAL COLLEGE POLAND 2011
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2012
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14560
License Date 8/5/2009
Name **NOWRIN, SAZIA MD**
Address S J FAMILY MEDICAL CENTER, 208 ROBINSON RDHUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation BANGLADESH MEDICAL COLLEGE BANGLADESH 1998
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12808
License Date 7/6/2005
Name **NUCATOLA, JR, THOMAS R MD**
Address 316 E BROAD ST, WESTFIELD, NJ, 07090
Specialty IM
Board Certified IM
School and Year of Graduation SUNY AT BROOKLYN, BROOKLYN NY USA 1985
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL, STATEN ISLAND NY 1986
Residency and Year STATEN ISLAND UNIVERSITY HOSPITAL, STATEN ISLAND NY 1988
License Expiration Date **6/30/2007**
Remarks

License Number 16486
License Date 2/5/2014
Name **NUGENT, DIANE M DO**
Address 83 BUTTERNUT TRAIL, WELLS, ME, 04090
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 1992
Internship and Year MOUNT CLEMENS GENERAL HOSPITAL - MOUNT CLEMENS, MI 1993
Residency and Year MOUNT CLEMENS GENERAL HOSPITAL - MOUNT CLEMENS, MI 1995
License Expiration Date **6/30/2016**
Remarks

License Number 6716
License Date 6/2/1983
Name **NUGENT, WILLIAM C MD**
Address DHMC-CT SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty TS
Board Certified TS
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1975
Internship and Year UNIV HOSP-BOSTON,MA 1976
Residency and Year MASS GEN HOSP-BOSTON,MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 13174
License Date 7/5/2006
Name **NUMA, WILLIAM A MD**
Address 38 NEWBURY ST., 6TH FLOOR, BOSTON, MA, 02116
Specialty OTO
Board Certified OTO
School and Year of Graduation PONTIFICIA UNIV JAVERIANA COLOMBIA 1998
Internship and Year MT SINAI MED CTR OF GREATER MIAMI-MIAMI BEACH, FL 2001
Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6676
License Date 4/7/1983
Name **NUNLIST, MARK M MD**
Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR STE U-3WHITE RIVER JCT, VT, 05001-9263
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV OF BIOLOGICAL MED-PROV.,RI USA 1980
Internship and Year LANCASTER GENERAL HOSP-LANCASTER,PA 1983
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 7362
License Date 6/12/1986
Name **NUTTING, JOHN T MD**
Address DHMC-ORTHOPEdic SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation EASTERN VA MED SCHOOL USA 1980
Internship and Year DARTMOUTH HITCHCOCK MED CTR 1981
Residency and Year DARTMOUTH HITCHCOCK MED CTR-1985 BRIGHAMS WOMEN HOSP - 1986 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13789
License Date 12/26/2007
Name **NWACHUKWU, IKENNA A MD**
Address 1539 RUTLAND WAY, HANOVER, MD, 21076
Specialty IM
Board Certified
School and Year of Graduation UNIV OF NIGERIA NIGERIA 2000
Internship and Year MARYLAND GENERAL HOSPITAL-BALTIMORE, MD 2005
Residency and Year MARYLAND GENERAL HOSPITAL-BALTIMORE, MD 2007
License Expiration Date **6/30/2013**
Remarks

License Number 16602
License Date 5/7/2014
Name **NYE, BARBARA L MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2010
Internship and Year UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12139
License Date 11/5/2003
Name **OAKLAND, MARGARET MD**
Address CAREWELL, 2 ADAMS PLACE SUITE 305QUINCY, MA, 02169
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1971
Internship and Year BOSTON MEDICAL CTR, ROXBURY MA 1972
Residency and Year BOSTON UNIVERSITY MED CTR, BOSTON MA 1973
License Expiration Date **6/30/2017**
Remarks

License Number 5879
License Date 4/6/1978
Name **OAS JR, RICHARD E MD**
Address 30 CANTON ST, MANCHESTER, NH, 03103-3524
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE ROCHESTER, NY USA 1970
Internship and Year MARY I BASSETT HOSPITAL - COOPERTOWN, NY 1971
Residency and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER, ROCHESTER, NY 1978
License Expiration Date **6/30/2006**
Remarks

License Number 9168
License Date 5/4/1994
Name **OBER, DANIEL L DO**
Address CIGNA HEALTHCARE, 300 BELLEVUE PKY WILMINGTON, DE, 19801
Specialty FP
Board Certified FP
School and Year of Graduation NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE USA 1991
Internship and Year WARREN HOSPITAL - PHILLIPSBURG NJ 1994
Residency and Year WARREN HOSPITAL - PHILLIPSBURG NJ 1994
License Expiration Date **6/30/2016**
Remarks

License Number 8697
License Date 4/1/1992
Name **OBER, KATHLEEN J MD**
Address 3 ALUMNI DR STE 401, EXETER, NH, 03833-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF SOUTH DAKOTA SCHOOL OF MED SIOUX FALLS SD USA 1988
Internship and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1989
Residency and Year UNIV OF NEBRASKA COLLEGE OF MEDICINE - OMAHA, NE 1992
License Expiration Date **6/30/2010**
Remarks

License Number 10056
License Date 7/2/1997
Name **OBER, SUNANTA L MD**
Address PEDIATRICS AT CHESTNUT GREENS, 575 TURNPIKE ST STE 28N ANDOVER, MA, 01845
Specialty PD
Board Certified PD
School and Year of Graduation MAHIDOL UNIV SIRIRAJ HOSP - FANGKOK, THAILAND THAILAND 1974
Internship and Year BERKSHIRE MEDICAL CENTER - MA 1978
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1980
License Expiration Date **6/30/2015**
Remarks **LAPSED 6/30/10 - REINSTATED 10/6/10**

License Number 10143
License Date 10/1/1997
Name **O'BRIEN JR, RICHARD J MD**
Address 14 MILL ST, PO BOX 719BELMONT, NH, 03220
Specialty FP
Board Certified FP
School and Year of Graduation ORAL ROBERTS UNIV SCH OF MED - TULSA, OK USA 1990
Internship and Year WILLIAMSPORT HOSPITALMEDICAL CTR-PA 1993
Residency and Year WILLIAMSPORT HOSPITAL MEDICAL CENTER - PA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 13378
License Date 1/3/2007
Name **O'BRIEN, ALISON T MD**
Address HILLTOP COMMUNITY HEALTHCARE, 317 CLIMAX STPITTSBURGH, PA, 15210
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2000
Internship and Year FORBES REGIONAL HOSPITAL - MONROEVILLE, PA 2002
Residency and Year FORBES REGIONAL HOSPITAL - MONROEVILLE, PA 2004
License Expiration Date **6/30/2009**
Remarks

License Number 6585
License Date 7/15/1982
Name **O'BRIEN, CATHERINE L MD**
Address , PO BOX 479SIASCONSET, MA, 02564
Specialty AI
Board Certified AI
School and Year of Graduation UNIVERSITY COLLEGE-DUBLIN IRELAND IRELAND 1965
Internship and Year DEPAUL HOSPITAL-NORFOLK VA 1966
Residency and Year KING'S DAUGHTERS CHILDREN'S HOSPITAL-NORFOLK VA 1969
License Expiration Date **6/30/2008**
Remarks **LAPSED 6/30/83 - REINSTATED 4/5/06**

License Number 9458
License Date 6/7/1995
Name **O'BRIEN, COLIN H MD**
Address SOUTHERN NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation GEORGETOWN MEDICAL SCHOOL USA 1988
Internship and Year NORTHWESTERN MEMORIAL HOSPITAL, CHICAGO, IL 1992
Residency and Year NORTHWESTERN MEMORIAL HOSPITAL, CHICAGO IL 1992
License Expiration Date **6/30/2017**
Remarks

License Number 13121
License Date 6/7/2006
Name **O'BRIEN, ELIZABETH A MD**
Address WENTWORTH-DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 2002
Internship and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2003
Residency and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15804
License Date 8/1/2012
Name **O'BRIEN, JEAN L MD**
Address BEVERLY RADIOLOGY ASSOC, 85 HERRICK STBEVERLY, MA, 01915
Specialty DR
Board Certified DR
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year STEWARD CARNEY HOSPITAL - BOSTON, MA 1989
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16678
License Date 7/2/2014
Name **O'BRIEN, JULIE A MD**
Address PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 2005
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 2006
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 2013
License Expiration Date **6/30/2016**
Remarks

License Number 17075
License Date 5/6/2015
Name **O'BRIEN, MICHAEL E DO**
Address NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty IM
Board Certified
School and Year of Graduation EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICIN USA 2012
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2013
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11183
License Date 2/7/2001
Name **O'BRIEN, WILLIAM M MD**
Address F R H WOMENS HLTH CARE, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLL - VALHALLA, NY USA 1968
Internship and Year METROPOOITAN HOSPITAL CENTER - NEW YORK, NY 1969
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1972
License Expiration Date **6/30/2005**
Remarks

License Number 10032
License Date 6/4/1997
Name **OBROCEA, MIHAIL MD**
Address BISHOPSGATE RESOURCES, LLC, 652 MARTINGALE CTDANVILLE, CA, 94506
Specialty IM
Board Certified
School and Year of Graduation INST DE MED SI FARM-BUCHAREST ROMANIA 1985
Internship and Year NORWALK HOSPITAL - CT 1996
Residency and Year NORWALK HOSPITAL-CT 1996
License Expiration Date **6/30/2017**
Remarks

License Number 16840
License Date 11/6/2014
Name **O'CARROLL, CUMARA B MD**
Address MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation PONCE SCHOOL OF MEDICINE USA 2009
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - SCOTTSDALE, AZ 2010
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - SCOTTSDALE, AZ 2013
License Expiration Date **6/30/2016**
Remarks

License Number 11136
License Date 12/6/2000
Name **OCCHINO, CHRISTOPHER M MD**
Address 10744 N MAIN ST, N COLLIOS, NY, 14111
Specialty FP
Board Certified
School and Year of Graduation STATE UNIV OF NY - BUFFALO, NY USA 1997
Internship and Year SUTTER MERCED MEDICAL CENTER - MERCED, CA 1998
Residency and Year SUTTE MERCED MEDICAL CENTER - MERCED, CA 2000
License Expiration Date **6/30/2002**
Remarks

License Number 13263
License Date 9/6/2006
Name **OCHOA-MAYA, MARGARITA R MD**
Address ADVANCED HEALTH AND WELLBEING, 5 MERRIT PKWYNASHUA, NH, 03062
Specialty END
Board Certified IM
School and Year of Graduation INSTITUTE DE CIENCIAS DE LA SALUD COLOMBIA 1994
Internship and Year BOSTON UNIV MEDICAL CTR-BOSTON MA 1995
Residency and Year BOSTON UNIV MEDICAL CTR-BOSTON MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 10875
License Date 4/5/2000
Name **O'CONNELL JR, JOHN M MD**
Address BROCKTON CMOC, 940 BELMONT STBROCKTON, MA, 02301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW YORK HEALTH CENTER-SYRACUSE,NY USA 1993
Internship and Year FLETCHER ALLEN HEALTH CARE-BURLINGTON,VT 1994
Residency and Year FLETCHER ALLEN HEALTH CARE-BURLINGTON,VT 1996
License Expiration Date **6/30/2016**
Remarks

License Number 7690
License Date 8/5/1987
Name **O'CONNELL, MICHAEL J MD**
Address PAIN CARE CENTERS, 255 RT 108SOMERSWORTH, NH, 03878
Specialty APM
Board Certified APM
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR- HANOVER USA 1981
Internship and Year WALTER REED MED EDUC CTR-WASHINGTON,DC 1982
Residency and Year LETTERMAN ARMY MED CTR-SAN FRANCISCO,CA 1986
License Expiration Date **2/4/2011**
Remarks **2/4/11 - Preliminary Agreement for Practice Restrictions. 1/5/12 - Settlement Agreement**

License Number 12003
License Date 7/2/2003
Name **O'CONNELL, WILLIAM D DO**
Address LANDSTUHL REGIONAL MED CENTER, CMR 402 BOX 175APO AE GERMANY, , 09180
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF NEW ENGLAND COLL OSTEO MED- BIDDEFORD,ME USA 2001
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2002
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 2006
License Expiration Date **6/30/2017**
Remarks

License Number 7750
License Date 12/2/1987
Name **O'CONNOR III, JOHN J MD**
Address 264 PLEASANT ST, CONCORD, NH, 03301-2551
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON MA USA 1982
Internship and Year MASS GEN HOSPITAL BOSTON MA 1985
Residency and Year MASS GEN HOSPITAL BOSTON MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 12272
License Date 4/7/2004
Name **O'CONNOR JR, DANIEL J MD**
Address 19 PEACE PIPE RD, FALMOUTH, MA, 02540
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1957
Internship and Year HARTFORD HOSPITAL, HARTFORD CT 1958
Residency and Year GROVER, CHRISTIE & MERRITT RADIOLOGY CLINIC, POTOMAC MD 1964
License Expiration Date **6/30/2006**
Remarks

License Number 12548
License Date 12/1/2004
Name **O'CONNOR, ANNE M MD**
Address NORTHEASTERN VT REGIONAL HOSPITAL, PO BOX 905 - 1315 HOSPITAL DRST JOHNSBURY, VT, 058
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM US 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 16321
License Date 9/4/2013
Name **O'CONNOR, CARA A MD**
Address CONCORD HOSPITAL - DEPT OF PEDIATRICS, 250 PLEASANT STCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 10758
License Date 11/3/1999
Name **O'CONNOR, JOSEPH R MD**
Address MARTIN'S POINT HEALTH CARE, 331 VERANDA STPORTLAND, ME, 04104-5040
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY USA 1975
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1978
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1980
License Expiration Date **6/30/2007**
Remarks

License Number 5507
License Date 4/23/1976
Name **O'DAY, JOHN M MD**
Address HEAD & NECK SPEC OF NH, 361 HIGH STSOMERSWORTH, NH, 03878-1407
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV. OF MARYLAND SCHOOL OF MED. BALTIMORE USA 1972
Internship and Year UNIV. OF MARYLAND HOSP. BALTIMORE 1973
Residency and Year UNIV OF MARYLAND HOSP - BALTIMORE, MD 1973
License Expiration Date **6/30/2016**
Remarks

License Number 8267
License Date 1/10/1990
Name **O'DEA, BARBARA S MD**
Address O' DEA OCCUPATIONAL CARE, 522 AMHERST ST STE 22NASHUA, NH, 03063
Specialty OM
Board Certified OM
School and Year of Graduation ST LOUIS UNIV SCH OF MED-ST LOUIS,MO USA 1979
Internship and Year ST JOHNS MERCY MED CTR-ST LOUIS,MO 1980
Residency and Year ST JOHNS MERCY MED CTR-ST LOUIS,MO 1982
License Expiration Date **6/30/2016**
Remarks

License Number 17124
License Date 6/3/2015
Name **O'DEA, CAROL LYNN H MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, HERSHEY PA USA 2008
Internship and Year YALE NEW HAVEN CHILDRENS HOSPITAL, NEW HAVEN CT 2012
Residency and Year CHILDRENS HOSPITAL OF PHILADELPHIA, PHILADELPHIA PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15513
License Date 1/4/2012
Name **ODELL, SHAUN V MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation UNIV OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 13293
License Date 10/4/2006
Name **ODONDI, JANET A MD**
Address 126 MAMMOTH RD #1, HOOKSETT, NH, 03106
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NAIROBI, KENYA KENYA 1993
Internship and Year NORTH GENERAL HOSPITAL, NEW YORK NY 1997
Residency and Year MT SINAI MED CTR, NEW YORK NY 2000
License Expiration Date **6/30/2012**
Remarks

License Number 11929
License Date 5/7/2003
Name **O'DONNELL, CAITLIN C MD**
Address AMMONOOSUC/MT MOOSELAUKEE HLTH, 333 NH RT 25 MAIN STWARREN, NH, 03279
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 2000
Internship and Year LAWRENCE FAMILY PRACTICE RESIDENCY - LAWRENCE, MA 2001
Residency and Year LAWRENCE FAMILY PRACTICE RESIDENCY - LAWRENCE, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16952
License Date 2/4/2015
Name **O'DONNELL, DANIEL E MD**
Address 18 CAMELOT DR, SHREWSBURY, MA, 01545
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 1982
Residency and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 1984
License Expiration Date **6/30/2017**
Remarks

License Number 6164
License Date 2/15/1980
Name **O'DONNELL, JOSEPH F MD**
Address DARTMOUTH MED SCHOOL, STUDENT AFFAIRS OFFICE HANOVER, NH, 03755-3833
Specialty ON
Board Certified ON
School and Year of Graduation HARVARD MED. SCH BOSTON, MA USA 1997
Internship and Year DARTMOUTH MED. SCH AFFIL HOSP. HANOVER, NH 1974
Residency and Year DARTMOUTH MED. SCH AFFIL HOSP. HANOVER, NH 1976
License Expiration Date **6/30/2016**
Remarks

License Number 15589
License Date 3/7/2012
Name **O'DONNELL, PATRICK J DO**
Address UNIV OF MA - UMASS MEMORIAL MED CTR, ONE INNOVATION DR - THREE BIOTECH WORCESTER,
Specialty PTH
Board Certified PTH
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 2005
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2006
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14561
License Date 8/5/2009
Name **O'DONNELL, SEAN M MD**
Address 21 GAUL DR, WALPOLE, ME, 04573
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN UNIVERSITY USA 1995
Internship and Year LAHEY CLINIC - BURLINGTON, MA 1996
Residency and Year LAHEY CLINIC - BURLINGTON, MA 1998
License Expiration Date **6/30/2011**
Remarks

License Number 12942
License Date 11/2/2005
Name **O'FLAHERTY, JENNIFER E MD**
Address DHMC- ANESTHESIOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1989
Internship and Year CHILDRENS HOSPITAL MED CTR, CINCINNATI OH 1990
Residency and Year CHILDRENS HOSPITAL MED CTR, CINCINNATI OH 1992
License Expiration Date **6/30/2017**
Remarks

License Number 10876
License Date 4/5/2000
Name **OFMAN, PETER U MD**
Address 34 RUSHMORE ST, BRIGHTON, MA, 02135
Specialty IM
Board Certified
School and Year of Graduation VIRGINIA UNIVERSITY SCHOOL OF MEDICINE-RICHMOND,VA USA 1997
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1998
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE,RI 2000
License Expiration Date **6/30/2008**
Remarks **lapsed 6/30/01, reinstated 5/3/06**

License Number 13635
License Date 8/1/2007
Name **O'GARA, TADHG J MD**
Address ORTHOPEDIC ASSOC OF YORK HOSP, 16 HOSPITAL DR STE AYORK, ME, 03909
Specialty ORS
Board Certified
School and Year of Graduation STATE UNIV OF NEW YORK USA 2001
Internship and Year SUNY HEALTH SCIENCE CENTER@BROOKLYN-BROOKLYN, NY 2002
Residency and Year SUNY HEALTH SCIENCE CENTER@BROOKLYN-BROOKLYN, NY 2006
License Expiration Date **6/30/2011**
Remarks

License Number RT990
License Date 6/26/2001
Name **OGDEN, MEGHAN E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified
School and Year of Graduation SUNY UPSTATE MEDICAL UNIV - NY USA 2001
Internship and Year
Residency and Year
License Expiration Date **6/25/2005**
Remarks

License Number 9741
License Date 6/5/1996
Name **O'GRADY, DENISE M MD**
Address 1393 WEIMER RD, TAOS, NM, 87571
Specialty PD
Board Certified PD
School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL OF MED - BALTIMORE, MD USA 1993
Internship and Year JOHNS HOPKINS UNIV SCHOOL MEDICINE - MARYLAND 1996
Residency and Year JOHNS HOPKINS UNIV SCHOOL MEDICINE- MARYLAND 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10914
License Date 5/3/2000
Name **OGRINC, GREGORY S MD**
Address VA HOSPITAL, WHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1997
Internship and Year METRO HEALTH MEDICAL CENTER - CLEVELAND, OH 1998
Residency and Year METRO HEALTH MEDICAL CENTER - CLEVELAND, OH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11287
License Date 6/6/2001
Name **OH, KELLY K MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1993
Internship and Year UNIV HOSP - CLEVELAND, OH 1994
Residency and Year UNIV HOSPITAL - CLEVELAND, OH 1996
License Expiration Date **6/30/2007**
Remarks

License Number 15159
License Date 3/2/2011
Name **OH, KEVIN S MD**
Address MASSACHUSETTS GENERAL HOSPITAL, 100 BLOSSOM ST COX 308BOSTON, MA, 02114
Specialty RO
Board Certified RO
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2004
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2005
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10963
License Date 6/7/2000
Name **O'HANLON, DONAL T MD**
Address ABIII MC LEAN HOSP, 115 MILL STBELMONT, MA, 02178
Specialty P
Board Certified
School and Year of Graduation MEDICAL SCH ROYAL COLL OF SURGEONS DUBLIN IRELAND 1990
Internship and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1998
Residency and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2001**
Remarks

License Number 13379
License Date 1/3/2007
Name **O'HARA, TRACY A MD**
Address MERCY HOSPITAL, 144 STATE STREETPORTLAND, ME, 04101
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF GALWAY IRELAND 2002
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2004
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 14562
License Date 8/5/2009
Name **OHMAN, KIMBERLY A MD**
Address GRANITE STATE EMERGENCY MDS, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF TEXAS USA 2006
Internship and Year OREGON HEALTH & SCIENCES UNIV CDW EM - PORTLAND, OR 2007
Residency and Year OREGON HEALTH & SCIENCES UNIV CDW EM - PORTLAND, OR 2009
License Expiration Date **6/30/2017**
Remarks

License Number 6030
License Date 4/5/1979
Name **OIDTMANN, ERNST M MD**
Address FAMILY HEALTH CENTER, 252 MECHANIC STLEBANON, NH, 03766-2618
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL FACULTY OF THE STATE INIV IN LEIDEN NETHERLANDS 1976
Internship and Year OAKWOOD HOSPITAL - DEARBORN, MI 1977
Residency and Year OAKWOOD HOSPITAL - DEARBORN, MI 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14971
License Date 8/4/2010
Name **OJUTALAYO, AYOBAMI O MD**
Address RUHKE MEDICAL CENTER, 25 MARTON ST., SUITE 103LAWRENCE, MA, 01841
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2007
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 7861
License Date 5/4/1988
Name **O'KEEFE, DENNIS D MD**
Address 24 PASSACONAWAY AVE, HAVERHILL, MA, 01830-2236
Specialty EM
Board Certified EM
School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1962
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1963
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1974
License Expiration Date **6/30/1999**
Remarks **DECEASED 11/16/210**

License Number 15086
License Date 12/1/2010
Name **OKOH, SAMUEL K MD**
Address , 6202 AVALON DR SHELTON, CT, 06484
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF GHANA GHANA 2003
Internship and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 2006
Residency and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 2008
License Expiration Date **6/30/2012**
Remarks

License Number 16603
License Date 5/7/2014
Name **OKORONKWO, CHINYERE MD**
Address PARNES PEDIATRICS & ADOLESCENT MEDICINE, 57 HARTFORD TPKEVERNON, CT, 06066
Specialty PD
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 2009
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2012
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 15805
License Date 8/1/2012
Name **OKUNO, SCOTT H MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty ON
Board Certified ON
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1989
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1990
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10369
License Date 8/5/1998
Name **OLAFSSON, ANDRI G MD**
Address 37000 N GANTZEL RD, SAN TAN VALLEY, AZ, 85140
Specialty GS
Board Certified GS
School and Year of Graduation HASKOLI ISLAND MED SCHOOL -REYKJAVIK,ICELAND ICELAND 1989
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16557
License Date 4/2/2014
Name **OLAKANPO, OLUSOJI D MD**
Address COMMUNITY HEALTH CTR., FRANKLIN COUNTY, 489 BERNARDSTON RD, STE 108GREENFIELD, MA,
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF LONDON UNITED KINGDOM 1996
Internship and Year RICHMOND UNIVERSITY MEDICAL CENTER - STATEN ISLAND, NY 2012
Residency and Year RICHMOND UNIVERSITY MEDICAL CENTER - STATEN ISLAND, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 14430
License Date 5/6/2009
Name **OLALOWO, OLOYEDE O MD**
Address 240 WILLOUGHBY ST #16J, BROOKLYN, NY, 11201
Specialty IM
Board Certified
School and Year of Graduation ROSTOV UNIVERSITY RUSSIA 1994
Internship and Year BROOKLYN HOSPITAL CENTER - BROOKLYN,NY 2007
Residency and Year BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2009
License Expiration Date **6/30/2011**
Remarks

License Number 6327
License Date 12/1/1980
Name **OLDAK, PETER D MD**
Address 65 JEWELL ST, S HAMPTON, NH, 03827-3509
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE UNIV SCH OF MED-WASHINGTON DC USA 1969
Internship and Year HIGHLAND GEN HOSP-OAKLAND,CA 1970
Residency and Year COMMUNITY HOSP SOMONA-SANTA ROSA,CA 1972
License Expiration Date **6/30/2010**
Remarks

License Number 9142
License Date 4/6/1994
Name **OLDERSHAW, JOHN H MD**
Address VA PITTSBURGH - DEPT OF RADIOLOGY, UNIVERSITY DRIVE CPITTSBURGH, PA, 15240
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF HEALTH SCIENCES CHICAGO MEDICAL SCH USA 1981
Internship and Year NAVAL HOSPITAL - OAKLAND CA 1982
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 12399
License Date 7/7/2004
Name **O'LEARY, ROLAND T MD**
Address 429 WEST LOCUST ST, JOHNSON CITY, TN, 37604
Specialty FP
Board Certified FP
School and Year of Graduation LOUISIANA UNIVERSITY, NEW ORLEANS LA US 1988
Internship and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1989
Residency and Year NATIVIDAD MEDICAL CTR, SALINAS CA 1991
License Expiration Date **6/30/2012**
Remarks

License Number 12886
License Date 9/7/2005
Name **OLES, JENNIFER A MD**
Address RIVER ROAD PEDIATRICS, 601 RIVERWAY PL BLDG #6BEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 2001
Internship and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2002
Residency and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2004
License Expiration Date **6/30/2007**
Remarks

License Number 14137
License Date 8/6/2008
Name **OLESON, CHRISTINA V MD**
Address THOMAS JEFF UNIV HOSP-REHAB MED, 132 S 10TH STPHILADELPHIA, PA, 19107
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1999
Internship and Year NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL - SALEM, MA 2000
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 17024
License Date 4/1/2015
Name **OLIFF, MATTHEW C MD**
Address 75 FRANCIS ST, BOSTON, MA, 02115
Specialty DR
Board Certified
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 2009
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BROCKTON, MA 2010
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 12669
License Date 4/6/2005
Name **OLIVE, STEVEN T MD**
Address FAMILY CARE OF FARMINGTON, 316 NH RT 11 FARMINGTON, NH, 03835
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1995
Internship and Year NAVEL HOSPITAL, JACKSONVILLE FL 1996
Residency and Year NAVEL HOSPITAL, JACKSONVILLE FL 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14138
License Date 8/6/2008
Name **OLIVEIRA, LINDSAY L MD**
Address 204 WEST MAIN ST, FREMONT, MI, 49412
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV GRENEDA 2004
Internship and Year SPECTRUM HEALTH - GRAND RAPIDS, MI 2005
Residency and Year SPECTRUM HEALTH - GRAND RAPIDS, MI 2007
License Expiration Date **6/30/2012**
Remarks

License Number 10658
License Date 8/4/1999
Name **OLIVEIRA, THERESA M MD**
Address HITCHCOCK CLINIC CONCORD, 253 PLEASANT ST CONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MA MED SCH - WORCHESTER, MA USA 1996
Internship and Year TOD CHILDREN'S HOSP - YOUNGSTOWN, OH 1997
Residency and Year TOD CHILDREN'S HOSP - YOUNGSTOWN, OH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 4724
License Date 7/7/1972
Name **OLIVER, RONALD C MD**
Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-
Specialty DR
Board Certified DR
School and Year of Graduation COLLEGE OF MEDICINE UNIV OF VERMONT USA 1968
Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1969
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1972
License Expiration Date **6/30/2016**
Remarks

License Number 17125
License Date 6/3/2015
Name **OLIVERI, BRIDGET M MD**
Address 1 MEDICAL CENTER DR, LEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY USA 2012
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2014
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 9999
License Date 5/7/1997
Name **OLIVIER, MICHAEL L MD**
Address 1623 VT RT 100, WESTFIELD, VT, 05874
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CA DAVIS SCH OF MED-DAVIS,CA USA 1994
Internship and Year LOMA LINDA UNIV MED CTR-CA 1995
Residency and Year CHILDRENS HOSP ORANGE CO-CA 1997
License Expiration Date **6/30/2005**
Remarks

License Number 14431
License Date 5/6/2009
Name **OLIVIERO, JASON A MD**
Address DARTMOUTH HITCHCOCK/ORTH SURG, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 2003
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 2004
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 8512
License Date 4/3/1991
Name **OLKEN, DAVID C DO**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL ROAD ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1987
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1991
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 15137
License Date 2/2/2011
Name **OLKEN, MELISSA H MD**
Address BORGESS MEDICAL CTR/INPATIENT, 1521 GULL RD STE 174 AKALAMAZOO, MI, 49048
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1988
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1989
Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 8468
License Date 12/5/1990
Name **OLLAR, WILLIAM A DO**
Address ATLANTIC ANESTHESIA PA, 789 CENTRAL AVEDOVER, NH, 03820-2589
Specialty AN
Board Certified AN
School and Year of Graduation UMDNJ NEW JERSEY SCH OF OSTEO MED - NJ USA 1982
Internship and Year FLINT OSTEOPATHIC HOSPITAL - FLINT, MI 1983
Residency and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1985
License Expiration Date **6/30/2016**
Remarks

License Number 11457
License Date 11/7/2001
Name **OLLENDIECK, MICHAEL C MD**
Address LCS, 50 STANIFORD ST 7TH FL BOSTON, MA, 02114
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF IOWA - IOWA CITY, IA USA 1998
Internship and Year INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 1999
Residency and Year INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 2001
License Expiration Date **6/30/2011**
Remarks

License Number 6227
License Date 6/18/1980
Name **OLMSTEAD, EDWIN J MD**
Address 29 RIVERWAY PL BLDG 7, BEDFORD, NH, 03110-6743
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED - PHILA,PA USA 1973
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1974
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 7132
License Date 6/6/1985
Name **OLMSTEAD, JOHN P DO**
Address 95 LEDGESIDE LANE, PLYMOUTH, NH, 03264
Specialty OM
Board Certified OM
School and Year of Graduation KANSAS CITY COLL OF OSTEOPATHIC - MISSOURI USA 1976
Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1977
Residency and Year NORTH KANSAS CITY HOSPITAL - KANSIS CITY, MISSOURI 1983
License Expiration Date **6/30/2007**
Remarks

License Number 12400
License Date 7/7/2004
Name **OLMSTED, ADAM K MD**
Address PROSCAN IMAGING, 5400 KENNEDY AVECINCINNATI, OH, 45213-2664
Specialty R
Board Certified R
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA USA 1977
Internship and Year MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER - SAVANNAH, GA 1998
Residency and Year MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER - SAVANNAH, GA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6031
License Date 4/5/1979
Name **OLNEY, WILLIAM B MD**
Address 112 PHILA ST, #1SARTOGA SPRINGS, NY, 12866
Specialty CD
Board Certified CD
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1974
Internship and Year LA COLLEGE USC MEDICAL CENTER - LOS ANGELES, CA 1975
Residency and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 1979
License Expiration Date **6/30/2011**
Remarks

License Number 9337
License Date 12/7/1994
Name **OLNICK, CAROL L MD**
Address FOUNDATION MED PARTNERS-IMMEDIATE CARE OF SO NH, 29 NORTHWEST BLVD NASHUA, NH, 03
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1988
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1989
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13919
License Date 4/2/2008
Name **OLOKODANA, FEMI MD**
Address 484 FERGUSON AVE, PO BOX 1178 HAILEYBURY ONTARIO, , POJ1K0
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF SINT EUSTATIUS USA 2004
Internship and Year MOUNTAINSIDE FAMILY PRACTICE ASSOC-UMDNJ - VERONA, NJ 2006
Residency and Year MOUNTAINSIDE FAMILY PRACTICE ASSOC-UMDNJ - VERONA, NJ 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13222
License Date 8/2/2006
Name **OLSEN, ARNE M MD**
Address 7962 S W 85TH TER, GAINESVILLE, FL, 32608
Specialty GS
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2006
License Expiration Date **6/30/2012**
Remarks

License Number 16047
License Date 3/6/2013
Name **OLSEN, BRIDGET L MD**
Address PARTNERS IN PEDIATRICS, 116 SPIT BROOK RD NASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 2000
Internship and Year CHILDREN'S HOSPITAL OF PHILADELPHIA, PHILADELPHIA, PA 2001
Residency and Year CHILDREN'S HOSPITAL OF PHILADELPHIA, PHILADELPHIA, PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10057
License Date 7/2/1997
Name **OLSHAN, JERROLD S MD**
Address MAINE PEDIATRIC SPECIALTY GROU, 887 CONGRESS ST STE 320PORTLAND, ME, 04102
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH OF MED - IL USA 1984
Internship and Year YALE NEW HAVEN CHILDREN CENTER - CT 1985
Residency and Year CHILDREN'S HOSPITAL - PA 1991
License Expiration Date **6/30/2002**
Remarks

License Number 6595
License Date 7/15/1982
Name **OLSON, ARDIS L MD**
Address DHMC - PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MINN MED SCH-MINN,MN USA 1972
Internship and Year STRONG MEM HOSP U ROCHESTER-NY 1973
Residency and Year STRONG MEM HOSP U ROCHESTER,NY 1975
License Expiration Date **6/30/2016**
Remarks

License Number 12535
License Date 11/3/2004
Name **OLSON, ELIZABETH H MD**
Address DHMC- PEDIATRICS, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation TULANE UNIVERSITY, NEW ORLEANS LA US 1997
Internship and Year OCHSNER CLINIC GRADUATE MED EDUCATION, NEW ORLEANS LA 1998
Residency and Year TULANE UNIVERSITY, NEW ORLEANS LA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 11671
License Date 7/3/2002
Name **OLSON, JAMES A MD**
Address GENERAL SURGICAL SPECIALISTS, 184 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty GS
Board Certified GS
School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON,DC USA 1995
Internship and Year UNIV OF COLORADO HLTH SCI CTR - DENVER, CO 1996
Residency and Year UNIV OF COLORADO HLTH SCI CTR - DENVER, CO 2000
License Expiration Date **6/30/2004**
Remarks

License Number 11515
License Date 2/6/2002
Name **OLSON, JEFFREY J MD**
Address ST PAUL HEART CLINIC, 255 NORTH SMITH AVE STE 100SAINT PAUL, MN, 55102
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF IOWA COLLEGE - IOWA CITY, IA USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date **6/30/2006**
Remarks

License Number 9497
License Date 7/5/1995
Name **OLSON, JUDITH E MD**
Address DARTMOUTH HITCHCOCK -KEENE, 580-590 COURT STKEENE, NH, 03431-
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MA MEDICAL SCHOOL USA 1989
Internship and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1991
Residency and Year EMMA P BRADLEY HOSPITAL - E PROVIDENCE RI 1993
License Expiration Date **6/30/2017**
Remarks

License Number 8740
License Date 6/3/1992
Name **OLSON, KATHRYN L MD**
Address SAINTS MEMORIAL WONAN HEALTH, 2 COURTHOUSE SQCHELMSFORD, MA, 01824-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1988
Internship and Year BRIGHAM AND WOMEN'S HOSPITAL BOSTON - MASSACHUSETTS 1989
Residency and Year BRIGHAM AND WOMEN'S HOSPITAL BOSTON - MASSACHUSETTS 1992
License Expiration Date **6/30/1998**
Remarks

License Number 11581
License Date 4/3/2002
Name **OLSON, KIMBERLY W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF IOWA - IOWA CITY, IA USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date **6/30/2006**
Remarks

License Number 15160
License Date 3/2/2011
Name **OLSON, PATRICK R MD**
Address DHMC- ORTHO SURG DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 11425
License Date 10/3/2001
Name **OLSON, RICHARD W MD**
Address 125 MASCOMA ST, LEBANON, NH, 03766
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1988
Internship and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1989
Residency and Year HARTFORD HOSPITAL - FARMINGTON, CT 1992
License Expiration Date **6/30/2017**
Remarks

License Number 2877
License Date 9/12/1951
Name **OLSON, ROBERT L MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1986**
Remarks **Deceased - 12/30/03**

License Number 9783
License Date 7/3/1996
Name **OLSON, STEVEN P MD**
Address 290 REED RD, COLEBROOK, NH, 03576-
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASS MEDICAL SCHOOL - WORCESTER, MA USA 1977
Internship and Year MARY IMOGENE BASSETT HOSP - NY 1978
Residency and Year MARY IMOGENE BASSETT HOSP - NY 1978
License Expiration Date **6/30/2012**
Remarks

License Number 9351
License Date 1/11/1995
Name **OLSSON, PAMELA N MD**
Address EASTERN SHORE HOSPITAL, 5262 WOODS ROADCAMBRIDGE, MD, 21613
Specialty P
Board Certified
School and Year of Graduation UNIV OF TEXAS MEDICAL SCHOOL AT HOUSTON USA 1987
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON TX 1992
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON TX 1992
License Expiration Date **6/30/2017**
Remarks

License Number 9325
License Date 11/2/1994
Name **OLSSON, PETER A MD**
Address 59 WINDSOR CT, KEENE, NH, 03431
Specialty P
Board Certified P
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 1967
Internship and Year UNIV OF VT AFFILIATED HOSPITALS - BURLINGTON VT 1968
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON TX 1971
License Expiration Date **6/30/2016**
Remarks

License Number 9498
License Date 7/5/1995
Name **OLSWANG, JAMES W MD**
Address 451 BIRD ST, SHELBYVILLE, TN, 37160
Specialty EM
Board Certified EM
School and Year of Graduation UMDNJ NEW JERSEY MED SCHOOL-NEWARK,NJ USA 1977
Internship and Year SAN JOAQUIN GEN HOSPITAL-STOCKTON,CA 1978
Residency and Year SAN JOAQUIN GEN HOSPITAL-STOCKTON,CA 1980
License Expiration Date **6/30/2015**
Remarks **9/1/10 - Settlement Agreement**

License Number 12273
License Date 4/7/2004
Name **OLSZANSKI, ANTHONY J MD**
Address FOX CHASE CANCER CTR, 333 COTTMAN AVEPHILADELPHIA, PA, 19111
Specialty ON
Board Certified ON
School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 1999
License Expiration Date **6/30/2010**
Remarks

License Number 10289
License Date 5/6/1998
Name **OLSZEWSKI, LAURA E MD**
Address LONDONDERRY PEDIATRICS PA, 254 NORTH BROADWAYSALEM, NH, 03879
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1998
License Expiration Date **6/30/2006**
Remarks

License Number 12004
License Date 7/2/2003
Name **OLUGBEMI, AYODELE T MD**
Address 13 CRONIN RD, PRESQUE ISLE, ME, 04769
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF IBADAN - IBADAN NIGERIA NIGERIA 1987
Internship and Year EALING HOSPITAL - MIDDLESEX, ENGLAND 1993
Residency and Year QUEEN MARYS HOSPITAL - KENT, ENGLAND 1994
License Expiration Date **6/30/2005**
Remarks

License Number 13223
License Date 8/2/2006
Name **O'MAHONY, RUTH E MD**
Address MAYO SURGICAL ASSOCIATES, 891 WEST MAIN STREET SUITE 700DOVER-FOXCROFT, ME, 04426
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF TEXAS USA 1994
Internship and Year UNIV OF FLORIDA COLLEGE OF MEDICINE-JACKSONVILLE, FL 1995
Residency and Year UNIV OF FLORIDA COLLEGE OF MEDICINE-JACKSONVILLE, FL 1997
License Expiration Date **6/30/2010**
Remarks **9/9/09 - Settlement Agreement**

License Number 5760
License Date 6/15/1977
Name **O'MALLEY, FRANCIS D MD**
Address 340 MONTAUK HIGHWAY, WEST ISLIP, NY, 11795
Specialty ORS
Board Certified ORS
School and Year of Graduation NEW YORK MEDICAL COLLEGE-NEW YORK NY USA 1955
Internship and Year NASSAU COLLEGE-EAST MEADOW NY 1956
Residency and Year NASSAU COLLEGE-EAST MEADOW NY 1957
License Expiration Date **6/30/2007**
Remarks **Deceased 7/1/2013**

License Number 8815
License Date 9/2/1992
Name **O'MARA, BARBARA A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation SUNY AT BUFFALO SCHOOL OF MEDICINE USA 1986
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
Residency and Year DARTMOUTH0-HITCHCOCK MEDICAL CENTER - LEBANON NH 1989
License Expiration Date **6/30/2003**
Remarks

License Number 8322
License Date 5/9/1990
Name **O'MARA, DOUGLAS B MD**
Address KCCC, 5024 N ROYAL DRTRAVERSE CITY, MI, 49684
Specialty PD
Board Certified PD
School and Year of Graduation MICHIGAN STATE UNIV COLL OF HUMAN MED -MI USA 1987
Internship and Year UNIV FLORIDA AFFIL HOSP-GAINSVILLE FL 1988
Residency and Year UNIV FLORIDA AFFIL HOSP-GAINSVILLE,FL 1989
License Expiration Date **6/30/2008**
Remarks

License Number 12670
License Date 4/6/2005
Name **O'MARA, JOHN E MD**
Address PO BOX 283, MONROE, CT, 06468
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 2001
Internship and Year MONTEFIORE MEDICAL CENTER, BRONX NY 2002
Residency and Year MONTEFIORE MEDICAL CENTER, BRONX NY 2004
License Expiration Date **6/30/2015**
Remarks

License Number 8131
License Date 6/7/1989
Name **O'MEARA, JOHN R MD**
Address CARDIOVASCULAR CONSULTANTS, 96 CAMPUS DR STE 1SCARBOROUGH, ME, 04074-7133
Specialty CD
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1982
Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1983
Residency and Year UNIVERSITY OF CT SCHOOL OF MED - FARMINGTON CT 1986
License Expiration Date **6/30/2013**
Remarks

License Number 15486
License Date 12/7/2011
Name **O'MEARA, WILLIAM P MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty RO
Board Certified RO
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year NAVAL MEDICAL CENTER - SAN DEIGO, CA 1998
Residency and Year MEMORIAL SLOAN-KETTERING CANCER CENTER - NY, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10000
License Date 5/7/1997
Name **OMEL, JAMES L MD**
Address 3115 BRIAR WOOD, GRAND ISLAND, NE, 68801
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NE COLL OF MED-OMAHA-,NA USA 1974
Internship and Year ST JOSEPH MED CTR-KANSAS 1977
Residency and Year ST JOSEPH MED CTR-KANSAS 1977
License Expiration Date **6/30/2000**
Remarks

License Number 15886
License Date 10/3/2012
Name **OMMEN, STEVE R MD**
Address MAYO CLINIC, 200 FIRST ST SWROCHESTER, MN, 55905
Specialty CD
Board Certified CD
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1992
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1993
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1995
License Expiration Date **6/30/2016**
Remarks

License Number 13683
License Date 9/5/2007
Name **ONDUSKO, GILBERT N MD**
Address 35 SOUTH SHORT ST, ANDOVER, NH, 03216
Specialty EM
Board Certified
School and Year of Graduation TEXAS TECH UNIV USA 2002
Internship and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 2003
Residency and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 2005
License Expiration Date **6/30/2009**
Remarks

License Number 2678
License Date 7/12/1948
Name **O'NEIL, CHARLES H MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **1/30/1996**
Remarks **6/6/89 - SETTLEMENT AGREEMENT**

License Number 6169
License Date 3/6/1980
Name **O'NEIL, KENNETH S MD**
Address 642 CENTRAL AVE, DOVER, NH, 03820-
Specialty PS
Board Certified PS
School and Year of Graduation ALBANY MED COLL UNION UNIV.ALBANY,NY USA 1974
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1978
Residency and Year WESTERN PA HOSPITAL - PITTSBURGH, PA 1980
License Expiration Date **6/30/2000**
Remarks

License Number 2777
License Date 9/9/1949
Name **O'NEIL, ROBERT J MD**
Address 11240 E VIA MADRE, TUCSON, AZ, 85749
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIVERSITY USA 1946
Internship and Year THE MERCY HOSPITAL - SPRINGFIELD, MA 1947
Residency and Year THE MERCY HOSPITAL - SPRINGFIELD, MA 1947
License Expiration Date **6/30/2003**
Remarks

License Number 11930
License Date 5/7/2003
Name **O'NEILL, CHRISTOPHER D MD**
Address STRATHAM AMBULATORY SURGICAL, 4WEST RD STE B1STRATHAM, NH, 03885
Specialty CCA
Board Certified AN
School and Year of Graduation CREIGHTON UNIV SCH OF MED - OMAHA,NE USA 1999
Internship and Year EMORY UNIV SCH OF MED - ATLANTA, GA 2000
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 6654
License Date 2/3/1983
Name **O'NEILL, CONOR W MD**
Address 16 ESTUARY KING' S CHANELL, WATERFORD IRELAND, ,
Specialty FP
Board Certified FP
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1975
Internship and Year FLOYD MEDICAL CENTER - ROME, GA 1978
Residency and Year FLOYD MED CTR-ROME, GA 1978
License Expiration Date **6/30/2000**
Remarks

License Number 16679
License Date 7/2/2014
Name **O'NEILL, CORMAC E MD**
Address MANCHESTER UROLOGY ASSOC PA, 10 MEMBERS WAY STE 402DOVER, NH, 03820
Specialty U
Board Certified
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 2006
Internship and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 2008
Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA,GA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 8013
License Date 12/7/1988
Name **O'NEILL, DANIEL F MD**
Address THE ALPINE CLINIC PLLC, 12 YEATON RD STE 4 BOX 12PLYMOUTH, NH, 03264
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIV OF NY AT STONY BROOK HLTH SCI CTR USA 1983
Internship and Year MT SINAI HOSP-NY 1984
Residency and Year UNIV HOSP-STONY BROOK NY 1988
License Expiration Date **6/30/2016**
Remarks

License Number 4919
License Date 11/9/1972
Name **O'NEILL, DESMOND C MD**
Address 1 SAWYER AVE, ROCHESTER, NH, 03867-3544
Specialty FP
Board Certified
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 1957
Internship and Year MEATH HOSPITAL - DUBLIN, IRELAND 1958
Residency and Year MEATH HOSPITAL - DUBLIN, IRELAND 1958
License Expiration Date **6/30/2004**
Remarks

License Number 8205
License Date 8/9/1989
Name **O'NEILL, ELIZABETH M MD**
Address AMERICAN RED CROSS, 180 RUSTCRAFT RDDEDHAM, MA, 02026-
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY COLLEGE CORK IRELAND 1975
Internship and Year ST FINBARRS HOSPITAL, CORK IRELAND 1976
Residency and Year ST ELIZABETH HOSPITAL, CAMBRIDGE MA 1977
License Expiration Date **6/30/2013**
Remarks

License Number 12433
License Date 8/4/2004
Name **ONEL, EROL MD**
Address ANDOVER UROLOGY ASSOCIATES, 140 HAVERHILL ST DR'S PARK IANDOVER, MA, 01810
Specialty U
Board Certified
School and Year of Graduation ALBERT EINSTEIN COLLEGE, BRONX NY US 1992
Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1994
Residency and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1998
License Expiration Date **12/13/2005**
Remarks **12/13/05 - Preliminary Agreement for Practice Restrictions. 7/16/08- Settlement Agreement**

License Number 15630
License Date 4/4/2012
Name **ONER, BANU MD**
Address 770 JAMES ST APT 1010, SYRACUSE, NY, 13203
Specialty DR
Board Certified DR
School and Year of Graduation HACETTEPE UNIVERSITY TURKEY 1993
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 5488
License Date 3/4/1976
Name **ONG, DE KIAM MD**
Address 7 PRESERVE DR, NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation COLLEGE OF MED. UNIV OF THE EAST QUEZON CITY USA 1967
Internship and Year ELLIS HOSPITAL SCHENECTADY 1968
Residency and Year UNIV. HOSPITAL BOSTON 1972
License Expiration Date **6/30/1998**
Remarks

License Number 14741
License Date 2/3/2010
Name **ONG, MARICHI O MD**
Address DARTMOUTH HITCHCOCK FAMILY MEDICINE, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1995
Internship and Year TEXAS TECH UNIVERSITY - ODESSA, TX 2007
Residency and Year TEXAS TECH UNIVERSITY - ODESSA, TX 2009
License Expiration Date **6/30/2016**
Remarks

License Number 9082
License Date 11/3/1993
Name **ONORATO, JANICE MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF NEW YORK - BUFFALO, NY USA
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 15721
License Date 6/6/2012
Name **ONUORA, AFAMEFUNA A MD**
Address DHMC-CARDIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF BENIN NIGERIA 1999
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2004
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2007
License Expiration Date **6/30/2014**
Remarks

License Number 16487
License Date 2/5/2014
Name **OOSTERVEEN, SCOTT R MD**
Address DH-CLINIC, 60 COMMERCIAL STCONCORD, NH, 03301
Specialty GE
Board Certified GE
School and Year of Graduation STATE UNIV OF NEW YORK USA 1999
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2000
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 7526
License Date 3/4/1987
Name **OOT, ROBERT F MD**
Address ASSOCIATED RADIOLOGISTS PA, 8 E PEARL ST NASHUA, NH, 03060-3461
Specialty R
Board Certified R
School and Year of Graduation SUNY - DOWNSTATE - BROOKLYN USA 1978
Internship and Year ST VINCENT HOSPITAL 1979
Residency and Year MA GENERAL HOSPITAL 1984
License Expiration Date **6/30/2017**
Remarks

License Number 10759
License Date 11/3/1999
Name **OPARAUGO, ANSLEM A MD**
Address WOODHULL MEDICAL CTR, 760 BROADWAY NEW YORK, NY, 11206-5317
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF IBADAN NIGERIA 1983
Internship and Year WOODHULL MEDICAL CENTER - BROOKLYN NY 1999
Residency and Year WOODHULL MEDICAL CENTER - BROOKLYN NY 1999
License Expiration Date **6/30/2000**
Remarks

License Number 11714
License Date 8/7/2002
Name **OPIE, TIMOTHY M MD**
Address VA MEDICAL CTR, 500 W FORT ST BOISE, ID, 83702
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF WASHINGTON SCH OF MED-SEATTLE, WA USA 1998
Internship and Year UNIV OF WASHINGTON-SEATTLE, WA 1999
Residency and Year UNIV OF WASHINGTON-SEATTLE, WA 2001
License Expiration Date **6/30/2003**
Remarks

License Number 15844
License Date 9/5/2012
Name **OPPENHEIM, DANIEL S MD**
Address MAINE MEDICAL PARTNERS, 175 US ROUTE 1 SCARBOROUGH, ME, 04074
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 1983
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1984
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 7047
License Date 2/7/1985
Name **OPPENHEIMER, EDGAR Y MD**
Address EASTER SEALS NEW HAMPSHIRE, 15 ERMER RD U#102SALEM, NH, 03079
Specialty CHN
Board Certified CHN
School and Year of Graduation FAC OF MED UNIV OF CAPE TOWN USA 1967
Internship and Year UNIV HOSPITALS-CLEVELAND,OH 1973
Residency and Year BOSTON CITY HOSPITAL-BOSTON,MA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 7885
License Date 6/8/1988
Name **OPPENHEIMER, ROBERT G MD**
Address FLETCHER ALLAN HLTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1974
Internship and Year WILFORD HALL MED CTR - TEXAS 1975
Residency and Year WILFORD HALL MED CTR - TEXAS 1978
License Expiration Date **6/30/2012**
Remarks **LAPSED FOR NON-RENEWAL 6/30/89
REINSTATED ON 3/5/08**

License Number 13224
License Date 8/2/2006
Name **OPPENHEIMER, STEPHEN M MD**
Address SENTIENT MEDICAL SYSTEMS, 11011 MCCORMICK RDHUNT VALLEY, MD, 21031
Specialty N
Board Certified
School and Year of Graduation UNIV OF LONDON UNITED KINGDOM 1980
Internship and Year UNIV OF LONDON-LONDON, UK 1985
Residency and Year MEMORIAL UNIV OF NEWFOUNDLAND-ST JOHNS, NEWFOUNDLAND CANADA 1986
License Expiration Date **6/30/2014**
Remarks

License Number 8193
License Date 7/12/1989
Name **OPRITZA, GREGORY D MD**
Address CMC - HOSPITALIST, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation MED COLL OF OHIO AT TOLEDO,OH USA 1986
Internship and Year GEORGETOWN UNIV-WASHINGTON,DC 1987
Residency and Year GEORGETOWN UNIV-WASHINGTON,DC 1989
License Expiration Date **6/30/2017**
Remarks

License Number 13122
License Date 6/7/2006
Name **OPSAHL, ALAN R MD**
Address DARTMOUTH HITCHCOCK, 580 COURT STKEENE, NH, 03431
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF CHICAGO, CHICAGO IL US 1997
Internship and Year INDIANA UNIVERSITY, INDIANAPOLIS IN 1998
Residency and Year INDIANA UNIVERSITY, INDIANAPOLIS IN 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13878
License Date 3/5/2008
Name **ORAKZAI, SARWAR H MD**
Address DHMC-CARDIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation AGA KHAN UNIV PAKISTAN 2002
Internship and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2005
Residency and Year UNIV PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2007
License Expiration Date **6/30/2012**
Remarks

License Number 6905
License Date 6/7/1984
Name **ORAM, ROBERT C MD**
Address THE CARDIOVASCULAR GROUP, 19 OLD ROLLINSFORD RDDOVER, NH, 03820
Specialty VS
Board Certified GS
School and Year of Graduation UNIV OF WESTERN ONTARIO FACULTY OF MED CANADA 1976
Internship and Year MAINE MED CTR-PORTLAND,ME 1978
Residency and Year MAINE MED CTR-PORTLAND,ME 1982
License Expiration Date **6/30/2016**
Remarks

License Number 10964
License Date 6/7/2000
Name **ORECCHIO, EDWARD J MD**
Address 11 DUNNING ST STE 4, CLAREMONT, NH, 03743
Specialty N
Board Certified N
School and Year of Graduation GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1970
Internship and Year CHILDREN'S HOSPITAL - BUFFALO, NY 1971
Residency and Year CHILDREN'S HOSPITAL - BUFFALO, NY 1973
License Expiration Date **6/30/2016**
Remarks

License Number 10965
 License Date 6/7/2000
 Name **O'REGAN, NEIL J MD**
 Address HARVARD VANGUARD MED ASSOC, 228 BILLERICA RDCHELMSFORD, MA, 01824
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1996
 Internship and Year NYU DOWNTOWN HOSPITAL - NEW YORK, NY 1997
 Residency and Year NYU DOWNTOWN HOSPITAL - NEW YORK, NY 1999
 License Expiration Date **6/30/2014**
 Remarks **LAPSED FOR NON RENEWAL 6/30/06**
REINSTATED 8/5/09

License Number 6596
 License Date 7/15/1982
 Name **O'REILLY, JAMES M MD**
 Address NASHUA PEDIATRICS INC, 444 NASHUA STMILFORD, NH, 03055
 Specialty PD
 Board Certified PD
 School and Year of Graduation MICHIGAN STATE UNIV COLL -LANSING,MI USA 1974
 Internship and Year CHRILDRENS HOSP-SAN FRANCISCO,CA 1975
 Residency and Year ST CHRISTOPHERS HOSP-PHIL,PA 1981
 License Expiration Date **6/30/2016**
 Remarks

License Number 15548
 License Date 2/1/2012
 Name **OREM, ALEXANDER R MD**
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
 Specialty ORS
 Board Certified
 School and Year of Graduation UNIVERSITY OF ILLINOIS USA 2009
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
 License Expiration Date **6/30/2016**
 Remarks

License Number 12242
 License Date 3/3/2004
 Name **ORFAHLI, M NIZAR MD**
 Address 1031 DEER CLIFF CT., FT WAYNE, IN, 46804
 Specialty PUD
 Board Certified PUD
 School and Year of Graduation UNIVERSITY OF DAMASCUS, DAMASCUS SYRIA SYRIA 1979
 Internship and Year FAIRVIEW HOSPITAL, CLEVELAND OH 1990
 Residency and Year UNIVERSITY OF ILLINOIS, CHICAGO IL 1991
 License Expiration Date **6/30/2016**
 Remarks

License Number 10689
License Date 9/1/1999
Name **ORINGER, JEFFREY A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1996
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1997
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998
License Expiration Date **6/30/2007**
Remarks

License Number 8636
License Date 10/2/1991
Name **ORKIN, FREDRICK K MD**
Address 3 PIONEER PL, GRANTHAM, NH, 03753
Specialty AN
Board Certified AN
School and Year of Graduation HARVARD MED SCH - BOSTON, MA USA 1968
Internship and Year JEWISH HOSPITAL - ST LOUIS, MO 1969
Residency and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1972
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/99 - reinstated 2/5/14**

License Number 8845
License Date 11/4/1992
Name **ORLAN, RICHARD M MD**
Address VA CBOC BRATTLEBORO, 71 GSP DRBRATTLEBORO, VT, 05301
Specialty IMG
Board Certified IMG
School and Year of Graduation ROSS UNIV SCHOOL OF MEDICINE USA 1985
Internship and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1986
Residency and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1988
License Expiration Date **6/30/2016**
Remarks

License Number 13352
License Date 12/6/2006
Name **ORLOSKY, MICHAEL J MD**
Address ANTHEM BC/BS, 370 BASSETT RD CT 0302-0040NORTH HAVEN, CT, 06473
Specialty P
Board Certified P
School and Year of Graduation UNIV OF SO FLORIDA COLLEGE OF MEDICINE USA 1978
Internship and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 1979
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 1982
License Expiration Date **6/30/2008**
Remarks

License Number 14301
 License Date 1/7/2009
 Name **ORLOV, MICHAEL V MD**
 Address STEWARD ST ELIZABETH'S MED CTR, 736 CAMBRIDGE ST BOSTON, MA, 02135
 Specialty IM
 Board Certified IM
 School and Year of Graduation MOSCOW STATE UNIV RUSSIA 1986
 Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1994
 Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1995
 License Expiration Date **6/30/2017**
 Remarks

License Number 12434
 License Date 8/4/2004
 Name **ORMONT, MICHAEL L MD**
 Address DH KEENE - SURGERY, 590 COURT ST KEENE, NH, 03431
 Specialty GS
 Board Certified GS
 School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1994
 Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1995
 Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2000
 License Expiration Date **6/30/2016**
 Remarks

License Number 10128
 License Date 9/10/1997
 Name **ORNSTEIN, DEBORAH L MD**
 Address DHMC, ONE MEDICAL CENTER DR LEBANON, NH, 03756
 Specialty HEM
 Board Certified IM
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1991
 Internship and Year DAVID GRANT USAF MEDICAL CENTER - CA 1994
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
 License Expiration Date **6/30/2017**
 Remarks **LAPSED 6/30/02-----REINSTATED 10/5/05**

License Number 8681
 License Date 1/8/1992
 Name **ORNVOLD, KIM MD**
 Address DHMC - DEPT OF PATHOLOGY, ONE MEDICAL CTR DR LEBANON, NH, 03756
 Specialty PTH
 Board Certified PTH
 School and Year of Graduation UNIVERSITY OF COPENHAGEN SWEDEN 1975
 Internship and Year ELLIS HOSPITAL SCHENECTADY - NEW YORK 1977
 Residency and Year ST CLARE'S HOSPITAL SCHENECTADY - NEW YORK 1977
 License Expiration Date **6/30/2016**
 Remarks

License Number 9125
License Date 3/2/1994
Name **O'ROURKE, DANIEL J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR CARDIOLOGYLEBANON, NH, 03756
Specialty CD
Board Certified CDS
School and Year of Graduation SUNY HLTH SCIENCE CENTER AT SYRACUSE COLL OF MED USA 1990
Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1993
Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 8094
License Date 5/10/1989
Name **ORR, ROBERT W MD**
Address NH CARDIOLOGY CONSULTANTS PC, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty CD
Board Certified CD
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED ST GEORGE'S GRENADA 1984
Internship and Year CABRINI MED CTR NEW YORK NY 1985
Residency and Year STATE UNIV KINGS CO HOSP CTR BROOKLYN NY 1988
License Expiration Date **6/30/2009**
Remarks

License Number 9818
License Date 8/7/1996
Name **ORRACA-TETTEH, KINGSLEY A MD**
Address 30680 BAINBRIDGE RD, SOLON, OH, 44139-
Specialty DR
Board Certified OBG
School and Year of Graduation UNIV OF GHANA MEDICAL SCHOOL ACCRA GHANA GHANA 1976
Internship and Year HARLEM HOSPITAL CENTER RM KP2-149 - NY, NY 1982
Residency and Year HARLEM HOSPITAL CENTER RM KP2-149 - NY, NY 1982
License Expiration Date **6/30/1998**
Remarks

License Number 11834
License Date 2/5/2003
Name **ORTAASLAN, SEVAN G MD**
Address 175 STILLVIEW RD STE 100, POINTE-CLARIEQUEBEC CANADA, , H9R 4S3
Specialty ORS
Board Certified
School and Year of Graduation MCGILL UNIF - MONTREAL QUEBEC, CANADA CANADA 1992
Internship and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1993
Residency and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1997
License Expiration Date **6/30/2003**
Remarks

License Number 15260
License Date 6/1/2011
Name **ORTIZ, ALEXANDER MD**
Address 789 CENTRAL AVE, DOVER, NH, 03820
Specialty EM
Board Certified
School and Year of Graduation SUNY @ STONY BROOK USA 2007
Internship and Year SUNY @ STONY BROOK - STONY BROOK, NY 2009
Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14937
License Date 7/7/2010
Name **ORTIZ, TAYLOR M MD**
Address WENTWORTH-DOUGLAS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty HO
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2004
Internship and Year NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2005
Residency and Year NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14090
License Date 7/9/2008
Name **ORZANO, A JOHN MD**
Address NH DARTMOUTH FAM MED RESIDENCY, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIV USA 1973
Internship and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1974
Residency and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1976
License Expiration Date **6/30/2016**
Remarks

License Number 13075
License Date 5/3/2006
Name **ORZANO, IRENE M MD**
Address CONCORD ORTHOPAEDICS PA, 264 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV USA 2000
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 2001
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 2003
License Expiration Date **6/30/2016**
Remarks

License Number 14035
License Date 6/4/2008
Name **ORZECZOWSKI, NICOLE M DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty RHU
Board Certified IM
School and Year of Graduation PHILADELPHIA COLLEGE USA 2002
Internship and Year COMMUNITY GENERAL OSTEOPATHIC HOSPITAL - HARRISBURG, PA 2003
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2006
License Expiration Date **6/30/2016**
Remarks

License Number 16522
License Date 3/5/2014
Name **OSA, ETIN-OSA O MD**
Address DEPT OF RADIATION ONCOLOGY LL1, 160 EAST 34TH STNEW YORK, NY, 10016
Specialty RO
Board Certified
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE- NEW YORK, NY 2010
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 13508
License Date 5/9/2007
Name **OSADSKY, RASTISLAV MD**
Address DEPARTMENT OF RADIOLOGY, TRIPLER ARMY MEDICAL CENTERHOLOLULU, HI, 96859
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF KARLOVY CZECH REPUBLIC 2000
Internship and Year IOWA LUTHERAN HOSPITAL - DES MOINES, IA 2005
Residency and Year IOWA LUTHERAN HOSPITAL-DES MOINES, IA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11604
License Date 5/1/2002
Name **OSBORN, BARBARA H MD**
Address SHADY GROVE FERTILITY CENTER, 15001 SHADY GROVE RDROCKVILLE, MD, 20850
Specialty OBG
Board Certified
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1993
Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1997
Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 2000
License Expiration Date **6/30/2003**
Remarks

License Number 15356
License Date 8/3/2011
Name **OSBORN, TIMOTHY M MD**
Address 259 ROUTE 108, SOMERSWORTH, NH, 03878
Specialty OS
Board Certified
School and Year of Graduation OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF MEDIC USA 2008
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2009
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY DENTAL SCHOOL - PORTLAND, OR 2010
License Expiration Date **6/30/2013**
Remarks

License Number 6906
License Date 6/7/1984
Name **OSBORNE, RICHARD G MD**
Address 195 LOWER BEECH HILL RD, CAMPTON, NH, 03223
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF CONNECTICUT SCH MED-FRAMINGTON,CT USA 1975
Internship and Year ST FRANCES HOSP MED CTR-HARTFORD,CT 1976
Residency and Year ST FRANCES HOSP MED CTR-HARTFORD,CT 1978
License Expiration Date **6/30/2016**
Remarks

License Number 10099
License Date 8/6/1997
Name **O'SHAUGHNESSY, NICHOLAS J MD**
Address 134 JOHNSON RD, WINCHESTER, MA, 01890-2465
Specialty EM
Board Certified EM
School and Year of Graduation JEFFERSON MED COLL-THOS JEFFERSON UNIV USA 1972
Internship and Year BRYN MAWR HOSPITAL - PA 1973
Residency and Year BRYN MAWR HOSPITAL-PA 1973
License Expiration Date **6/30/2009**
Remarks

License Number 9742
License Date 6/5/1996
Name **O'SHEA, DANA W MD**
Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE - NY USA 1989
Internship and Year MOFFITT HOSP UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1990
Residency and Year MOFFITT HOSP UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 9685
License Date 4/3/1996
Name **O'SHEA, JAMES D MD**
Address COMMONWEALTH HEMATOLOGY-ONCOLOGY, 299 LINCOLN ST ATE 100WORCESTER, MA, 01605
Specialty ON
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER - NY USA 1989
Internship and Year MOFFITT HOSPITAL UNIV OF CALIFORNIA - SAN FRANCISCO,CA 1990
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1995
License Expiration Date **6/30/2014**
Remarks

License Number 13463
License Date 4/4/2007
Name **OSHMAN, LAUREN D MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation BAYLOR COLLEGE USA 2003
Internship and Year BETH ISRAEL RESIDENCY PROGRAM IN URBAN FAMILY PRACTICE-NEW YORK, NY 2005
Residency and Year BETH ISRAEL RESIDENCY PROGRAM IN URBAN FAMILY PRACTICE-NEW YORK, NY 2006
License Expiration Date **6/30/2013**
Remarks

License Number 14634
License Date 10/7/2009
Name **OSMAN, ZIAD S MD**
Address 503 PETERS WAY, WYOMISSING, PA, 19610
Specialty FP
Board Certified
School and Year of Graduation I M SECHENOV MOSCOW MEDICAL ACADEMY RUSSIA 1998
Internship and Year READING HOSPITAL & MEDICAL CENTER - WEST READING, PA 2008
Residency and Year READING HOSPITAL & MEDICAL CENTER - WEST READING, PA 2009
License Expiration Date **6/30/2011**
Remarks

License Number 11386
License Date 9/5/2001
Name **OSTER, JOEL M MD**
Address MASSACHUSETTS GENERAL HOSPITAL, 55 FRUIT ST VBK830BOSTON, MA, 02114
Specialty N
Board Certified
School and Year of Graduation BOSTON UNIV SCH OF MED- BOSTON, MA USA 1997
Internship and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1998
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date **6/30/2003**
Remarks

License Number 12401
License Date 7/7/2004
Name **OSTER, JONATHAN B MD**
Address NORTH AMERICAN PARTNERS, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ILLINOIS - CHICAGO, IL USA 1994
Internship and Year NEW YORK AND PRESBYTERIAN HOSPITAL - NEW YORK, NY 1995
Residency and Year NEW YORK AND PRESBYTERIAN HOSPITAL - NEW YORK, NY 1998
License Expiration Date **6/30/2016**
Remarks **Lapsed for non renewal 6/30/08 - Reinstated 4/6/11.Lapsed 6/30/12-reinstated 4/3/13**

License Number 12707
License Date 5/4/2005
Name **OSTRANDER, ROBYN L MD**
Address BRATTLEBORO RETREAT, 1 ANNA MARSH LANE BRATTLEBORO, VT, 05302
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL, BOSTON MA US 2000
Internship and Year DARTMOUTH HITCHCOCK, LEBANON NH 2001
Residency and Year DARTMOUTH HITCHCOCK, LEBANON NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 12113
License Date 10/1/2003
Name **OSTROSKI, MARIKA H MD**
Address DHMC-KEENE, 590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF OREGON, PORTLAND OR US 2000
Internship and Year NH DARTMOUTH FAM PRACTICE RESIDENCY, CONCORD NH 2001
Residency and Year NH DARTMOUTH FAM PRACTICE RESIDENCY, CONCORD NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16770
License Date 9/3/2014
Name **O'SULLIVAN, BRIAN P MD**
Address 71 OLD TOWN RD EXT, EPSOM, NH, 03234
Specialty PD
Board Certified PD
School and Year of Graduation THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 1980
Internship and Year ST CHRISTOPHERS HOSPITAL FOR CHILDREN-PHILADELPHIA, PA 1981
Residency and Year ST CHRISTOPHERS HOSPITAL FOR CHILDREN-PHILADELPHIA, PA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 5845
License Date 12/5/1977
Name **O'SULLIVAN, MARIA V MD**
Address CHILD HEALTH SERVICES, 1245 ELM STMANCHESTER, NH, 03101-1858
Specialty PD
Board Certified PD
School and Year of Graduation NATIONAL UNIVERSITY OF IRELAND IRLAND 1972
Internship and Year ST VINCENT HOSPITAL WORCESTER 1974
Residency and Year BAYLOR UNIV AFFIL. HOSPITALS HOUSTON 1976
License Expiration Date **6/30/2017**
Remarks

License Number 15590
License Date 3/7/2012
Name **OSYPIUK, MACIEJ MD**
Address GRANITE STATE ANESTHESIOLOGISTS PA, 168 KINSLEY ST STE 4NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation AKADEMIA MEDYCZNA LODZ POLAND 1981
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1999
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12549
License Date 12/1/2004
Name **OTERI-AHMADPOUR, CONCETTA R DO**
Address 31 OLD NASHUA RD UNIT 14, AMHERST, NH, 03031
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year ALTOONA HOSPITAL, ALTOONA PA 2002
Residency and Year ALTOONA HOSPITAL, ALTOONA PA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 10282
License Date 5/6/1998
Name **OTOVIC, NANCY E MD**
Address 75 LINDALL ST, DANVERS, MA, 01923
Specialty FP
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY USA 1995
Internship and Year BEVERLY HOSPITAL, MASSACHUSETTS 1998
Residency and Year BEVERLY HOSPITAL-MASS 1998
License Expiration Date **6/30/1999**
Remarks

License Number 12402
License Date 7/7/2004
Name **OTT, KEVIN W DO**
Address BATH VA MEDICAL CENTER, 76 VETERNS AVE BATH, NY, 14810
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE - PHILADELPHIA, PA USA 2001
Internship and Year WARREN HOSPITAL - PHILLIPSBURG, NJ 2002
Residency and Year WARREN HOSPITAL - PHILLIPSBURG, NJ 2004
License Expiration Date **6/30/2010**
Remarks

License Number 12073
License Date 9/3/2003
Name **OUHILAL, SOPHIA MD**
Address MONTREAL FERTILITY CENTER STE 220, 5252 DE MAISONNEUVE BLVD WESTMONTREAL QC, , H4A
Specialty REN
Board Certified OBG
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA US 1995
Internship and Year UNIVERSITE DE MONTREAL, MONTREAL, QUEBEC CANADA 1996
Residency and Year UNIVERSITE DE MONTREAL, MONTREAL, QUEBEC CANADA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 6513
License Date 3/4/1982
Name **OUSLER JR, GEORGE W MD**
Address MRI CENTER, WEST GATE PLAZA, 400 LOWELL AVE HAVERHILL, MA, 01830
Specialty ORS
Board Certified ORS
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON PA USA 1965
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1966
Residency and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1970
License Expiration Date **5/7/2007**
Remarks **DECEASED 5/7/07**

License Number 12472
License Date 9/1/2004
Name **OUYANG, DAVID T MD**
Address GUTHRIE AMBULATORY HEALTH CLIN, 11050 MT BELVEDERE BLVD FORT DRUM, NY, 13602
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 1993
Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1994
Residency and Year NATIONAL NAVAL MED CTR, BETHESDA MD 2000
License Expiration Date **6/30/2012**
Remarks

License Number 16870
License Date 12/3/2014
Name **OUYANG, XIAOXI MD**
Address 1693 ST GERMAIN, MONTREAL QUEBECCANADA, , H1W 2T3
Specialty IM
Board Certified IM
School and Year of Graduation MCGILL UNIVERSITY UNIV FACULTY OF MEDICINE CANADA 2007
Internship and Year MERCY MEDICAL CENTER, DES MOINES, IA 2008
Residency and Year GREENWICH HOSPITAL ASSOCIATION, GREENWICH, CT 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12943
License Date 11/2/2005
Name **OVEN, SARAH J MD**
Address 210 VAN LAKES BLVD, AUBURNDALE, FL, 33823
Specialty FP
Board Certified FP
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1997
Internship and Year THE MEDICAL CENTER INC, COLUMBUS GA 1998
Residency and Year THE MEDICAL CENTER INC, COLUMBUS GA 2000
License Expiration Date **6/30/2009**
Remarks

License Number 10793
License Date 12/1/1999
Name **OVUWORIE, CYRIL A MD**
Address 3914 STARFIELD LANE, LAS VAGAS, NV, 89147
Specialty IM
Board Certified IM
School and Year of Graduation COLL OF MED UNIV OF LAGOS-LAGOS, NIGERIA NIGERIA 1991
Internship and Year HARLEM HOSPITAL CENTER - NEW YORK, NY 1995
Residency and Year HARLEM HOSPITAL CENTER - NEW YORK, NY 1997
License Expiration Date **6/30/2001**
Remarks

License Number 14139
License Date 8/6/2008
Name **OWEN, REBECCA C DO**
Address COMM HEALTH CTR, 489 BERNARDSTON RD STE 108GREENFIELD, MA, 01301
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLLEGE USA 2004
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2005
Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2007
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/12
REINSTATED 8/6/14**

License Number 16953
License Date 2/4/2015
Name **OWENS, SHERI A MD**
Address 3807 AUSTILL LN, MOBILE, AL, 36608
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE USA 1986
Internship and Year UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 1987
Residency and Year UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 1990
License Expiration Date **6/30/2017**
Remarks

License Number 6744
License Date 7/7/1983
Name **OXMAN, THOMAS E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PYG
Board Certified PYG
School and Year of Graduation UNIV OF COLORADO SCH MED- DENVER,CO USA 1975
Internship and Year MOUNT ZION HOSP MED CTR-SAN FRANCISCO 1976
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER 1980
License Expiration Date **6/30/2015**
Remarks

License Number 5520
License Date 5/17/1976
Name **OXNARD, SARAH C MD**
Address LAMPREY HEALTH CARE, 207 S MAIN STNEWMARKET, NH, 03857-1835
Specialty PD
Board Certified PD
School and Year of Graduation UNIV. OF ROCHESTER SCHOOL OF MED. AND DENTISTRY USA 1973
Internship and Year UNIV HOSPS CLEVELAND 1974
Residency and Year UNIV OF UTAH AFFIL HOSPS 1975
License Expiration Date **6/30/2016**
Remarks

License Number 5521
License Date 5/17/1976
Name **OXNARD, THOMAS F MD**
Address 5 GREENLEAF DR, EXETER, NH, 03833
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MED.AND DENTISTRY USA 1971
Internship and Year UNIV. HOSPS CLEVELAND 1972
Residency and Year UNIV.HOSPS CLEVELAND 1974
License Expiration Date **6/30/2014**
Remarks

License Number 8233
License Date 10/4/1989
Name **O'YOUNG, ANDREW J MD**
Address 19 TYLER ST STE 103, NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1986
Internship and Year MC GAW MC/NW UNIV MEDICAL SCHOOL - CHICAGO, IL 1987
Residency and Year VA MEDICAL CENTER - LONG BEACH, CA 1989
License Expiration Date **6/30/2001**
Remarks

License Number 12671
License Date 4/6/2005
Name **OZAKTAY, A. CUNEYT MD**
Address DRH 2T ANNEX, 4201 ST ANTOINEDETROIT, MI, 48201
Specialty AN
Board Certified
School and Year of Graduation ISTANBUL UNIVERSITY TURKEY 1988
Internship and Year DETROIT MEDICAL CENTER, DETROIT MI 2002
Residency and Year WAYNE STATE UNIVERSITY, DETROIT MI 2005
License Expiration Date **6/30/2007**
Remarks

License Number 17181
License Date 7/1/2015
Name **OZEL, AYCA D MD**
Address 3 CHEROKEE CIR, ANDOVER, MA, 01810
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 1986
Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY- NY, NY 1987
Residency and Year TUFTS UNIVERSITY MEDICAL CENTER - BOSTON, MA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15111
License Date 1/5/2011
Name **PAAPE, KERRY L MD**
Address 260 MYRTLE GROVE DR, HOUMA, LA, 70360
Specialty TS
Board Certified TS
School and Year of Graduation UNIVERSITY OF TEXAS USA 1985
Internship and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1986
Residency and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1987
License Expiration Date **6/30/2013**
Remarks

License Number 4219
License Date 4/16/1968
Name **PABLO, JUAN O MD**
Address 713 CHESTNUT ST, MANCHESTER, NH, 03104-3002
Specialty OBG
Board Certified
School and Year of Graduation SANTO DOMINGO - DOMINICAN REPUBLIC DOMINICAN REPUBLIC 1959
Internship and Year QUINCY CITY HOSPITAL - QUINCY, MA 1963
Residency and Year QUINCY CITY HOSPITAL - QUINCY, MA 1966
License Expiration Date **6/30/2004**
Remarks

License Number 8132
License Date 6/7/1989
Name **PABO, MARCIA J MD**
Address 103 ROXBURY ST STE 306, KEENE, NH, 03431
Specialty P
Board Certified P
School and Year of Graduation ALBANY NED CTR-ALBANY,NY USA 1978
Internship and Year BALL MEM HOSP-MUNCIE,IN 1979
Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 10400
License Date 9/2/1998
Name **PACE, JONATHAN B MD**
Address INDIAN VALLEY MED CLINIC, 176 HOT SPRINGS RD GREENVILLE, CA, 95947
Specialty GS
Board Certified GS
School and Year of Graduation W VIRGINIA UNIV SCH OF MED -MORGANTOWN,WV USA 1981
Internship and Year MARSHALL UNIV SCH OF MED - HUNTINGTON, WV 1982
Residency and Year SAN JOAQUIN GENERAL HOSPITAL - STOCKTON, CA 1988
License Expiration Date **6/30/2003**
Remarks

License Number 16019
License Date 2/6/2013
Name **PACE, MARK V DO**
Address APPLIEDORE MED GRP PARKLAND PHYS SERV. OF SALEM, 31 STILES RD, SUITE 2100 SALEM, NH, 030
Specialty FP
Board Certified FP
School and Year of Graduation KANSAS CITY UNIVERSITY OF MED & BIOSCIENCES USA 1980
Internship and Year TRI COUNTY HOSPITAL - SPRINGFIELD, MA 1981
Residency and Year
License Expiration Date **6/30/2017**
Remarks

License Number 15967
License Date 12/5/2012
Name **PACE, MEREDITH M MD**
Address MASS GENERAL HOSPITAL - WANG BLDG RM 333, 15 PARKMAN ST BOSTON, MA, 02114
Specialty AN
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 12887
License Date 9/7/2005
Name **PACE, NICOLE C MD**
Address DHMC/DERMATOLOGY DEPT, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF TEXAS, HOUSTON TX US 1995
Internship and Year UNIVERSITY OF TEXAS, HOUSTON TX 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 17274
License Date 9/2/2015
Name **PACHECO BLOCH, JUAN M MD**
Address 12 KATAHDIN DR, LEXINGTON, MA, 02421-6433
Specialty CCM
Board Certified CCM
School and Year of Graduation UNIVERSIDAD EL BOSQUE - SANTA FE DE BOGOTA COLUMBIA 1993
Internship and Year MARSHFIELD CLINIC-ST JOSEPH'S HOSPITAL - MARSHFIELD, WI 1996
Residency and Year MARSHFIELD CLINIC-ST JOSEPH'S HOSPITAL - MARSHFIELD, WI 1998
License Expiration Date **6/30/2017**
Remarks

License Number 10690
License Date 9/1/1999
Name **PACHECO, JAMES S DO**
Address LEE URGENT CARE, 65 CALEF AVE LEE, NH, 03861
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED - ME USA 1994
Internship and Year MELLCREEK COMM HOSP- ERIE, PA 1995
Residency and Year MILLCREEK COMM HOSP - ERIE, PA 1997
License Expiration Date **6/30/2015**
Remarks

License Number 13437
License Date 3/7/2007
Name **PACHECO, MERCEDES MD**
Address HOSPICE OF RHODE ISLAND, 1085 N MAIN ST PROVIDENCE, RI, 02904
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MIAMI USA 2001
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2002
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2004
License Expiration Date **6/30/2017**
Remarks

License Number 15806
License Date 8/1/2012
Name **PACHNER, ANDREW R MD**
Address DHMC, ONE MED CTR DR LEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1976
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1977
License Expiration Date **6/30/2016**
Remarks

License Number 4674
License Date 4/3/1972
Name **PACIK, PETER T MD**
Address PO BOX 1091, CRYSTAL BEACH, FL, 34681
Specialty PS
Board Certified PS
School and Year of Graduation SUNY DOWNSTATE MEDICAL CENTER - NY USA 1965
Internship and Year BETH ISREAL HOSPITAL - NY, NY 1966
Residency and Year SUNY MEDICAL CENTER - SYRACUSE, NY 1972
License Expiration Date **6/30/2016**
Remarks **7/11/11 - Final Decision and Order**

License Number 11715
License Date 8/7/2002
Name **PACIULLI, CYNTHIA D N MD**
Address ATLANTIC SURGICAL ASSOC, 330 BORTHWICK AVE STE 308 PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF TEXAS SW MEDICAL CTR AT DALLAS- DALLAS, TX USA 1994
Internship and Year UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 1995
Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 1996
License Expiration Date **6/30/2016**
Remarks

License Number 15087
License Date 12/1/2010
Name **PACKARD, ANDREJA MD**
Address FOUNDATION NEUROLOGY, 17 PROSPECT STNASHUA, NH, 03060
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF ZAGREB CROATIA 1991
Internship and Year SIGNATURE HEALTHCARE BROCKTON HOSPITAL - BROCKTON, MA 2000
Residency and Year BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 9223
License Date 7/6/1994
Name **PACKARD, ANDREW B MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1965
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1966
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS - BOSTON MA 1972
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/10 - reinstated 10/2/13**

License Number 4922
License Date 11/9/1972
Name **PACKARD, ARTEMAS J MD**
Address 75 MAIN ST, PO BOX 265PLAISTOW, NH, 03865-0265
Specialty FP
Board Certified
School and Year of Graduation UNIV OF VERMONT USA 1960
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1961
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1964
License Expiration Date **10/29/2008**
Remarks **DECEASED 10/29/2008**

License Number 15389
License Date 9/7/2011
Name **PACKARD, CRAIG S MD**
Address CONCENTRA MEDICAL CTR, 1279 SOUTH WILLOW ST STE EMANCHESTER, NH, 03103
Specialty OM
Board Certified OM
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1989
Internship and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 1990
Residency and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14972
License Date 8/4/2010
Name **PACKARD, JENNIFER P MD**
Address DARTMOUTH HITCHCOCK, 188 ROUTE 101BEDFORD, NH, 03110-5454
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2006
Internship and Year CHRISTIAN CARE HEALTH SYSTEM - NEWARK, DE 2008
Residency and Year CHRISTIAN CARE HEALTH SYSTEM - NEWARK, DE 2010
License Expiration Date **6/30/2016**
Remarks

License Number 4565
License Date 6/15/1970
Name **PACKARD, THOMAS J MD**
Address 5019 MODOCK TRAIL, LAS CRUCES, NM, 88011
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT USA 1965
Internship and Year CHILDREN'S ORTHOPEDIC HOSPITAL & MEDICAL CENTER - SEATTLE, WA 1966
Residency and Year BOSTON FLOATING HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2004**
Remarks

License Number 17182
License Date 7/1/2015
Name **PADILLA CHACON, FERNANDO R MD**
Address 301 E MAIN ST, BAY SHORE, NY, 11706
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSIDAD FRANCISCO MARROQUIN GUATEMALA 2006
Internship and Year UNIVERSITY OF TX MEDICAL CENTER - SAN ANTONIO, TX 2009
Residency and Year NSLIJ SOUTHSIDE HOSPITAL- BAYSHORE, NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 10100
License Date 8/6/1997
Name **PADIN, MARIA D MD**
Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICINE - HANOVER, NH USA 1992
Internship and Year MAINE MEDICAL CENTER - ME 1997
Residency and Year MAINE MEDICAL CENTER - ME 1997
License Expiration Date **6/30/2017**
Remarks

License Number 7008
License Date 11/7/1984
Name **PADMANABHAN, SRIRANGAM R MD**
Address NORTHEAST REHAB HOSP, 70 BUTLER STSALEM, NH, 03079-3974
Specialty PM
Board Certified PM
School and Year of Graduation ARMED FORCES MED COLL-POONA UNIV INDIA 1969
Internship and Year INSTITUTE PHYSICIANS MED REHAB - PEORIA,IL 1983
Residency and Year INST PHYSICIANS MED REHAB-PEORIA,IL 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11972
License Date 6/4/2003
Name **PADMANABHAN, VIJAYALAKSHMI MD**
Address DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation KASTURBA MEDICAL COLL, MANIPAL U - MANGALORE INDIA 1988
Internship and Year FLETCHER ALLEN HEALTHCARE/UNIVERSITY OF VERMONT COM - BURLINGTON VT 2002
Residency and Year FLETCHER ALLEN HEALTHCARE/UNIVERSITY OF VERMONT COM - BURLINGTON VT 2002
License Expiration Date **6/30/2017**
Remarks

License Number 16523
License Date 3/5/2014
Name **PADMARAJU, APARNA RAJU MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation JAWAHARIAL NEHRU MEDICAL COLLEGE - BELGAUM INDIA 2007
Internship and Year SPOKANE MEDICAL CENTERS - SPOKANE, WA 2011
Residency and Year SPOKANE MEDICAL CENTERS - SPOKANE, WA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 16128
License Date 5/1/2013
Name **PADMARAJU, CHANDRASEKHAR R MD**
Address DHMC, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 2001
Internship and Year MOUNT VERNON HOSPITAL - MT VERNON, NY 2005
Residency and Year MOUNT VERNON HOSPITAL - MT VERNON, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 10058
 License Date 7/2/1997
 Name **PAGE, JENNIFER A MD**
 Address NASHUA PEDIATRICS, 155 KINSLEY STNASHUA, NH, 03060
 Specialty PD
 Board Certified PD
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1994
 Internship and Year BAYSTATE MEDICAL CENTER - MA 1997
 Residency and Year BAYSTATE MEDICAL CENTER - MA 1997
 License Expiration Date **6/30/2017**
 Remarks

License Number 14742
 License Date 2/3/2010
 Name **PAGES, BELTRAN J MD**
 Address MHM SERVICES INC, 1593 SPRING HILL RD STE 610VIENNA, VA, 22182
 Specialty P
 Board Certified P
 School and Year of Graduation UNIVERSIDAD DE ZARAGOZA SPAIN 1977
 Internship and Year UNIVERSITY OF MIAMI-JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1979
 Residency and Year UNIVERSITY OF MIAMI-JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1981
 License Expiration Date **6/30/2014**
 Remarks

License Number 8655
 License Date 11/6/1991
 Name **PAHLAVAN, KAMBIZ MD**
 Address 11101 W LINCOLN AVE, WEST ALLIS, WI, 53227
 Specialty CHP
 Board Certified CHP
 School and Year of Graduation NATIONAL UNIVERSITY OF IRAN IRAN 1971
 Internship and Year NORWICH HOSPITAL - NORWICH, CT 1976
 Residency and Year NORWICH HOSPITAL - NORWICH - CONNECTICUT MEDFIELD STATE HOSPITAL - MEDFIELD - M
 License Expiration Date **6/30/2007**
 Remarks

License Number 8741
 License Date 6/3/1992
 Name **PAICOPOLIS, MARY-CLAIRE S MD**
 Address LACONIA CARDIOLOGY, 369 HOUNSELL AVE STE 5GILFORD, NH, 03249
 Specialty CD
 Board Certified CD
 School and Year of Graduation WRIGHT STATE UNIVERSITY USA 1986
 Internship and Year MAINE MEDICAL CENTER PORTLAND - MAINE 1987
 Residency and Year MAINE MEDICAL CENTER PORTLAND - MAINE 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 15230
License Date 5/4/2011
Name **PAIER MULLAN, NICOLE A MD**
Address UPPER CONNECTICUT VALLEY HOSPITAL, 181 CORLISS LANECOLEBROOK, NH, 03576
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 2006
Internship and Year PALMETTO HEALTH ALLIANCE - COLUMBIA, SC 2008
Residency and Year JFK MEDICAL CENTER - ATLANTIS, FL 2011
License Expiration Date **6/30/2015**
Remarks

License Number 16185
License Date 6/5/2013
Name **PAIGE, SCOTT W DO**
Address EXETER HOSPITAL, 5 ALUMNI DRIVEEXETER, NH, 03833
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1997
Internship and Year PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1998
Residency and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2001
License Expiration Date **6/30/2017**
Remarks

License Number 15319
License Date 7/6/2011
Name **PAILOOR, SHARADE MD**
Address SPECTRUM MED GROUP - SOUTHERN MAINE MED CTR, 1 MEDICAL CENTER DRBIDDEFORD, ME, 04
Specialty PTH
Board Certified PTH
School and Year of Graduation MYSORE MEDICAL COLLEGE INDIA 1972
Internship and Year UNITED HOSPITAL - ST PAUL, MN 1973
Residency and Year UNITED HOSPITAL - ST PAUL, MN 1978
License Expiration Date **6/30/2017**
Remarks

License Number 7817
License Date 4/6/1988
Name **PAINE, JUDITH H MD**
Address IMMEDIATE CARE OF SOUTHERN NH-HUDSON, 300 DERRY RDHUDSON, NH, 03051
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLL MED -BURLINGTON, VT USA 1985
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1986
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 14774
License Date 3/3/2010
Name **PAINE, RAINER W MD**
Address NATIONAL INSTITUTES OF HEALTH, 10 CENTER DR MSC 1428BETHESDA, MD, 20892
Specialty N
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 2002
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14302
License Date 1/7/2009
Name **PAING, SOE MD**
Address LAKES REGIONAL GENERAL HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation INSTITUTE OF MEDICINE I RANGOON 1996
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2013**
Remarks

License Number 13920
License Date 4/2/2008
Name **PAIS JR, VERNON M MD**
Address DHMC - UROLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty U
Board Certified U
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1996
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1997
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 16980
License Date 3/4/2015
Name **PAISLEY, KEVIN J MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1996
Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1997
Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 17273
 License Date 9/2/2015
 Name **PAIVA, PRISCILLA MD**
 Address 58 GRAFTON ST 6, HARTFORD, CT, 06106
 Specialty N
 Board Certified N
 School and Year of Graduation UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY USA 2010
 Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2011
 Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2014
 License Expiration Date **6/30/2017**
 Remarks

License Number 14303
 License Date 1/7/2009
 Name **PAK, DAVE MD**
 Address 123 WASHINGTON ST, ROCHESTER, NH, 03839
 Specialty OS
 Board Certified OS
 School and Year of Graduation SUNY @ BUFFALO USA 2006
 Internship and Year SUNY @ BUFFALO GRADUATE MEDICAL - DENTAL EDUCATION CONSORTI - BUFFALO, NY 2004
 Residency and Year SUNY @ BUFFALO GRADUATE MEDICAL - DENTAL EDUCATION CONSORTI - BUFFALO, NY 2008
 License Expiration Date **6/30/2017**
 Remarks

License Number 8678
 License Date 1/8/1992
 Name **PALAC, DIANE M MD**
 Address 1006 GOOSE POND RD, CANAAN, NH, 03741
 Specialty IM
 Board Certified IM
 School and Year of Graduation RUSH UNIVERSITY UNITED STATES 1976
 Internship and Year RUSH-PRESBY - ST LUKE'S MEDICAL CENTER CHICAGO - ILLINOIS 1977
 Residency and Year RUSH-PRESBY - ST LUKE'S MEDICAL CENTER CHICAGO - ILLINOIS 1979
 License Expiration Date **6/30/2016**
 Remarks

License Number 8604
 License Date 7/17/1991
 Name **PALAC, ROBERT T MD**
 Address VA HOSPITAL WHITE RIVER JCT- DEPT OF CARDIOLOGY, 163 VETERANS DR WHITE RIVER JCT, VT, 05
 Specialty CD
 Board Certified CD
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1976
 Internship and Year RUSH-PRESBYTERIAN-ST LUKES CENTER 1977
 Residency and Year RUSH PRESBYTERIAN ST LUKES CENTER 1979
 License Expiration Date **6/30/2017**
 Remarks

License Number 7415
License Date 8/14/1986
Name **PALACIO, CARLOS A MD**
Address 330 BORTHWICK AVE, STE 300PORTSMOUTH, NH, 03801-4174
Specialty NS
Board Certified NS
School and Year of Graduation NORTHWESTERN UNIV CHICAGO IL USA 1976
Internship and Year NORTHWESTERN MEM HOSP CHICAGO IL 1977
Residency and Year NORTHWESTERN MEM HOSP CHICAGO IL 1983
License Expiration Date **6/30/2016**
Remarks

License Number 12915
License Date 10/5/2005
Name **PALAMARA, JENNIFER A MD**
Address PINE REST CHRISTIAN MENTAL HLT, 1050 SILVER DRTRAVERSE CITY, MI, 49686
Specialty P
Board Certified P
School and Year of Graduation MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2011**
Remarks

License Number 5731
License Date 5/16/1977
Name **PALANK, EDWARD A MD**
Address SW FLA HEART GROUP, 3501 HEALTH CENTER BLVDBONITA SPRINGS, FL, 34135
Specialty CD
Board Certified CD
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1971
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL-BOSTON MA 1972
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL-BOSTON MA 1975
License Expiration Date **6/30/2007**
Remarks

License Number 11426
License Date 10/3/2001
Name **PALELLA, MICHELE MD**
Address ANTHEM BLUE CROSS BLUE SHIELD, 1155 ELM STMANCHESTER, NH, 03101
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1992
Internship and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1992
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16803
License Date 10/1/2014
Name **PALENCAR, ANDREA MD**
Address 600 TIMBERFALLS LN #F-6, BLAKELY, PA, 18447
Specialty FP
Board Certified FP
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 1993
Internship and Year WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION - KINGSTON, PA 1994
Residency and Year SACRED HEART HOSPITAL - ALLENTOWN, PA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13980
License Date 5/7/2008
Name **PALEY, ANN-MARIE MD**
Address 715 PUTNAM PIKE, APPT 2225GREENVILLE, RI, 02828
Specialty P
Board Certified P
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1970
Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1971
Residency and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1973
License Expiration Date **6/30/2016**
Remarks

License Number 16604
License Date 5/7/2014
Name **PALIFKA, LEAH A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BROCKTON, MA 2009
Residency and Year UNIVERSITY OF UTAHSCHOOL OF MEDICINE - SALT LAKE CITY, UT 2013
License Expiration Date **6/30/2016**
Remarks

License Number 7133
License Date 6/6/1985
Name **PALIN JR, WILLIAM E MD**
Address , , ,
Specialty PS
Board Certified
School and Year of Graduation UNIVERSITY OF PITTSBURGH - PA USA 1978
Internship and Year
Residency and Year
License Expiration Date **10/16/1987**
Remarks

License Number 11387
License Date 9/5/2001
Name **PALIOTTA, MARCO A MD**
Address COASTAL CARDIOTHORACIC ASSOC, 333 BORTHWICK AVE STE 402PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF ROME LA SAPIENZA - ROME, ITALY ITALY 1991
Internship and Year NASSAU COUNTY MEDICAL CENTER- EAST MEADOW, NY 1994
Residency and Year NEW YORK MEDICAL COLLEGE AT WESTCHESTER MEDICAL CENTER - VALHALLA, NY 1996
License Expiration Date **6/30/2005**
Remarks **Deceased 8/24/14**

License Number 11835
License Date 2/5/2003
Name **PALLADINO, DIANE P MD**
Address 3 ALUMNI DR STE 201, EXETER, NH, 03833
Specialty GS
Board Certified GS
School and Year of Graduation MCP HAHNEMANN SCH OF MED - PHILADELPHIA, PA USA 1973
Internship and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1974
Residency and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 11788
License Date 11/6/2002
Name **PALLATRONI III, HENRY F MD**
Address COASTAL NH NEUROSURGEONS, 330 BORTHWICK AVE STE300PORTSMOUTH, NH, 03801
Specialty NS
Board Certified N
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12005
License Date 7/2/2003
Name **PALLESCHI, GREGORY T MD**
Address NORTH AMERICAN PARTNERS, 66 POWERHOUSE RD 3RD FLROSLYN HEIGHTS, NY, 11577
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1989
Internship and Year SUNY AT STONY BROOK UNIV HOSPITAL - STONY BROOK, NY 1990
Residency and Year SUNY AT STONY BROOK UNIV HOSPITAL - STONY BROOK, NY 1991
License Expiration Date **6/30/2009**
Remarks

License Number 12435
License Date 8/4/2004
Name **PALLISTER, MARECA D MD**
Address FOUR CORNERS OB/GYN, 1 MERCADO ST STE 105DURANGO, CO, 81301
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 2000
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2010**
Remarks

License Number 16841
License Date 11/6/2014
Name **PALMA, DAVID MD**
Address 24 MAGERUS ST, HUNTINGTON STATION, NY, 11746
Specialty PM
Board Certified PM
School and Year of Graduation SABA UNIVERSITY SCHOOL OF MEDICINE NETHERLANDS ANTILLES 2008
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2009
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14811
License Date 4/7/2010
Name **PALMER, KAREN L DO**
Address WOODBURY FAMILY PRACTICE, 101 SHATTUCK STE 6NEWINGTON, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation OHIO UNIVERSITY USA 1997
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1998
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14261
License Date 12/3/2008
Name **PALMER, KATHRYN M MD**
Address KAISER PERMANENTE/DEPT RADIOLO, 201 N WASHINGTON STFALLS CHURCH, VA, 22046
Specialty R
Board Certified R
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1989
Internship and Year UNIV OF CALIFORNIA SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1990
Residency and Year UNIV OF CALIFORNIA SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1992
License Expiration Date **6/30/2010**
Remarks

License Number 8399
License Date 7/11/1990
Name **PALMER, WILLIAM S MD**
Address MT ASCUTNEY PHYSICIANS PRACTIC, 289 COUNTY RD WINDSOR, VT, 05089
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLL OF MED-NY USA 1987
Internship and Year MT SINAI HOSP-NY 1988
Residency and Year MT SINAI HOSP-NY 1989
License Expiration Date **6/30/2016**
Remarks

License Number 13554
License Date 6/6/2007
Name **PALMERI, MARTIN MD**
Address DHMC, ONE MED CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation EAST CAROLINA UNIV USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2011**
Remarks

License Number 14036
License Date 6/4/2008
Name **PALMIERI, JOHN J MD**
Address , 57 GREEN ST #1 CHARLESTOWN, MA, 02129
Specialty P
Board Certified P
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2003
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
License Expiration Date **6/30/2010**
Remarks

License Number 6113
License Date 9/6/1979
Name **PALOMBO, ROBERT V MD**
Address , 10 CASTLE HEIGHTS RD ANDOVER, MA, 03865
Specialty P
Board Certified P
School and Year of Graduation PRITZKER SCH OF MED. CHICAGO USA 1967
Internship and Year UNIV HOSP. MADISON, WI 1968
Residency and Year MICHAEL REESE HOSP. MED. CTR CHICAGO, IL 1971
License Expiration Date **6/30/2011**
Remarks

License Number 16804
License Date 10/1/2014
Name **PALUCH, MARIUSZ MD**
Address 46 MEADOWVIEW RD, W CHESTERFIELD, NH, 03466
Specialty DR
Board Certified DR
School and Year of Graduation JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE POLAND 1994
Internship and Year MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2005
Residency and Year LENOX HILL HOSPITAL - NY, NY 2009
License Expiration Date **6/30/2016**

Remarks

License Number 13051
License Date 4/5/2006
Name **PALUMBO, ANDREA MD**
Address ELLIOT PEDIATRICS AT BEDFORD, 360 ROUTE 101 UNIT 8BEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASSACHUSETTS-WORCESTER MA USA 2003
Internship and Year CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2005
Residency and Year CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2006
License Expiration Date **6/30/2016**

Remarks

License Number 13380
License Date 1/3/2007
Name **PALUMBO, PAUL MD**
Address DHMC, ONE MEDICAL CENTERLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT USA 1977
Internship and Year VIRGINIA COMMONWEALTH UNIV - RICHMOND, VA 1979
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1980
License Expiration Date **6/30/2017**

Remarks

License Number 15524
License Date 2/1/2012
Name **PAN, PIRAWAN MD**
Address SIGNATURE HEALTHCARE - BROCKTON HOSPITAL, 680 CENTRE STREETBROCKTON, MA, 02302-339
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 2007
Internship and Year ALAMEDA COUNTY MEDICAL CENTER-HIGHLAND HOSPITAL - OAKLAND, CA 2008
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2016**

Remarks

License Number 12944
License Date 11/2/2005
Name **PAN, TEDDY D MD**
Address 320 NEEDHAM ST, STE 200NEWTON, MA, 02464
Specialty D
Board Certified D
School and Year of Graduation BROWN UNIVERSITY, PROVIDENCE RI US 1996
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1997
Residency and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 2000
License Expiration Date **6/30/2007**
Remarks

License Number 10590
License Date 6/2/1999
Name **PANARO, STEPHEN V MD**
Address 85 SPRING ST, LACONIA, NH, 03246
Specialty GS
Board Certified
School and Year of Graduation NORTHWESTERN UNIV MED SCH-CHICAGO, IL USA 1994
Internship and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1995
Residency and Year UNIV HOSPITAL OF CLEVELAND- CLEVELAND, OH 1996
License Expiration Date **6/30/2003**
Remarks

License Number 14037
License Date 6/4/2008
Name **PANCHOLY, NAVIN C MD**
Address 1631 NIXON LN, THREE RIVERS, MI, 49093
Specialty GS
Board Certified GS
School and Year of Graduation B J MEDICAL COLLEGE, GUJARAT UNIV INDIA 1966
Internship and Year PROVIDENT HOSPITAL/LIBERTY MEDICAL CENTER - BALTIMORE, MD 1968
Residency and Year SOUTH SIDE HOSPITAL - PITTSBURGH, PA 1969
License Expiration Date **6/30/2012**
Remarks

License Number 14812
License Date 4/7/2010
Name **PANDEY, RAJESH MD**
Address LACONIA CLINIC, 724 N MAIN ST LACONIA, NH, 03246
Specialty PD
Board Certified
School and Year of Graduation COLLEGES OF MEDICAL SCIENCE NEPAL 2004
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2008
Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
License Expiration Date **6/30/2014**
Remarks

License Number 13123
License Date 6/7/2006
Name **PANDYA, SONAL N MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty PS
Board Certified PS
School and Year of Graduation TOPIWALA NATIONAL MED COLLEGE, U OF MUMBAI INDIA 1993
Internship and Year MASS GENERAL HOSP, BOSTON MA 1994
Residency and Year LAHEY CLINIC MED CTR, BURLINGTON MA 1999
License Expiration Date **6/30/2008**
Remarks

License Number 6055
License Date 6/6/1979
Name **PANEK, HENRY F MD**
Address VA MEDICAL CENTER, 1111 E END BLVDWILKES BARRE, PA, 18711-0026
Specialty OPH
Board Certified OPH
School and Year of Graduation YALE UNIV SCHOOL MEDICINE - NEW HAVEN, CT USA 1968
Internship and Year NAVAL REGIONAL MEDICAL CENTER - PHILA, PA 1969
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1975
License Expiration Date **6/30/2007**
Remarks **Deceased- 3/17/10**

License Number 13464
License Date 4/4/2007
Name **PANESAR, GUNJAN MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF RAJASTHAN INDIA 1992
Internship and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1997
Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 13509
License Date 5/9/2007
Name **PANESAR, MAHENDRA S MD**
Address PEDIATRICS HEALTH ASSOC, 275 MAMMOTH RD STE 1MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF RAJASTHAN INDIA 1989
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CTR - NEW YORK, NY 1991
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CTR-NEW YORK, NY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9287
License Date 9/7/1994
Name **PANG, ALEXANDER W MD**
Address 2500 MASSACHUSETTS AVE, CAMBRIDGE, MA, 02140-
Specialty U
Board Certified U
School and Year of Graduation ROBERT W JOHNSON MEDICAL SCHOOL - PATCATAWAY, NJ USA 1986
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1987
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1992
License Expiration Date **6/30/1998**
Remarks

License Number 12219
License Date 2/4/2004
Name **PANG, MAYNARD K MD**
Address 60 THAYER POND ROAD, CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1996
Internship and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1997
Residency and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11032
License Date 8/2/2000
Name **PANG, SAMUEL C MD**
Address REPRODUCTIVE SCIENCE CTR, ONE FORBES RD LEXINGTON, MA, 02421
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF BRITISH COL FAC - VANCOUVER, BC CANADA 1983
Internship and Year THE TORONTO HOSPITAL - TORONTO, ON CANADA 1984
Residency and Year UNIV OF TORONTO- TORONTO, CANADA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 10830
License Date 2/2/2000
Name **PANGAN, MICHAEL A MD**
Address CORE FAMILY AND INTERNAL MEDICINE - EXETER, 21 HAMPTON RD BLDG 3 EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation FINCH UNIV OF HLTH SCI MED-N CHICAGO, IL USA 1996
Internship and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 1997
Residency and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 10831
License Date 2/2/2000
Name **PANGAN, PATRICIA J MD**
Address 879 LAFAYETTE RD, HAMPTON, NH, 03842
Specialty IM
Board Certified IM
School and Year of Graduation FINCH UNIV HLTH SCI MED SCH - N CHICAGO, IL USA 1997
Internship and Year UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 1998
Residency and Year UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10491
License Date 1/6/1999
Name **PANOPOULOS, JOHN M DO**
Address PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVE PORTSMOUTH, NH, 03802-7004
Specialty AN
Board Certified AN
School and Year of Graduation NY COLL OF OSTEOPATHIC MED - OLD WESTBURY, NY USA 1988
Internship and Year BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1989
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14390
License Date 4/1/2009
Name **PANTA, RAJU K MD**
Address DIABETES-ENDOCRINOLOGY CTR OF WESTERN NY, 705 MAPLE RD WILLIAMSVILLE, NY, 14221
Specialty IM
Board Certified IM
School and Year of Graduation COLLEGE OF MEDICAL SCIENCES- NEPAL NEPAL 2004
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 10631
License Date 7/7/1999
Name **PANTHAKI, ZUBIN J MD**
Address CLINICAL RESEARCH BUILDING, 1120 NW 14TH ST 4TH FLR MIAMI, FL, 33136
Specialty PS
Board Certified PS
School and Year of Graduation MCGILL UNIV FAC OF MED - MONTREAL QUEBEC CANADA 1995
Internship and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1997
Residency and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10877
License Date 4/5/2000
Name **PANZA, WILLIAM S MD**
Address NEW BERN ANESTHESIA, 2719B NEUSE BLVDNEW BERN, NC, 28560
Specialty AN
Board Certified AN
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MED-DURHAM,NC USA 1988
Internship and Year DUKE UNIVERSITY MEDICAL CENTER-DURHAM,NC 1989
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSOTN,MA 1992
License Expiration Date **6/30/2010**
Remarks

License Number 13836
License Date 2/6/2008
Name **PAOLILLI, JOANNA MD**
Address OBGYN ASSOCIATES OF SOUTH NH, 30 D W HWY STE 11MERRIMACK, NH, 03054
Specialty OBG
Board Certified OBG
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1999
Internship and Year STONY BROOK UNIV MEDICAL CENTER - STONY BROOK, NY 2000
Residency and Year STONY BROOK UNIV MEDICAL CENTER - STONY BROOK, NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 10059
License Date 7/2/1997
Name **PAPPANO, DANTE A MD**
Address HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN MA, MA, 01844-4597
Specialty PD
Board Certified PD
School and Year of Graduation WASHINGTON UNIV SCH OF MED - ST LOUIS, MO USA 1992
Internship and Year YALE NEW HAVEN HOSPITAL - CT 1993
Residency and Year YALE NEW HAVEN HOSPITAL - CT 1995
License Expiration Date **6/30/2001**
Remarks

License Number 3741
License Date 10/19/1964
Name **PAPPAS, STEPHEN G MD**
Address 51 MAPLE ST, SOMERSWORTH, NH, 03878-
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE-BURLINGTON, VT USA 1960
Internship and Year E.J. MEYER MEMORIAL HOSPITAL - BUFFALO, NY 1961
Residency and Year E J MEYRER MEMORIAL HOSPITAL -BUFFALO, NY 1961
License Expiration Date **6/30/2016**
Remarks

License Number 9843
License Date 9/4/1996
Name **PAPPAS, ZINON M MD**
Address NEW ENGLAND NEUROLOGIC ASSOC, 769 S MAIN ST DART. COMM. 220MANCHESTER, NH, 03102-
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF MARYLAND SCHOOL OF MEDICINE - BALITIMORE USA 1991
Internship and Year NORTH SHORE UNIV SCHOOL MEDICINE - NY 1992
Residency and Year JOHNS HOPKINS UNIV SCHOOL MEDICINE - MD 1995
License Expiration Date **6/30/1999**
Remarks

License Number 9113
License Date 2/2/1994
Name **PAPPAVASELIO, THOMAS P MD**
Address TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843-1740
Specialty OPH
Board Certified OPH
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year MALDEN HOSPITAL - MALDEN MA 1982
Residency and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE MD 1985
License Expiration Date **6/30/2016**
Remarks

License Number 13264
License Date 9/6/2006
Name **PAQUETTE, IAN M MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year DARTMOUTH HITCHCOCK MED CTR-LEBANON NH 2005
Residency and Year DARTMOUTH HITCHCOCK MED CTR-LEBANON NH 2006
License Expiration Date **6/30/2010**
Remarks

License Number 10001
License Date 5/7/1997
Name **PAR TRICK, MICHAEL E MD**
Address DARTMOUTH HITCHCOCK MEDICLA CT, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty R
Board Certified
School and Year of Graduation UNIV OF BRITISH COLUMBIA-VANCOUVER CANADA 1990
Internship and Year DALHOUSE UNIV 1991
Residency and Year UNIV OF SASKATCHEWAN 1997
License Expiration Date **6/30/1998**
Remarks

License Number 6523
License Date 4/1/1982
Name **PARADIS, ANDRE J MD**
Address 89 ABBOT ST, ANDOVER, MA, 01810-4005
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1958
Internship and Year CARNEY HOSP-BOSTON,MA 1959
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1962
License Expiration Date **6/30/2000**
Remarks

License Number 15631
License Date 4/4/2012
Name **PARADIS, NORMAN A MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1984
Internship and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1985
Residency and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 5038
License Date 7/12/1973
Name **PARADIS, ROGER W MD**
Address 7 NETHERWOOD RD, WINDHAM, NH, 03087
Specialty N
Board Certified N
School and Year of Graduation LAVAL UNIV - CANADA CANADA 1963
Internship and Year ST SACRAMENT HOSPITAL - CANADA 1963
Residency and Year LAHEY CLINIC FOUNDATION - BOSTON, MA 1968
License Expiration Date **6/30/2005**
Remarks **DECEASED 4-12-06**

License Number 6435
License Date 7/20/1981
Name **PARAS, STANLEY S MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation OHIO STATE UNIV COLL MED,COLUMBUS,OH USA 1978
Internship and Year WAYNE STATE UNIV AFFIL HOSP - DETRIOT,MI 1980
Residency and Year WAYNE STATE UNIV AFFIL HOSP - DETROIT, MI 1980
License Expiration Date **6/30/2017**
Remarks

License Number 10473
License Date 12/2/1998
Name **PARASURAMAN, SUDHA MD**
Address 66 COLONY RD, LEXINGTON, MA, 02420
Specialty PD
Board Certified
School and Year of Graduation KILPAUK MED COLL UNIV OF MADRAS INDIA 1991
Internship and Year CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT, MI 1993
Residency and Year CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT, MI 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12985
License Date 1/4/2006
Name **PARDEN, STEPHEN R MD**
Address 119 HIGH PINES RIDGE, FAIRHOPE, AL, 36532
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF SOUTH ALABAMA COLLEGE OF MEDICINE USA 1986
Internship and Year BAPTIST MEDICAL CTR PRINCETON, BIRMINGHAM AL 1987
Residency and Year BAPTIST MEDICAL CTR PRINCETON, BIRMINGHAM AL 1990
License Expiration Date **6/30/2016**
Remarks

License Number 14850
License Date 5/5/2010
Name **PARDI, LIVIO F MD**
Address 2712 SE CR 21 B, MELROSE, FL, 32666
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MIAMI USA 1972
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1973
Residency and Year LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1976
License Expiration Date **6/30/2014**
Remarks

License Number 16129
License Date 5/1/2013
Name **PARE, KATIE B DO**
Address DARTMOUTH-HITCHCOCK PEDIATRICS, 2300 SOUTHWOOD DR NASHUA, NH, 03063-1818
Specialty PD
Board Certified
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2010
Internship and Year MARIA FARERI CHILDRENS HOSPITAL - VALHALLA, NY 2012
Residency and Year MARIA FARERI CHILDRENS HOSPITAL - VALHALLA, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 15887
License Date 10/3/2012
Name **PARE, MICHEL C MD**
Address 105 N RAINSONG RD, DALTON, GA, 30720
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF MONTREAL FACULTY OF MEDICINE CANADA 1987
Internship and Year HOSPITAL ST LUC DU CHUM - MONTREAL, CANADA 1988
Residency and Year HOSPITAL ST LUC DU CHUM - MONTREAL, CANADA 1993
License Expiration Date **6/30/2014**
Remarks

License Number 11762
License Date 10/2/2002
Name **PAREDES, KEITH B MD**
Address POLK COUNTY HEALTH DEPT, 2020 E GEORGIA STBARTOW, FL, 33830
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF FLORIDA, GAINSVILLE FL USA 1977
Internship and Year CARILION HEALTH SYSTEM, ROANOKE VA 1978
Residency and Year CHS-CARILION ROANOKE COMMUNITY HOSPITAL, OANOKE VA 1981
License Expiration Date **6/30/2008**
Remarks

License Number 12140
License Date 11/5/2003
Name **PARIKH, DHAVAL R MD**
Address CARDIOVASCULAR CONSULT KS INC, 9350 E 35TH ST N#101WICHITA, KS, 67226
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERSITY, SAINT GEORGES, GRANADA GRANADA 2001
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15632
License Date 4/4/2012
Name **PARIKH, GAURAV C MD**
Address LAHEY CLINIC INC, 85 HERRICK STBEVERLY, MA, 01915
Specialty IM
Board Certified
School and Year of Graduation SETH GS MEDICAL COLLEGE INDIA 2005
Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2009
Residency and Year MCWAH - WILWAUKEE, WI 2010
License Expiration Date **6/30/2016**
Remarks

License Number 12888
License Date 9/7/2005
Name **PARIS, GIANMARCO R MD**
Address KATZEN EYE CARE, 901 N CONGRESS AVE STE 104BOYTON BEACH, FL, 33426
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY CENTRAL DE VENEZUELA, VENEZUELA VENEZUELA 1991
Internship and Year UNIVERSITY OF TEXAS, SAN ANTONIO TX 2002
Residency and Year UNIVERSITY OF TEXAS, SAN ANTONIO TX 2005
License Expiration Date **6/30/2009**
Remarks

License Number 11004
License Date 7/5/2000
Name **PARIS, STEVEN A MD**
Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1974
Internship and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILA, PA 1975
Residency and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILA, PA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 10187
License Date 12/3/1997
Name **PARISER, NANCY J MD**
Address DEPT OB/GYN, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty OBG
Board Certified OBG
School and Year of Graduation HAHNEMANN UNIV SCH OF MED-PHIL,PA USA 1984
Internship and Year STRONG MEM HOSP-ROCHESTER,NY 1985
Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1988
License Expiration Date **6/30/2017**
Remarks

License Number 15069
License Date 11/3/2010
Name **PARISIEN, KRISTINA I MD**
Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2000
Internship and Year BRIGHAM & WOMENS HARVARD MEDICAL SCHOOL - BROOKLINE, MA 2001
Residency and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14973
License Date 8/4/2010
Name **PARISIEN, ROBERT C MD**
Address ELLIOT ORTHOPAEDIC SURGICAL SP, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1999
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 2000
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 9706
License Date 5/1/1996
Name **PARISIEN, VICTOR M MD**
Address 23 GRANITE RIDGE RD, CUMBERLAND FORESIDE, ME, 04110
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF OTTAWA CANADA 1962
Internship and Year GRACE HOSPITAL DETROIT 1963
Residency and Year SHRINERS HOSPITAL MONT,ROYAL VICTORIA MONT 1969
License Expiration Date **6/30/2014**
Remarks

License Number 15633
License Date 4/4/2012
Name **PARK, ANDREW Y MD**
Address 16 MITRIS BLVD, LINCOLN, RI, 10016
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2014**
Remarks

License Number 12607
License Date 2/2/2005
Name **PARK, DAVID J MD**
Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DRWHITE RIVER JCT, VT, 05001
Specialty FP
Board Certified FPS
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year FORT LINCOLN FAMILY MED, COLMAR MANOR MD 2002
Residency and Year FORT LINCOLN FAMILY MED, COLMAR MANOR MD 2004
License Expiration Date **6/30/2017**
Remarks

License Number 13438
License Date 3/7/2007
Name **PARK, JOCELYN A MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation UNIV OF NEW MEXICO USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2006
License Expiration Date **6/30/2011**
Remarks

License Number 4315
License Date 10/22/1968
Name **PARK, JONG O MD**
Address 46 GAIR ST, PIERMONT, NY, 10968
Specialty R
Board Certified R
School and Year of Graduation WOO SOK UNIV - SEOUL, KOREA KOREA 1959
Internship and Year STATEN ISLAND HOSPITAL - STATEN ISLAND, NY 1967
Residency and Year BRONX VA HOSPITAL - BRONX, NY 1970
License Expiration Date **6/30/2008**
Remarks

License Number 15933
License Date 11/7/2012
Name **PARK, MICHELLE M MD**
Address 537 WESTON DR, CAMPBELL, CA, 95008
Specialty IM
Board Certified IM
School and Year of Graduation CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2000
Residency and Year BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15845
License Date 9/5/2012
Name **PARK, NAM H MD**
Address 9901 LIBERTY VIEW RD, LAS VEGAS, NV, 89148
Specialty AN
Board Certified AN
School and Year of Graduation SEOUL NATIONAL UNIVERSITY KOREA 1980
Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2000
Residency and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2003
License Expiration Date **6/30/2016**
Remarks

License Number 6761
License Date 8/4/1983
Name **PARK, YOUNG S MD**
Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty AN
Board Certified
School and Year of Graduation KOREA UNIV MED COLL-SEQUL KOREA 1973
Internship and Year ST LUKES-ROOSEVELTS HOSP CTR-NY 1980
Residency and Year ST LUKES-ROOSEVELTS HOSP CTR - NY 1980
License Expiration Date **6/30/2013**
Remarks

License Number 8445
License Date 10/10/1990
Name **PARK-BENNETT, SOJA MD**
Address PEDIATRIC ENDOCRINE ASSOC, YAWKEY 6-L 55 FRUIT STBOSTON, MA, 02114
Specialty END
Board Certified PD
School and Year of Graduation VANDERBILT UNIV SCH OF MED - NASHVILLE,TN USA 1968
Internship and Year VANDERBILT UNIV MEDICAL CENTER - NASHVILLE, TN 1969
Residency and Year PRESBYTERIAN HOSPITAL - NY, NY 1972
License Expiration Date **6/30/2012**
Remarks **LAPSED FOR NON-RENEWAL 6/30/04...
REINSTATED ON 4/2/08**

License Number 15807
License Date 8/1/2012
Name **PARKER, DARYL R MD**
Address TDP RADIOLOGY PC, 132 YORK RDMANSFIELD, MA, 02048
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year NORTH SHORE-LONG ISLAND JEWISH(NYU SOM) - MANHASSET, NY 1989
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 6289
License Date 9/5/1980
Name **PARKER, H WORTH MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIV OF NORTH CAROLINA SCH OF MED USA 1975
Internship and Year DARTMOUTH MED SCH -HANOVER,NH 1976
Residency and Year DARTMOUTH MED SCH-HANOVER,NH 1977
License Expiration Date **6/30/2016**
Remarks

License Number 15261
License Date 6/1/2011
Name **PARKER, MARCUS W MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 2004
Internship and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2005
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2009
License Expiration Date **6/30/2013**
Remarks

License Number 5968
License Date 8/16/1978
Name **PARKER, MARK T MD**
Address , 1 EAST STSOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1975
Internship and Year UNIV UTAH HOSPITALS - SALT LAKE CITY, UT 1976
Residency and Year UNIV OF UTAH HOSPITAL - SALT LAKE CITY, UT 1978
License Expiration Date **6/30/2012**
Remarks

License Number 13510
License Date 5/9/2007
Name **PARKER, ROBERT K DO**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation KIRKSVILLE COLLEGE USA 1982
Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 1983
Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 16649
License Date 6/4/2014
Name **PARKER, SIDDHARTHA Y MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty GE
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 13381
License Date 1/3/2007
Name **PARKER, STEVEN F MD**
Address MERRIMACK VALLEY ANESTHESIA, 25 HIGHLAND AVENUE NEWBURYPORT, MA, 01950
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF NORTH CAROLINA USA 1990
Internship and Year UNIV OF N CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1991
Residency and Year UNIV OF N CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1994
License Expiration Date **6/30/2017**
Remarks

License Number 15722
License Date 6/6/2012
Name **PARKEY, JOE E MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TX MEDICAL SCHOOL USA 1998
Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 1999
Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 5455
License Date 12/1/1975
Name **PARKHURST, EDWARD C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty U
Board Certified U
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MED AND DENTISTRY ROCH USA 1951
Internship and Year RHODE ISLAND HOSPITAL - RI 1952
Residency and Year MASS GEN HOSPITAL - BOSTON, MA 1958
License Expiration Date **6/30/2002**
Remarks **Deceased 1/25/2004**

License Number 17025
License Date 4/1/2015
Name **PARKINSON, JAY D MD**
Address SHERPA, 584 BROADWAY STE 510 NEW YORK, NY, 10012
Specialty PD
Board Certified
School and Year of Graduation PENNSYLVANIA STATE UNIV COLLEGE OF MED USA 2002
Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2003
Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 5014
License Date 6/11/1973
Name **PARKS, PATRICK K MD**
Address 9 WENTWORTH ST, ROCHESTER, NH, 03867-2710
Specialty DR
Board Certified DR
School and Year of Graduation CREIGHTON UNIVERSITY-OMAHA NE USA 1965
Internship and Year WADSWORTH VAH HOSP-LOS ANGELES CA 1966
Residency and Year SANTA CLARA VALLEY MED CTR-SAN JOSE CA 1972
License Expiration Date **6/30/2000**
Remarks

License Number 11800
License Date 12/4/2002
Name **PARR, ROBERT J MD**
Address 3200 HIGHLAND AVE, DOWNERS GROVE, IL, 60515
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1964
Internship and Year HARPER HOSPITAL - DETROIT, MI 1965
Residency and Year CHILDRENS HOSPITAL OF MICHIGAN- DETROIT, MI 1967
License Expiration Date **6/30/2004**
Remarks

License Number 13684
License Date 9/5/2007
Name **PARRA, MICHELLE C MD**
Address DHMC - DEPT OF ANESTHESIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF IOWA USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 5470
License Date 1/21/1976
Name **PARROTT, THOMAS B MD**
Address ROCKBRIDGE FAMILY MEDICINE, 1192 A ROCK BRIDGE STSTONE MOUNTAIN, GA, 30087
Specialty FP
Board Certified FP
School and Year of Graduation UNIV. OF MIAMI SCHOOL OF MED. USA 1969
Internship and Year ALBANY MED CTR HOSPITAL 1970
Residency and Year ALBANY MED CTR HOSPITAL 1970
License Expiration Date **6/30/2010**
Remarks

License Number 9877
License Date 11/6/1996
Name **PARROTTE, DIANNE M MD**
Address 77 LOVE LANE, WESTON, MA, 02493
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1979
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1980
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date **6/30/2004**
Remarks

License Number 11672
License Date 7/3/2002
Name **PARSON, EARL R MD**
Address TOGUS VAMC, 1 VA CENTERAUGUSTA, ME, 04330
Specialty N
Board Certified
School and Year of Graduation MEHARRY MED COLL - NASHVILLE, TN USA 1985
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1986
Residency and Year LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 8323
License Date 5/9/1990
Name **PARSONNET, JEFFREY MD**
Address DHMC INFECTIOUS DISEASE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ID
Board Certified ID
School and Year of Graduation NEW YORK UNIV SCH OF MED,NY USA 1979
Internship and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1980
Residency and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1982
License Expiration Date **6/30/2016**
Remarks

License Number 12114
License Date 10/1/2003
Name **PARSONS IV, IRA M MD**
Address SEACOAST ORTHOPEDICS & SPORTS, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878-1517
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 1996
Internship and Year UNIVERSITY HEALTH CTR OF PITTSBURGH, PITTSBURGH PA 1997
Residency and Year UNIVERSITY HEALTH CTR OF PITTSBURGH, PITTSBURGH PA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 11973
License Date 6/4/2003
Name **PARTRIDGE, TIMOTHY D DO**
Address CORE ANES MED STAFF OFFICE, 5 ALUMNI DREXETER, NH, 03833
Specialty AN
Board Certified AN
School and Year of Graduation PHILADELPHIA COLL OF OSTEOPATHIC - PHILADELPHIA PA USA 1995
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA MD 1996
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA MD 2000
License Expiration Date **6/25/2013**
Remarks **DECEASED 6/25/2013**

License Number 12860
License Date 8/3/2005
Name **PARVATANENI, SUDHA MD**
Address 451 ANDOVER ST, NORTH ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation ANDHRA UNIVERSITY,ANDHRA PRADESH INDIA INDIA 1996
Internship and Year ST VINCENT CHARITY HOSP, CLEVELAND OH 2000
Residency and Year CARITAS ST ELIZABETHS MED CTR, BOSTON MA 2002
License Expiration Date **6/30/2007**
Remarks

License Number 12141
License Date 11/5/2003
Name **PASCAL, PETER E MD**
Address PETER E PASCAL, MD LLC, 115 WEST SILVER STWESTFIELD, MA, 01085
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIVERSITY OF NY, BROOKLYN NY US 1980
Internship and Year SUNY, BROOKLYN NY 1981
Residency and Year SUNY, BROOKLYN NY 1984
License Expiration Date **6/30/2015**
Remarks

License Number 14171
License Date 9/3/2008
Name **PASCU, DIANA MD**
Address CMC, 100 MCGREGOR WAYMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE VICTOR BABES ROMANIA 2000
Internship and Year INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2006
Residency and Year INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2008
License Expiration Date **6/30/2016**
Remarks

License Number 13225
License Date 8/2/2006
Name **PASHA, MUHAMMAD S MD**
Address SENIOR HLTH PRIMARY CARE, 40 BUTTRICK RDLONDONDERRY, NH, 03058
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF THE PUNJAB PAKISTAN 1982
Internship and Year ALBANY MEDICAL CENTER HOSPITAL, ALBANY, NY 2003
Residency and Year CREIGHTON UNIV-OMAHA, NE 2005
License Expiration Date **6/30/2016**
Remarks

License Number 6286
License Date 9/4/1980
Name **PASSAS, CONSTANCE M MD**
Address 4951 BONITA BAY BLVD, BONITA SPRINGS, FL, 34134
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1974
Internship and Year GENESEE HOSPITAL - ROCHESTER, NY 1975
Residency and Year U CONNECTICUT SCHOOL MEDICINE - FARMINGTON, CT 1978
License Expiration Date **6/30/2016**
Remarks

License Number 14038
License Date 6/4/2008
Name **PASSER, ALICE A MD**
Address CORE CARDIOLOGY, 3 ALUMNI DR STE 101EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation WRIGHT STATE UNIV USA 1991
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1994
License Expiration Date **6/30/2016**
Remarks

License Number 13294
License Date 10/4/2006
Name **PASTEL, DAVID A MD**
Address DHMC - DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND VA US 2003
Internship and Year ST LUKES-ROOSEVELT HOSP, NEW YORK NY 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13002
License Date 2/1/2006
Name **PASTEL, LISA C MD**
Address DHMC- INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND VA US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 6847
License Date 2/2/1984
Name **PATEK, DAVID J MD**
Address MONADNOCK COMMUNITY HOSP, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty RHU
Board Certified RHU
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1962
Internship and Year UNIV OF VIRGINIA HOSP-CHARLOTTSVIL,NC 1963
Residency and Year UNIV OF VIRGINIA HOSP-CHARLOTTSVIL,NC 1966
License Expiration Date **6/30/2008**
Remarks

License Number 16680
License Date 7/2/2014
Name **PATEL, ANIT T MD**
Address MASS ENT ASSOC, 3 MEETINGHOUSE RD #24CHELMSFORD, MA, 01824
Specialty OTO
Board Certified OTO
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12672
License Date 4/6/2005
Name **PATEL, ASHOKKUMAR R MD**
Address ASHOK PC, 3116 N ELIZABETH STPUEBLO, CO, 81008
Specialty AI
Board Certified AI
School and Year of Graduation GUJARAT UNIVERSITY INDIA 1979
Internship and Year MEDICAL COLLEGE OF VERGINIA, RICHMOND VA 1983
Residency and Year WATERBURY HOSPITAL, WATERBURY CT 1985
License Expiration Date **6/30/2009**
Remarks

License Number 5978
License Date 9/7/1978
Name **PATEL, CHANDRAKAN M MD**
Address NEW ENGLAND ASSOC, 220 SUTTON STN ANDOVER, MA, 01845
Specialty PM
Board Certified PM
School and Year of Graduation BJ MEDICAL COLLEGE GUJARAT UNIV AHMEDABAD GUJARAT 1957
Internship and Year VETERANS ADMINISTRATION HOSPITAL - BOSTON, MA 1977
Residency and Year VETERANS ADMINISTRATION HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2006**
Remarks

License Number 10310
License Date 6/3/1998
Name **PATEL, DEEPAK C MD**
Address 700 LOWERSTATE RD, BLDG-12 APT B-4NORTH WALES, PA, 19454
Specialty IM
Board Certified
School and Year of Graduation KASTURBA MED COLL MANGALORE UNIV INDIA 1992
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1996
Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1998
License Expiration Date **6/30/1999**
Remarks

License Number 13806
License Date 1/11/2008
Name **PATEL, DEODUTT V MD**
Address 16266 CROWN ARBOR WAY, FT MYERS, FL, 33908
Specialty R
Board Certified R
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 1977
Internship and Year U S PUBLIC HEALTH SERVICES HOSPITAL - STATEN ISLAND, NY 1981
Residency and Year SUNY HEALTH SCIENCE CENTER @ SYRACUSE - SYRACUSE, NY 1984
License Expiration Date **6/30/2010**
Remarks

License Number 11334
License Date 7/11/2001
Name **PATEL, DIPAKKUMAR MD**
Address SOUTHERN NH MED CTR-NICU, 8 PROSPECT STNASHUA, NH, 03061
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF BARODA- GUJARAT, INDIA INDIA 1991
Internship and Year BROOKDALE UNIVERSITY HOSPITAL & MED CTR BROOKLYN NY 1996
Residency and Year BROOKDALE UNIVERSITY HOSPITAL & MED CTR BROOKLYN NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12889
License Date 9/7/2005
Name **PATEL, HIRAL H MD**
Address PARKLAND MEDICAL CENTER, 1 PARKLAND DRDERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation GUJARAT UNIVERSITY, GUJARAT INDIA INDIA 1998
Internship and Year GOOD SAMARITAN HOSPITAL, BALTIMORE MD 2002
Residency and Year METRO WEST MEDICAL CTR, FRAMINGHAM MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10101
License Date 8/6/1997
Name **PATEL, JAYMAL R MD**
Address 3600 SPRUCE ST BLDG 11 GATES, DEPT OF PSYCHIATRY UNIV OF PAPHILADELPHIA, PA, 19115
Specialty P
Board Certified
School and Year of Graduation GOV'T MED COLL BARODA UNIV GUJARAT, INDIA INDIA 1989
Internship and Year VETERANS AFFAIRS MEDICAL CENTER - GA 1996
Residency and Year VETERANS AFFAIRS MEDICAL CENTER - GA 1996
License Expiration Date **6/30/2000**
Remarks

License Number 13295
License Date 10/4/2006
Name **PATEL, JENNIFER D DO**
Address 95 GRASSLANDS DR, VALHALLA, NY, 10595
Specialty IM
Board Certified IM
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MED, OLD WESTBURY NY US 2001
Internship and Year NORTH SHORE UNIVERSITY, MANHASSET NY 2002
Residency and Year NORTH SHORE UNIVERSITY, MANHASSET NY 2004
License Expiration Date **6/30/2008**
Remarks

License Number 14391
License Date 4/1/2009
Name **PATEL, KALPESH K MD**
Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation GUJARAT UNIVERSITY INDIA 2004
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2007
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 7381
License Date 6/12/1986
Name **PATEL, KANU O MD**
Address 92 MONTVALE AVE, STE 2200STONEHAM, MA, 02180
Specialty IM
Board Certified IM
School and Year of Graduation MS UNIVERSITY-BARODA INDIA INDIA 1981
Internship and Year WEISS MEMORIAL HOSPITAL 1983
Residency and Year WEISS MEMORIAL HOSPITAL-CHICAGO IL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 14392
License Date 4/1/2009
Name **PATEL, MINESH N MD**
Address WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVE LEVEL 2DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation K. J. SOMAIYA MEDICAL COLLEGE INDIA 2005
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD,MA 2007
Residency and Year YORK HOSPITAL - YORK, PA 2008
License Expiration Date **6/30/2015**
Remarks

License Number 16488
License Date 2/5/2014
Name **PATEL, NATHAN T MD**
Address ILLIANA VA HEALTH SYSTEM, 1900 E MAIN STDANVILLE, IL, 61832
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2010
Internship and Year MID MICHIGAN MEDICAL CENTER - MIDLAND, MI 2011
Residency and Year ROCHESTER GENERAL HOSPITAL-UNIVERSITY OF ROCHESTER - ROCHESTER, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 17076
License Date 5/6/2015
Name **PATEL, NEHA MD**
Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation NETAJI SUBHASH CHANDRA BOSE MEDICAL COLLEGE INDIA 2005
Internship and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2009
Residency and Year NORTH SHORE MEDICAL CENTER-SALEM HOSPITAL - SALEM, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14593
License Date 9/2/2009
Name **PATEL, NIKESH M MD**
Address 452 OLD STREET RD, PETERBOROUGH, NH, 03458
Specialty IM
Board Certified IM
School and Year of Graduation MAHARAJA SAYAJIRAO UNIVERSITY - BARODA GUJARAT INDIA 2003
Internship and Year ST FRANCIS MEDICAL CENTER - TRENTON, NJ 2007
Residency and Year ST FRANCIS MEDICAL CENTER - TRENTON, NJ 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14262
License Date 12/3/2008
Name **PATEL, PARAG J DO**
Address MIRACA LIFE SCIENCES, 4207 E COTTON CTR BLVD PHOENIX, AZ, 85040
Specialty PTH
Board Certified PTH
School and Year of Graduation KIRKSVILLE COLLEGE USA 2002
Internship and Year TEXAS A&M SCOTT AND WHITE MEMORIAL HOSPITAL-TEMPLE, TX 2003
Residency and Year TEXAS A&M SCOTT AND WHITE MEMORIAL HOSPITAL-TEMPLE, TX 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12971
License Date 12/7/2005
Name **PATEL, PRAVIN M MD**
Address 1704 N LAFAYETTE RD, CRAWFORDSVILLE, IN, 47933
Specialty U
Board Certified U
School and Year of Graduation GUJARAT UNIVERSITY, INDIA INDIA 1967
Internship and Year OUR LADY OF MERCY MED CTR, BRONX NY 1971
Residency and Year MT VERNON HOSPITAL, MT VERNON NY 1972
License Expiration Date **6/30/2007**
Remarks

License Number 13511
License Date 5/9/2007
Name **PATEL, RAHUL K MD**
Address ORION TROY OPHTHELMOLOGY, 1701 SOUTH BLVD STE 180 ROCHESTER HILL, MI, 48307
Specialty OPH
Board Certified OPH
School and Year of Graduation NORTHEASTERN OHIO UNIV USA 1999
Internship and Year RIVERSIDE METHODIST HOSPITAL-COLUMBUS, OH 2000
Residency and Year RIVERSIDE METHODIST HOSPITAL-COLUMBUS, OH 2002
License Expiration Date **6/30/2015**
Remarks

License Number 14775
License Date 3/3/2010
Name **PATEL, ROSHANI R MD**
Address DH DEPT OF SURGERY, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF CINCINNATI USA 2001
Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2002
Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14523
License Date 7/1/2009
Name **PATEL, SACHIN B MD**
Address 69 CHERRYWOOD DR, NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation GUJARAT UNIVERSITY INDIA 2001
Internship and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2004
Residency and Year METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2006
License Expiration Date **6/30/2011**
Remarks

License Number 14172
License Date 9/3/2008
Name **PATEL, SANDIP G MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE BARODA INDIA 2001
Internship and Year UNIV OF ALABAMA - MONTGOMERY, AL 2004
Residency and Year UNIV OF ALABAMA - MONTGOMERY, AL 2006
License Expiration Date **6/30/2010**
Remarks

License Number 9143
License Date 4/6/1994
Name **PATEL, SANJAY MD**
Address WAKE FOREST FAMILY PHYSICIANS, 11635 NORTH PARK DR BLDG 1 STE 200 WAKE FOREST, NC, 2758
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1982
Internship and Year MONTGOMERY HOSPITAL - MORRISTOWN PA 1983
Residency and Year MONTGOMERY HOSPITAL - MORRISTOWN PA 1985
License Expiration Date **6/30/2014**
Remarks

License Number 8720
License Date 5/6/1992
Name **PATEL, SANJIV M MD**
Address GRANITE STATE ANESTHESIOLOGY, 168 KINSLEY ST STE #4NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation NAGPUR UNIVERSITY INDIA 1980
Internship and Year BOOTH MEMOIRAL MEDICAL CENTER 1989
Residency and Year WESTCHESTER COUNTY HOSPITAL 1991
License Expiration Date **6/30/2016**
Remarks

License Number 14718
License Date 1/6/2010
Name **PATEL, SAVAN B MD**
Address PARKLAND MEDICAL CENTER, 1 PARKLAND DRDERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY USA 2003
Internship and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2004
Residency and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8846
License Date 11/4/1992
Name **PATEL, SMITA K MD**
Address 61 MAIN ST, STONEHAM, MA, 02180
Specialty P
Board Certified P
School and Year of Graduation GOVT MEDICAL COLLEGE INDIA 1979
Internship and Year WEST ROS PARK MENTAL HEALTH CTR- BOSTON, MA 1987
Residency and Year WEST ROS PARK MENTAL HEALTH CTR- BOSTON, MA 1987
License Expiration Date **6/30/1999**
Remarks

License Number 15808
License Date 8/1/2012
Name **PATEL, SUNIT H MD**
Address NORTH COUNTRY PEDIATRICS, 580 ST JOHNSBURY RD STE 26LITTLETON, NH, 02891
Specialty PD
Board Certified PD
School and Year of Graduation NY MEDICAL COLLEGE USA 1997
Internship and Year MARIA FARERI CHILDRENS HOSPITAL - VALHALLA, NY 1998
Residency and Year MARIA FARERI CHILDRENS HOSPITAL - VALHALLA, NY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 17096
License Date 6/3/2015
Name **PATEL-BOOLANI, DIPIKA J MD**
Address 1721 CHISWICK CT, SILVER SPRING, MD, 20904
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE USA 2004
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2005
Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2007
License Expiration Date **6/30/2017**
Remarks

License Number 8014
License Date 12/7/1988
Name **PATHAK, DHIRENDRA MD**
Address LOWELL GENERAL HOSPITAL, 295 VARNUM AVELOWELL, MA, 01860
Specialty AN
Board Certified AN
School and Year of Graduation BANGALORE MEDICAL COLLEGE INDIA 1972
Internship and Year ST MARTHA'S HOSPITAL - BANGALORE IN 1973
Residency and Year UNIV OF LEICESTER - LEICESTER ENGLAND 1979
License Expiration Date **6/30/2014**
Remarks

License Number 16558
License Date 4/2/2014
Name **PATHAK, RAHUL S MD**
Address 101 NICHOLLS RD, STONY BROOK, NY, 11794
Specialty N
Board Certified
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2009
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2011
Residency and Year SUNY @ STONY BROOK HEALTH SCIENCES CENTER - STONY BROOK, NY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 7955
License Date 8/10/1988
Name **PATIL, JAYAKUMAR MD**
Address 80 PALOMINO LN STE 203, BEDFORD, NH, 03110
Specialty P
Board Certified
School and Year of Graduation J J M MED COLL MYSHORE UNIV-DAVANGERE INDIA 1980
Internship and Year UNIV HOSP-JACKSON,MS 1988
Residency and Year UNIV HOSPITAL - JACKSON, MS 1988
License Expiration Date **6/30/2016**
Remarks **2/4/11 - Settlement Agreement - 30 Day Suspension from 4/15/11 - 5/14/11**
7/9/09 - Settlement Agreement

License Number 15320
License Date 7/6/2011
Name **PATINKIN, SHEILA C MD**
Address PO BOX 834, SPRINGFIELD, VT, 05156
Specialty PD
Board Certified PD
School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1996
Internship and Year ADVOCATE LUTHERAN GENERAL CHILDRENS HOSPITAL - PARK RIDGE, IL 1997
Residency and Year ADVOCATE LUTHERAN GENERAL CHILDRENS HOSPITAL - PARK RIDGE, IL 1999
License Expiration Date **6/30/2013**
Remarks

License Number 15040
License Date 10/6/2010
Name **PATINO, WILLMAR D MD**
Address DERMPATH DIAGNOSTICS SOUTH FLORIDA, 895 SW 30TH AVENUE STE 101POMPANO BEACH, FL, 3
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSIDAD DE ANTIOQUIA COLUMBIA 2000
Internship and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2006
Residency and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2009
License Expiration Date **6/30/2014**
Remarks

License Number 10506
License Date 2/3/1999
Name **PATNO, KARYN M MD**
Address 97 SHERMAN DR, ST JOHNSBURY, VT, 05819
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL COLLEGE OF OHIO - TOLEDO, OH USA 1983
Internship and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1984
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1985
License Expiration Date **6/30/2017**
Remarks

License Number 7001
License Date 11/1/1984
Name **PATRISSO, DANIEL J MD**
Address 5 TRINITY RD, MEREDITH, NH, 03253
Specialty U
Board Certified U
School and Year of Graduation UMDJN NEW JERSEY MED SCH-NEWARK NJ USA 1979
Internship and Year UMDJN NEW JERSEY MED SCH-NEWARK,NJ 1980
Residency and Year MONTEFIORE HOSP MED CTR- BRONX,NY 1981
License Expiration Date **6/30/2012**
Remarks

License Number 3215
 License Date 9/11/1957
 Name **PATTEN, JOHN C MD**
 Address 376 N MAIN ST, WOLFEBORO, NH, 03894
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1947
 Internship and Year MARY FLETCHER HOSPITAL BURLINGTON - VERMONT 1957
 Residency and Year LENOX HILL HOSPITAL NEW YORK - NEW YORK 1957
 License Expiration Date **6/30/2001**
 Remarks **Deceased 6/20/2010**

License Number 14263
 License Date 12/3/2008
 Name **PATTEN, RICHARD D MD**
 Address LAHEY HOSPITAL & MEDICAL CTR/DEPT CARDIOVAS. MED, 41 MALL RDBURLINGTON, MA, 01805
 Specialty CD
 Board Certified CD
 School and Year of Graduation UNIV OF MARYLAND USA 1988
 Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1989
 Residency and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1991
 License Expiration Date **6/30/2016**
 Remarks

License Number 12755
 License Date 6/1/2005
 Name **PATTERSON, CAROL J MD**
 Address HOSP PUNTA PACIFICA OFC 306 BLVD, PACIFICA Y VIA DARIEN PANAMA CITYREPUBLIC OF PANAM
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 1999
 Internship and Year UNIVERSITY OF CHICAGO, CHICAGO IL 2000
 Residency and Year UNIVERSITY OF CHICAGO, CHICAGO IL 2002
 License Expiration Date **6/30/2015**
 Remarks **lapsed 6/30/09 - reinstated 9/7/11**

License Number 5404
 License Date 8/12/1975
 Name **PATTERSON, JOHN L MD**
 Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE USA 1970
 Internship and Year CHARITY HOSPITAL - NEW ORLEANS, LA 1971
 Residency and Year CHARITY HOSPITAL - NEW ORLEANS, LA 1974
 License Expiration Date **6/30/2007**
 Remarks

License Number 5973
License Date 9/6/1978
Name **PATTERSON, PETER H MD**
Address ANNA GOVE STUDENT HLTH CTR, PO BOX 26170GREENSBORO, NC, 27402-6170
Specialty
Board Certified PD
School and Year of Graduation -TUFTS UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1957
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1958
Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1963
License Expiration Date **6/30/2008**
Remarks **LAPSED FOR NON-RENEWAL 6/30/99..**
REINSTATED 5/9/07

License Number 13636
License Date 8/1/2007
Name **PATTERSON, WILLIAM B MD**
Address CONCENTRA MEDICAL CENTERS, 156 HARVEY RDLONDONDERRY, NH, 03053
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT USA 1976
Internship and Year BOSTON CITY MEDICAL CENTER/BOSTON CITY HOSPITAL - BOSTON, MA 1978
Residency and Year BOSTON CITY MEDICAL CENTER/BOSTON CITY HOSPITAL - BOSTON, MA 1979
License Expiration Date **3/31/2008**
Remarks **Deceased 3/31/08**

License Number 16286
License Date 8/7/2013
Name **PATTON, JILL A MD**
Address 344 TORQUAY BLVD, ALBANY, NY, 12203
Specialty P
Board Certified
School and Year of Graduation SUNY @ STONY BROOK USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 9255
License Date 8/3/1994
Name **PATTON, JOHN D MD**
Address BECKETT SCHOOL INC, PO BOX 101HAVERHILL, NH, 03765-
Specialty GP
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1961
Internship and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN NY 1962
Residency and Year OUR LADY OF MERCY MEDICAL CENTER - BRONX NY 1966
License Expiration Date **6/30/2016**
Remarks

License Number 10041
License Date 6/4/1997
Name **PATTON, ROBERT W DO**
Address 18 MEADE ST, WELLSBORO, PA, 16901
Specialty GP
Board Certified P
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED-PA USA 1955
Internship and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MED-PA 1956
Residency and Year PHILADELPHIA MENTAL HEALTH CLINIC-PA 1969
License Expiration Date **6/30/1999**
Remarks **DECEASED 1/23/05**

License Number 14039
License Date 6/4/2008
Name **PATUNOFF, CASEY F MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE USA 2005
Internship and Year SUNY HEALTH SCIENCE CENTER @ SYRACUSE-SYRACUSE, NY 2006
Residency and Year SUNY HEALTH SCIENCE CENTER @ SYRACUSE-SYRACUSE, NY 2007
License Expiration Date **6/30/2010**
Remarks

License Number 10129
License Date 9/10/1997
Name **PATWA, NAJMUDDIN S MD**
Address 5700 ARLINGTON AVE APT 4-J, RIVERDALE, NY, 10471
Specialty PUD
Board Certified IM
School and Year of Graduation HAHNEMANN UNIV SCH OF MED-PHILADELPHIA, PA USA 1989
Internship and Year A EINSTEIN COLL M-YESHIVA UNIV - NY 1992
Residency and Year A EINSTEIN COLL M-YESHIVA UNIV - NY 1994
License Expiration Date **6/30/1998**
Remarks

License Number 16871
License Date 12/3/2014
Name **PAUL, JOAN MD**
Address HEATER ROAD CLINIC, 18 OLD ETNA RD 3RD FLEBANON, NH, 03756
Specialty D
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2009
Internship and Year HOSPITAL OF ST RAPHAEL- NEW HAVEN, CT 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12673
License Date 4/6/2005
Name **PAUL, MARC MD**
Address VITUAL RADIOLOGIC PROFESSIONAL, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MARYLAND, BALTIMORE MD US 1983
Internship and Year SINAI HOSPITAL, BALTIMORE MD 1984
Residency and Year SINAI HOSPITAL, BALTIMORE MD 1986
License Expiration Date **6/30/2017**
Remarks

License Number 16083
License Date 4/3/2013
Name **PAUL, MICHAEL D MD**
Address DARTMOUTH HITCHCOCK CLINIC - GENERAL SURGERY, 253 PLEASANT STREETCONCORD, NH, 0330
Specialty GS
Board Certified GS
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2006
Internship and Year WATERBURY HOSPITAL - WATERBURY, CT 2007
Residency and Year WATERBURY HOSPITAL - WATERBURY, CT 2008
License Expiration Date **6/30/2017**
Remarks

License Number 6087
License Date 7/9/1979
Name **PAUL, STEVEN D MD**
Address 330 BORTHWICK AVE, STE 301PORTSMOUTH, NH, 03801-4101
Specialty IM
Board Certified
School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL MED - BROOKLYN, NY USA 1973
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1974
Residency and Year UNIV OF UTAH HOSPITAL - SALT LAKE CITY, UT 1979
License Expiration Date **6/30/2017**
Remarks

License Number 7795
License Date 3/9/1988
Name **PAULINO JR, GERARDO B MD**
Address MARY LANE HOSP, 85 SOUTH STWARE, MA, 01082
Specialty DR
Board Certified R
School and Year of Graduation COLL OF MED UNIV OF THE PHILIPPINES-MANILA PHILIPPINES 1968
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1973
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1973
License Expiration Date **6/30/2004**
Remarks

License Number 7465
License Date 11/12/1986
Name **PAULSHOCK, CRAIG L MD**
Address 611 FRONT ST, CELEBRATION, FL, 34747
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ROCHESTER - ROCHESTER, NY USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR - HANOVER, NH 1983
Residency and Year ST ELIZABETHS HOSPITAL - BOSTON, MA 1984
License Expiration Date **6/30/2016**
Remarks **11/14/00 - SETTLEMENT AGREEMENT**

License Number 6851
License Date 3/1/1984
Name **PAVESI, MARK E MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF PAVIA ITALY 1977
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 13921
License Date 4/2/2008
Name **PAWLUK, WILLIAM MD**
Address NATION WIDE BETTER HEALTH, 300 CLUBHOUSE RD STE 100HUNT VALLEY, MD, 21031
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ALBERTA CANADA 1970
Internship and Year UNIV OF OTTOWA-OTTAWA, ONTARIO CANADA 1971
Residency and Year MCMASTER UNIV-HAMILTON, ONTARIO CANADA 1974
License Expiration Date **6/30/2012**
Remarks

License Number 11716
License Date 8/7/2002
Name **PAYDARFAR, JOSEPH A MD**
Address DHMC-DIV OF OTOLARYNGOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation DUKE UNIV SCHOOL OF MEDICINE- DURHAM, NC USA 1996
Internship and Year WASHINGTON UNIV SCHOOL OF MEDICINE-ST LOUIS,MO 1997
Residency and Year BARNES-JEWISH HOSPITAL-ST LOUIS,MO 2001
License Expiration Date **6/30/2016**
Remarks

License Number 4361
License Date 3/5/1969
Name **PAYSON, BARBARA J MD**
Address DARTMOUTH COLLEGE HEALTH SER, 7 ROPE FERRY RDHANOVER, NH, 03755
Specialty IM
Board Certified
School and Year of Graduation JOHNS HOPKINS UNIV - BALTIMORE, MD USA 1958
Internship and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1959
Residency and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1959
License Expiration Date **6/30/2013**
Remarks

License Number 3630
License Date 6/23/1963
Name **PAYSON, HENRY E MD**
Address 67 LOWER CREAM ST, THETFORD CTR, VT, 05075
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NEW YORK, NY USA 1952
Internship and Year JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1954
Residency and Year JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1958
License Expiration Date **6/30/2005**
Remarks

License Number 13052
License Date 4/5/2006
Name **PAYTON, JESSICA S MD**
Address D-HC KEENE PEDIATRICS DEPT, 590 COURT STKEENE, NH, 03431
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CONNECTICUT-FARMINGTON CT USA 2003
Internship and Year CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2005
Residency and Year CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15934
License Date 11/7/2012
Name **PEARCE, MELISSA W MD**
Address SUMMERVILLE MEDICAL CTR, 295 MIDLAND PKWYSUMMERVILLE, SC, 29485
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2004
Internship and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2005
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2008
License Expiration Date **6/30/2014**
Remarks

License Number 11571
License Date 4/3/2002
Name **PEARLMAN, JUSTIN D MD**
Address KERN MEDICAL CTR, 1700 MT VERNON AVE BAKERSFIELD, CA, 93306
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 1980
Internship and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1981
Residency and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1983
License Expiration Date **6/30/2014**
Remarks

License Number 15809
License Date 8/1/2012
Name **PEARLMUTTER, MARK D MD**
Address ST ELIZABETH'S MEDICAL CENTER, 736 CAMBRIDGE ST, STE 3160 BRIGHTON, MA, 02135
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1985
Residency and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 13296
License Date 10/4/2006
Name **PEARLSTEIN, LESLIE MD**
Address 9994 SAGO POINT DR, LARGO, FL, 33777
Specialty GS
Board Certified GS
School and Year of Graduation JOHNS HOPKINS UNIVERSITY, BALTIMORE MD US 1971
Internship and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1973
Residency and Year UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1976
License Expiration Date **6/30/2010**
Remarks

License Number 14666
License Date 11/4/2009
Name **PEARSON, ADAM M MD**
Address DHMC / THE SPINE CENTER, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 16322
License Date 9/4/2013
Name **PEARSON, ANDREA L MD**
Address DARTMOUTH-HITCHCOCK, KEENE - DERMATOLOGY, 51 RAILROAD STKEENE, NH, 03431
Specialty D
Board Certified D
School and Year of Graduation THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 2008
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2009
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 14393
License Date 4/1/2009
Name **PEARSON, KATHLEEN E DO**
Address LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation KANSAS CITY UNIVERSITY USA 1986
Internship and Year INTERFAITH MEDICAL CENTER - BROOKLYN,NY 1987
Residency and Year MIDWESTERN UNIV/CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE-OLYMPIA FIELDS,IL 1991
License Expiration Date **6/30/2017**
Remarks

License Number 9106
License Date 1/5/1994
Name **PEARSON, MARY G DO**
Address , 80 ROUTE 125KINGSTON, NH, 03848-3535
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE USA 1989
Internship and Year SHENANGO VALLEY MEDICAL CENTER - FARRELL PA 1990
Residency and Year MILCRREEK COMMUNITY HOSPITAL - ERIE PA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 5881
License Date 4/6/1978
Name **PEASE JR, FRANCIS B MD**
Address 537 POND APPLE RD, CLARKSVILLE, TN, 37043-
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON, MA USA 1971
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1972
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1976
License Expiration Date **6/30/1999**
Remarks

License Number 15321
License Date 7/6/2011
Name **PEASE, DAHLIA B DO**
Address 18 ORCHARD VIEW DR, LONDONDERRY, NH, 03053
Specialty PD
Board Certified PD
School and Year of Graduation KANSAS CITY UNIVERSITY USA 2002
Internship and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA - PEORIA, IL 2003
Residency and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA - PEORIA, IL 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15262
License Date 6/1/2011
Name **PEASE, WILLIAM V DO**
Address PORTSMOUTH PULMONARY PHYSICIANS, 330 BORTHWICK AVE STE 108PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation KANSAN CITY UNIVERSITY USA 2002
Internship and Year ST FRANCIS MEDICAL CENTER - PEORIA, IL 2003
Residency and Year ST FRANCIS MEDICAL CENTER - PEORIA, IL 2006
License Expiration Date **6/30/2017**
Remarks

License Number 4854
License Date 11/3/1971
Name **PECORA, J LOUIS MD**
Address 1207 E MAIN ST, ENDICOTT, NY, 13760-5219
Specialty OPH
Board Certified OPH
School and Year of Graduation STATE UNIV OF NY - BROOKLYM, NY USA 1967
Internship and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1968
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1971
License Expiration Date **6/30/1998**
Remarks

License Number 11184
License Date 2/7/2001
Name **PEDERSEN, JOSEPH T MD**
Address CANCER SPECIALIST, 396 ALLISON CREEK TRIALBREVARD, NC, 28712
Specialty RO
Board Certified RD
School and Year of Graduation STATE UNIV OF NY UPSTATE MED UNIV- SYRACUSE, NY USA 1994
Internship and Year NEW YORK METHODIST HOSPITAL OF BROOKLYN, NY 1998
Residency and Year UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12352
License Date 6/2/2004
Name **PEDERSEN, THOMAS S MD**
Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation ARHUS UNIVERSITY, ARHUS DENMARK DENMARK 1997
Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 2001
Residency and Year BAYSTATE MED CTR, SPRINGFIELD MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 17126
License Date 6/3/2015
Name **PEDRO, MICHAEL J MD**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT BROOKLYN USA 2015
Internship and Year SUNY, BROOKLYN NY 2012
Residency and Year SUNY, BROOKLYN NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13981
License Date 5/7/2008
Name **PEELLE, KENNETH R MD**
Address 185 GREAT POND RD, N ANDOVER, MA, 01845
Specialty R
Board Certified R
School and Year of Graduation CORNELL UNIV USA 1969
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1970
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NEW YORK, NY 1971
License Expiration Date **6/30/2016**
Remarks

License Number 15088
License Date 12/1/2010
Name **PEELMAN, JESSICA H MD**
Address CORE PHYSICIANS, 3 ALUMNI DR STE 301EXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation EMORY UNIVERSITY USA 2005
Internship and Year NORTHWESTERN U FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2006
Residency and Year NORTHWESTERN U FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2010
License Expiration Date **6/30/2016**
Remarks

License Number 7364
License Date 6/12/1986
Name **PEHR, KEVIN L MD**
Address 4060 ST CATHERINE ST W 780, WESTMOUNT QCCANADA, , H3Z 2Z3
Specialty D
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1981
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1982
Residency and Year MCGILL UNIV FACULTY MEDICINE HOSPITAL - 1992
License Expiration Date **6/30/2016**
Remarks

License Number 12274
License Date 4/7/2004
Name **PEKALA, JOSEPH S MD**
Address DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1999
Internship and Year TUCSON HOSPITAL MED EDUCATION, TUCSON AZ 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2016**
Remarks

License Number 10832
License Date 2/2/2000
Name **PELKOWSKI, DAVID J MD**
Address WEEKS MEDICAL CTR, 173 MIDDLE STLANCASTER, NH, 03584-9702
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN MED COLL OF PHILADELPHIA, PA USA 1983
Internship and Year GUTHRIE HLTH SYSTEM/ROBERT PACKER HOSPITAL - SAYRE, PA 1986
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 15988
License Date 1/9/2013
Name **PELLEGRINI JR, VINCENT D MD**
Address DHMC - DEPT OF ORTHOPAEDICS, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1979
Internship and Year HARTFORD HOSPITAL - UNIVERSITY OF CONNECTICUT SOM - HARTFORD, CT 1980
Residency and Year HARTFORD HOSPITAL - UNIVERSITY OF CONNECTICUT SOM - HARTFORD, CT 1981
License Expiration Date **6/30/2015**
Remarks

License Number 15767
License Date 7/11/2012
Name **PELLEY, JOSHUA R MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12674
License Date 4/6/2005
Name **PELLI, ROGER T DO**
Address AROOSTOOK MED CTR, 140 ACADEMY STPRESQUE ISLE, ME, 04769
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1986
Internship and Year BRIGHTON MEDICAL CENTER, PORTLAND ME 1987
Residency and Year BRIGHTON MEDICAL CENTER, PORTLAND ME 1989
License Expiration Date **6/30/2017**
Remarks

License Number 6795
License Date 9/8/1983
Name **PELTIER, DEBORAH A MD**
Address VA HOSPITAL, DEPT OF MEDICINEWHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation EMORY UNIV SCH MED-ATLANTA,GA USA 1976
Internship and Year GRADY MEM HOSP-ATLANTA,GA 1977
Residency and Year GRADY MEM HOSP-GA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 4263
License Date 6/27/1968
Name **PEMBROOK, RICHARD C MD**
Address 876 MIDDLEBRIDGE RD, SOUTH KINGSTOWN, RI, 02879
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MN MED SCH - MINNEAPOLIS, MN USA 1963
Internship and Year UNIVERSITY HOSPITAL - NEW MEXICO 1967
Residency and Year MAINE MEDICAL CENTER - PORTLAND,ME 1972
License Expiration Date **6/30/2014**
Remarks

License Number 12243
License Date 3/3/2004
Name **PENDARVIS, RANIE W MD**
Address 6217 FAIRWAY BAY BLVD SOUTH, GULFPORT, FL, 33707
Specialty DR
Board Certified R
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 1993
Internship and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1994
Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1998
License Expiration Date **6/30/2008**
Remarks

License Number 6272
License Date 8/15/1980
Name **PENDER, PAUL M MD**
Address NH EYE ASSOCIATES PA, 1415 ELM STMANCHESTER, NH, 03101-1325
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1976
Internship and Year MERCY CATHOLIC MEDICAL CENTER - PHILA, PA 1977
Residency and Year WILLS EYE HOSPITAL RESIDENT INSTITUTE - PHILA, PA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 14938
License Date 7/7/2010
Name **PENESETTI, SUNIL MD**
Address VALLEY REGIONAL HOSPITAL, 243 ELM STREETCLAREMONT, NH, 03743
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 2006
Internship and Year ST MICHAELS MEDICAL CENTER-NEWARK, NJ 2008
Residency and Year ST MICHAELS MEDICAL CENTER-NEWARK, NJ 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13297
License Date 10/4/2006
Name **PENG, XING MD**
Address 150 55TH STREET, BROOKLYN, NY, 11220
Specialty R
Board Certified R
School and Year of Graduation PEKING UNION MEDICAL UNIVERSITY, CHINA CHINA 1988
Internship and Year NEW YORK METHODIST HOSP, BROOKLYN NY 1997
Residency and Year NEWARK BETH ISRAEL MED CTR, NEWARK NJ 2001
License Expiration Date **6/30/2008**
Remarks

License Number 14594
License Date 9/2/2009
Name **PENKAR, PARUL MD**
Address 23 BOBSLED DRIVE, NEEDHAM, MA, 02494
Specialty DR
Board Certified DR
School and Year of Graduation K.J. SOMIAYA MEDICAL COLLEGE - MUMBIA INDIA INDIA 1997
Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2003
Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2004
License Expiration Date **6/30/2011**
Remarks

License Number 10216
License Date 1/7/1998
Name **PENNOYER, WILLIAM P MD**
Address 6 NORTHWESTERN DR STE 305, BLOOMFIELD, CT, 06002
Specialty CRS
Board Certified CRS
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1992
Internship and Year HARTFORD HOSPITAL - CT 1997
Residency and Year HARTFORD HOSPITAL - CT 1997
License Expiration Date **6/30/2001**
Remarks

License Number 11572
License Date 4/3/2002
Name **PENNY III, WADE H MD**
Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty ORS
Board Certified ORS
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1984
Internship and Year TAMPA GENERAL HOSPITAL - TAMPA, FL 1985
Residency and Year TAMPA GENERAL HOSPITAL - TAMPA, FL 1989
License Expiration Date **6/30/2016**
Remarks

License Number 9968
License Date 4/2/1997
Name **PEPE, ALBERT J MD**
Address 69 COUNTY RD, OAKLAND, ME, 04963
Specialty ORS
Board Certified ORS
School and Year of Graduation NY UNIV SCHOOL OF MEDICINE - NY, NY USA 1966
Internship and Year BRONX MUNICIPAL HOSPITAL CENTER - NY 1967
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - VT 1973
License Expiration Date **6/30/2005**
Remarks

License Number 8324
License Date 5/9/1990
Name **PEPE, JOSEPH MD**
Address CATHOLIC MED CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON,MA USA 1987
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1988
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10794
License Date 12/1/1999
Name **PEPIN, SUSAN M MD**
Address DHMC/OPHTHALMOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03755
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF CALIFORNIA -SAN FRANCISCO, CA USA 1995
Internship and Year STANFORD UNIV MEDICAL CENTER - STANFORD, CA 1996
Residency and Year UNIV OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE - SAN FRANCISCO, CA 1999
License Expiration Date **6/30/2015**
Remarks

License Number 4817
License Date 8/20/1971
Name **PEPPARD, DONALD M MD**
Address 7 MANCHESTER ST, NASHUA, NH, 03060-2106
Specialty P
Board Certified
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1960
Internship and Year ILLINOIS CENTRAL HOSPITAL - CHICAGO, IL 1964
Residency and Year ST VINCENT'S HOSPITAL MEDICAL CENTER - NY, NY 1971
License Expiration Date **6/30/1999**
Remarks

License Number 6336
License Date 2/2/1981
Name **PEPPER, JAMES J MD**
Address 228 BILLERICA RD, CHELMSFORD, MA, 01824-3604
Specialty IM
Board Certified IM
School and Year of Graduation JEFFERSON MED. COLL JEFFERSON UNIV. PHILA,PA USA 1964
Internship and Year MERCY CATHOLIC MED CTR PHILA,PA 1965
Residency and Year MERCY CATHOLIC MED CTR PHILA,PA 1969
License Expiration Date **6/30/2011**
Remarks

License Number 12708
License Date 5/4/2005
Name **PEPPERS, JENNIFER L MD**
Address NORTH COUNTRY SURGICAL ASSOCIATES, 41 MEDICAL VILLAGE DRIVENEWPORT, VT, 05855
Specialty GS
Board Certified GS
School and Year of Graduation TULANE UNIVERSITY,NEW ORLEANS LA US 1994
Internship and Year TULANE UNIVERSITY, NEW ORLEANS LA 1995
Residency and Year TULANE UNIVERSITY, NEW ORLEANS LA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 6852
License Date 3/1/1984
Name **PERAINO, ROBERT A MD**
Address 129 OLD COUNTY RD, PO BOX 898FRANCONIA, NH, 03580
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CALIFORNIA SCH MED - SAN FRANCISCO USA 1971
Internship and Year BAYLOR COLLEGE MEDICAL HOSPITAL - HOUSTON, TX 1972
Residency and Year BAYLOR COLLEGE MEDICAL HOSPITAL - HOUSTON, TX 1976
License Expiration Date **6/30/2016**
Remarks

License Number 13020
License Date 3/1/2006
Name **PERALTA, JANESSA I MD**
Address LAKES REGION PEDIATRICS, 80 HIGHLAND STLACONIA, NH, 03246
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF PHILIPPINES, MANILA PHILIPPINES PHILIPPINES 1997
Internship and Year ELMHURST HOSPITAL CTR, ELMHURST NY 2005
Residency and Year ELMHURST HOSPITAL CTR, ELMHURST NY 2006
License Expiration Date **6/30/2010**
Remarks

License Number 16954
License Date 2/4/2015
Name **PERALTA, RUBEN MD**
Address RUTH SPRICK-ACUTE SURGICAL, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty GS
Board Certified GS
School and Year of Graduation UNIV NACIONAL PEDRO HENRIQUEZ URENA DOMINICAN REPUBLIC 1985
Internship and Year NORTH OAKLAND MEDICAL CENTERS - PONTIAC - MI 1995
Residency and Year NORTH OAKLAND MEDICAL CENTERS - PONTIAC - MI 1999
License Expiration Date **6/30/2017**
Remarks

License Number 14091
License Date 7/9/2008
Name **PERAZA, DANIEL M MD**
Address PERAZA DERMATOLOGY GROUP, 252 BROAD STREETCLAREMONT, NH, 03743
Specialty D
Board Certified D
School and Year of Graduation COLUMBIA UNIV USA 2006
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 5762
License Date 6/15/1977
Name **PERAZA, JOSE E MD**
Address PERAZA DERMATOLOGY GROUP, 252 BROAD STCLAREMONT, NH, 03743-2636
Specialty D
Board Certified D
School and Year of Graduation COLUMBIA UNIVERSITY-NEW YORK NY USA 1975
Internship and Year HARTFORD HOSPITAL-HARTFORD CT 1976
Residency and Year HARTFORD HOSPITAL-HARTFORD CT 1977
License Expiration Date **6/30/2017**
Remarks

License Number 16186
License Date 6/5/2013
Name **PERCARPIO, ROBERT B MD**
Address DHMC-RADIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2009
Internship and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 10813
License Date 1/5/2000
Name **PERCELAY, JACK M MD**
Address PO BOX 5122, RIDGEWOOD, NJ, 07451-5122
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CA SAN FRANCISCO SCH OF MED - CA USA 1988
Internship and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1989
Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1991
License Expiration Date **6/30/2004**
Remarks **LAPSED FOR NON-RENEWAL 6/30/01 REINSTATED 6/4/03**

License Number 10295
License Date 5/6/1998
Name **PERDIGON, RHONIEL P MD**
Address 110 REHILL AVE, SOMERVILLE, NJ, 08876
Specialty FP
Board Certified
School and Year of Graduation COLL OF MED, U OF THE PHILIPPINES PHILIPPINES 1992
Internship and Year MERCY HOSPITAL OF TOLEDO, TOLEDO OH 1995
Residency and Year SOMERVILLE MEDICAL CENTER, SOMERVILLE NJ 1998
License Expiration Date **6/30/1999**
Remarks

License Number 11427
License Date 10/3/2001
Name **PEREGRINO, MANUEL A MD**
Address ELLIOT HOSPITAL NICU, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCH - BOSTON, MA USA 1991
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1992
Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1994
License Expiration Date **6/30/2005**
Remarks

License Number 6677
License Date 4/7/1983
Name **PERENCEVICH, NICK P MD**
Address NH BOARD OF MEDICINE, 121 SOUTH FRUIT STCONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL - ANDOVER, MA USA 1972
Internship and Year BRIGHAM-WOMENS HOSP - BOSTON, MA 1973
Residency and Year BRIGHAM-WOMENS HOSP - BOSTON, MA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 13555
License Date 6/6/2007
Name **PEREZ, ALFREDO J MD**
Address HOOKSETT PRIMARY CARE, 11 KIMBALL DRIVE UNIT 132HOOKSETT, NH, 03106
Specialty IMG
Board Certified IM
School and Year of Graduation INSTITUTO SUPERIOR DE CIENCIAS MEDICAS DE LA HAVAN CUBA 1982
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CTR - BROOKLYN, NY 2001
Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CTR - BROOKLYN, NY 2003
License Expiration Date **6/30/2017**
Remarks

License Number 14563
License Date 8/5/2009
Name **PEREZ, ANDRES MD**
Address HEALTHWAYS, 701 COOLSPRINGS BLVDFRANKLIN, TN, 37067
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSIDAD CENTRAL DEL CARIBE PUERTO RICO 1981
Internship and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1982
Residency and Year DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 1984
License Expiration Date **6/30/2015**
Remarks

License Number 10283
License Date 5/6/1998
Name **PEREZ, RAYMOND P MD**
Address DHMC/INTERNAL MEDICINE, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation NORTHEASTERN OHIO UNIVERSITY USA 1985
Internship and Year COLUMBIA MICHAEL REESE HOSPITAL& MEDICAL CENTER,CHICAGO,IL 1988
Residency and Year COLUMBIA MICHAEL REESE HOSPITAL & MEDICAL CENTER, CHICAGO, IL 1988
License Expiration Date **6/30/2012**
Remarks

License Number 5817
License Date 9/1/1977
Name **PERKINS, CARL W MD**
Address NORTHFIELD MOUNT HERMON SCHOOL, O'CONNOR HLTHCTR 206 MAIN STNORTHFIELD, MA, 013
Specialty FP
Board Certified FP
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE ST LOUIS USA 1974
Internship and Year WILSON MEMORIAL NEW YORK 1975
Residency and Year WILSON MEMORIAL NEW YORK 1977
License Expiration Date **6/30/2002**
Remarks

License Number 10311
License Date 6/3/1998
Name **PERKINS-HOWLAND, JANET MD**
Address GARRISON WOMENS HLTH CTR, 770 CENTRAL AVEDOVER, NH, 03820
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED AT CHICAGO, IL USA 1993
Internship and Year UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 1994
Residency and Year UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 1998
License Expiration Date **6/30/2016**
Remarks

License Number L2618
License Date 7/30/2007
Name **PERLMUTTER, ALAN M MD**
Address MONADNOCK RADIATION ONCOLOGY, 580 COURT STKEENE, NH, 03431
Specialty RO
Board Certified
School and Year of Graduation ALBERT EINSTEIN UNIVERSITY USA 1985
Internship and Year WELLESLEY HOSPITAL - TORONTO CANADA 1986
Residency and Year PRINCE MARGARET HOSPITAL - TORONTO CANADA 1992
License Expiration Date **11/6/2007**
Remarks

License Number 14356
License Date 3/4/2009
Name **PERNYESZI JR, GABOR MD**
Address PLAISTOW HEALTH, 24 PLAISTOW RD UNIT #3PLAISTOW, NH, 03865
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT USA 2006
Internship and Year ABINGTON MEMORIAL HOSPITAL - JENKINTOWN, PA 2007
Residency and Year ABINGTON MEMORIAL HOSPITAL - JENKINTOWN, PA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11742
License Date 9/4/2002
Name **PERRAS, JOSEPH L MD**
Address MT ASCUTNEY HOSPITAL AND HEALTH CTR, 289 COUNTY ROADWINDSOR, VT, 05089
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC USA 1997
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1998
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 11516
License Date 2/6/2002
Name **PERREAULT, STEPHEN J MD**
Address NAPA HEADQUARTERS, 68 SOUTH SERVICE RD STE 350MELVILL, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF CONNECTICUT - FARMINGTON, CT USA 1992
Internship and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1993
Residency and Year HARTFORD HOSPITAL - FARMINGTON, CT 1996
License Expiration Date **6/30/2016**
Remarks

License Number 16729
License Date 8/6/2014
Name **PERRIZO, KARLA M MD**
Address 3495 HACKS CROSS RD, MEMPHIS, TN, 38125
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF TEXAS MED BRANCH @ GALVESTON, GALVESTON TX US 2005
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2008
License Expiration Date **6/30/2016**
Remarks

License Number 3316
License Date 9/9/1959
Name **PERRON, L ANDRE MD**
Address HEALTH CHECK MEDICAL CENTER, 50 S MAIN STMANCHESTER, NH, 03102
Specialty IM
Board Certified
School and Year of Graduation UNIV OF OTTAWA-OTTAWA CANADA CANADA 1958
Internship and Year THE CARNEY HOSPITAL - BOSTON, MA 1959
Residency and Year THE CARNEY HOSPITAL - BOSTON, MA 1959
License Expiration Date **6/30/2001**
Remarks **EMERGENCY SUSPENSION 6/9/98 CONSENT DECREE 9/11/98. REINSTATED 10/1/98 9/1/00
LICENSE REVOKED
DECEASED 4/22/2012**

License Number 17275
License Date 9/2/2015
Name **PERRY JR, THOMAS C MD**
Address 317 WYNDHAM DR, GRAY, TN, 37615-5228
Specialty NEP
Board Certified N
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN SAINT MAARTEN 2002
Internship and Year CHRIST HOSPITAL - CINCINNATI, OH 2004
Residency and Year UNIVERSITY OF CININNATI MEDICAL CENTER - CINCINNATI, OH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 8564
License Date 6/5/1991
Name **PERRY, ANN E MD**
Address DHMC - PATHOLOGY, 1 MEDICAL CENTER DR PATHOLOGYLEBANON, NH, 03756
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIV OF FLORIDA COLL OF MED-GAINESVILLE, FL USA 1985
Internship and Year SHANDS HOSPITAL - GAINESVILLE, FL 1986
Residency and Year SHANDS HOSPITAL- GAINESVILLE, FL 1990
License Expiration Date **6/30/2017**
Remarks

License Number 8937
License Date 5/5/1993
Name **PERRY, DEBRA A MD**
Address LAUGHLIN MEMORIAL HOSPITAL, 1420 TUSCULUM BLVD GREENEVILLE, TN, 37445
Specialty IM
Board Certified IM
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT SYRACUSE COLL OF MED USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16020
License Date 2/6/2013
Name **PERRY, JORDAN MD**
Address 1053 BELMONT AVE, BOARDMAN, OH, 07306
Specialty FP
Board Certified FP
School and Year of Graduation BHARATI VIDYAPEETH'S MEDICAL COLLEGE INDIA 2003
Internship and Year ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 2008
Residency and Year ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 2010
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/15.
Renewed 7/27/15.**

License Number 16559
License Date 4/2/2014
Name **PERRY, MICHAEL W MD**
Address 3031 N ROCKY POINT DR, TAMPA, FL, 33607
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 1985
Internship and Year MOUNT SINAI HOSPITAL - HARTFORD, CT 1987
Residency and Year MOUNT SINAI HOSPITAL - HARTFORD, CT 1989
License Expiration Date **6/30/2016**
Remarks

License Number 5242
License Date 9/12/1974
Name **PERRY, RICHARD L MD**
Address 4 EVANS RD, PO BOX 195 BETHANY BEACH, DE, 19930
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1949
Internship and Year ROOSEVELT HOSPITAL - NY, NY 1950
Residency and Year ROOSEVELT HOSPITAL - NY, NY 1951
License Expiration Date **6/30/2006**
Remarks

License Number 2729
 License Date 2/2/1949
 Name **PERRY-HOOKER, JOHN H MD**
 Address , , ,
 Specialty P
 Board Certified
 School and Year of Graduation
 Internship and Year
 Residency and Year
 License Expiration Date **1/6/1977**
 Remarks **12/18/1975 - Order revoking Dr. Perry-Hooker's license (suspension continued during the pendency of his appeal of his conviction and the Judgment and Order of the U.S. District Court for the District of MA). Revocation was effective 1/6/1977.**

License Number 14140
 License Date 8/6/2008
 Name **PERSHING, JOHN J MD**
 Address GUNDERSEN LUTHERAN MED CTR, 1900 SOUTH AVELA CROSSE, WI, 54601
 Specialty EM
 Board Certified EM
 School and Year of Graduation UNIV OF WISCONSIN USA 1984
 Internship and Year GUNDERSEN LUTHERAN MEDICAL FOUNDATION - LA CROSSE, WI 1985
 Residency and Year GUNDERSEN LUTHERAN MEDICAL FOUNDATION - LA CROSSE , WI 1987
 License Expiration Date **6/30/2016**
 Remarks

License Number 3617
 License Date 5/31/1963
 Name **PERSKY, ALAN D MD**
 Address , PO BOX 590622NEWTON CTR, MA, 02459
 Specialty P
 Board Certified
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1959
 Internship and Year UNIV OF CALIFORNIA - LOS ANGELES, CA 1960
 Residency and Year MASS HEALTH CENTER - BOSTON, MA 1962
 License Expiration Date **6/30/2009**
 Remarks

License Number 13922
 License Date 4/2/2008
 Name **PERUMANDLA, SIRISHA MD**
 Address 23 MARINA DR, HARVEY LAKE, PA, 18618
 Specialty IM
 Board Certified IM
 School and Year of Graduation OSMANIA MEDICAL COLLEGE INDIA 1998
 Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2000
 Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2002
 License Expiration Date **6/30/2010**
 Remarks

License Number 13923
License Date 4/2/2008
Name **PERUSSE, KARINA MD**
Address FAHC, 111 COLCHESTER STBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation LAVAL UNIV CANADA 1997
Internship and Year LAVAL UNIV-QUEBEC, QUEBEC CANADA 1998
Residency and Year LAVAL UNIV-QUEBEC, QUEBEC CANADA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 13465
License Date 4/4/2007
Name **PERVAIZ, MUHAMMAD A MD**
Address 3655 41ST ST NW, ROCHESTER, MN, 55901
Specialty IM
Board Certified IM
School and Year of Graduation HAMDARD COLLEGE PAKISTAN 2001
Internship and Year NEW YORK MEDICAL COLLEGE @ WESTCHESTER MEDICAL CTR-VALHALLA, NY 2005
Residency and Year NEW YORK MEDICAL COLLEGE @ WESTCHESTER MEDICAL CTR-VALHALLA, NY 2006
License Expiration Date **6/30/2011**
Remarks

License Number 4900
License Date 2/29/1972
Name **PESKE, EDGAR D MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1983**
Remarks **1/18/83 -Voluntarily Surrenders License.**
5/5/83 License reissued with restriction

License Number 8496
License Date 2/6/1991
Name **PESSA, JOEL E MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1980
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 8325
License Date 5/9/1990
Name **PETCU, LOUIS G MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER USA 1985
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 9404
License Date 4/5/1995
Name **PETERNEL, WILLIAM M DO**
Address CENTRAL MAINE MEDICAL CENTER, 300 MAIN STREETLEWISTON, ME, 04240
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1991
Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON OH 1994
Residency and Year AKRON GENERAL MEDICAL CENTER - AKRON OH 1994
License Expiration Date **6/30/2017**
Remarks

License Number 15198
License Date 4/6/2011
Name **PETERS, CHRISTOPHER C MD**
Address IOWA CITY THORACIC & VASCULAR, 540 E JEFFERSON STE 304IOWA CITY, IA, 52245
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1989
Internship and Year TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 96859 1990
Residency and Year TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 96859 1994
License Expiration Date **6/30/2013**
Remarks

License Number 9226
License Date 7/6/1994
Name **PETERS, GREGORY A MD**
Address LAKES REGION RADIOLOGY, 87 SPRING ST UNIT 101LACONIA, NH, 03246-3135
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1989
Internship and Year HENNEPIN COLLEGE MEDICAL CENTER - MINNEAPOLIS MN 1990
Residency and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS MN 1994
License Expiration Date **6/30/2016**
Remarks

License Number 16323
License Date 9/4/2013
Name **PETERS, JULIA MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11743
License Date 9/4/2002
Name **PETERS, NEWTON T MD**
Address EYESIGHT, 155 BORTHWICK AVE STE 200 EASTPORTSMOUTH, NH, 03801
Specialty OPH
Board Certified OPH
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE, HOUSTON TX USA 1995
Internship and Year UNIVERSITY OF HAWAII, HONOLULU HI 1996
Residency and Year UNIVERSITY OF CALIFORNIA, IRVINE CA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11033
License Date 8/2/2000
Name **PETERSON, ANDREA A MD**
Address NORWALK HOSPITAL DEPT OF MED, 34 MAPLE STNORWALK, CT, 06856
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF COLORADO SCH - DENVER, CO USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2008**
Remarks

License Number 9844
License Date 9/4/1996
Name **PETERSON, CHRISTOPHER J MD**
Address LONDERRY PEDIATRICS, 25 BUTTRICK RD BLDG ELONDONDERRY, NH, 03053
Specialty PD
Board Certified PD
School and Year of Graduation GEORGETOWN UNIV SCH OF MED WASHINGTON, DC USA 1994
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date **6/30/2016**
Remarks

License Number 16287
License Date 8/7/2013
Name **PETERSON, JAMES M MD**
Address 68 MAIN ST, PEPPERELL, MA, 01463
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 1988
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1989
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 16130
License Date 5/1/2013
Name **PETERSON, JOEL N MD**
Address NAVAL MEDICAL CENTER, 34800 BOB WILSON DR SAN DIEGO, CA, 92134
Specialty P
Board Certified P
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2002
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2003
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15487
License Date 12/7/2011
Name **PETERSON, JOHN L MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF WISCONSIN USA 1983
Internship and Year UNIVERSITY OF NEVADA - RENO, NV 1984
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1986
License Expiration Date **6/30/2015**
Remarks

License Number 12173
License Date 12/3/2003
Name **PETERSON, KENNETH B MD**
Address CVS-CAREMARK, 9501 E SHEA BLVD SCOTTSDALE, AZ, 85260
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ARIZONA, TUCSON AZ US 1982
Internship and Year GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 1983
Residency and Year GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 1985
License Expiration Date **6/30/2009**
Remarks

License Number 12509
License Date 10/6/2004
Name **PETERSON, KENT W MD**
Address OCCUPATIONAL HEALTH STRATEGIES, 901 PRESTON AVE STE 400CHARLOTTESVILLE, VA, 22903
Specialty PTX
Board Certified PTX
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1968
Internship and Year UNIVERSITY OF WISCONSIN, MADISON WI 1969
Residency and Year UNIVERSITY OF WISCONSIN, MADISON WI 1971
License Expiration Date **6/30/2016**
Remarks

License Number 14813
License Date 4/7/2010
Name **PETIT, KEVIN P MD**
Address ELLIOT HOSPITAL(NICU), ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 1980
Internship and Year STRONG MEMORIAL HOSPITAL-GOLISANO CHILDRENS HOSPITAL @ STRONG - ROCHESTER, NY 198
Residency and Year STRONG MEMORIAL HOSPITAL-GOLISANO CHILDRENS HOSPITAL @ STRONG - ROCHESTER, NY 198
License Expiration Date **6/30/2016**
Remarks

License Number 16048
License Date 3/6/2013
Name **PETRARCA, MARK L DO**
Address CATHOLIC MEDICAL CENTRAL, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year KENT HOSPITAL - WARWICK, RI 2010
Residency and Year KENT HOSPITAL - WARWICK, RI 2013
License Expiration Date **6/30/2017**
Remarks

License Number 15263
License Date 6/1/2011
Name **PETRAS, MELISSA L MD**
Address UNIV AT BUFFALO PATHOLOGISTS, INC, 204 FARBER HALL; 3435 MAIN ST.BUFFALO, NY, 14214
Specialty PTH
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2015**
Remarks

License Number 4870
License Date 12/17/1971
Name **PETRIE, RICHARD A MD**
Address 17 OLD ROLLINSFORD RD, STE 4DOVER, NH, 03820-
Specialty IM
Board Certified
School and Year of Graduation MCGILL UNIVERSITY CANADA 1963
Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL CANADA 1967
Residency and Year ROYAL VICTORIA HOSPITAL - MONTREAL CANADA 1970
License Expiration Date **6/30/2017**
Remarks

License Number 15138
License Date 2/2/2011
Name **PETRILLA, DIANE L MD**
Address 167 LIBERTY COURT, OAK RIDGE, TN, 37830
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1982
Internship and Year UNIVERSITY OF ALABAMA HEALTH CENTER - HUNTSVILLE, AL 1984
Residency and Year UNIVERSITY OF ALABAMA HEALTH CENTER - HUNTSVILLE, AL 1986
License Expiration Date **6/30/2017**
Remarks

License Number 14564
License Date 8/5/2009
Name **PETRIN, THOMAS J MD**
Address COMMUNITY PHYSICANS OF IN, 11911 N MERIDIAN STCARMEL, IN, 46032
Specialty IM
Board Certified IM
School and Year of Graduation INDIANA UNIVERSITY USA 1973
Internship and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1974
Residency and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, INA 1976
License Expiration Date **6/30/2011**
Remarks

License Number 11931
License Date 5/7/2003
Name **PETRO, ANASTASIA MD**
Address NASHUA DERMATOLOGY ASSOC, 280 MAIN ST STE 110NASHUA, NH, 03060
Specialty D
Board Certified
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1999
Internship and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2000
Residency and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2002
License Expiration Date **6/30/2005**
Remarks

License Number 15161
License Date 3/2/2011
Name **PETRON, ALEXANDER W DO**
Address ELLIOT HEALTH SYSTEM, 4 ELLIOT WAY STE 203MANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE USA 1995
Internship and Year GORYEB CHILDRENS HOSPITAL ATLANTIC HEALTH - MORRISTOWN, NJ 1996
Residency and Year GORYEB CHILDRENS HOSPITAL ATLANTIC HEALTH - MORRISTOWN, NJ 1999
License Expiration Date **6/30/2017**
Remarks

License Number 13982
License Date 5/7/2008
Name **PETROVA, ROSITSA D MD**
Address SO NH MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL UNIV OF SOFIA BULGARIA 1998
Internship and Year LINCOLN MEDICAL & MENTAL HEALTH CTR - BRONX, NY 2004
Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CTR - BRONX, NY 2006
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/12 - reinstated 11/6/13**

License Number 6006
License Date 12/11/1978
Name **PETROVICH, LAWRENCE J MD**
Address 12 HOSPITAL DR STE 9, YORK, ME, 03909-1030
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF ILLINOIS COLLEGE MEDICINE - CHICAGO, IL USA 1972
Internship and Year BAYLOR COLLEGE MEDICAL HOSPITAL - HOUSTON, TX 1973
Residency and Year BAYLOR COLLEGE MEDICAL HOSPITAL - HOUSTON, TX 1977
License Expiration Date **6/30/2016**
Remarks

License Number 10284
License Date 5/6/1998
Name **PETROZZA, JOHN C MD**
Address 20 POND MEADOW DR, STE 101READING, MA, 01867
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS USA 1990
Internship and Year UNIV OF TEXAS MED SCH - HOUSTON, TX 1991
Residency and Year UNIVERSITY OF TEXAS MEDICAL SCHOOL, HOUSTON TX 1994
License Expiration Date **6/30/2000**
Remarks

License Number 13924
License Date 4/2/2008
Name **PETRULIS, ALICE S MD**
Address KEPRO, 5700 LOMBARDO CTR DR STE 100SEVEN HILLS, OH, 44131
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIV USA 1975
Internship and Year OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 1976
Residency and Year OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 1978
License Expiration Date **6/30/2010**
Remarks

License Number 9819
License Date 8/7/1996
Name **PETTERSON, JEAN M DO**
Address LACONIA CLINIC, 724 MAIN ST PO BOX 637LACONIA, NH, 03247-0637
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED BIDDEFORD USA 1993
Internship and Year NEWARK BETH ISREAL MEDICAL CENTER - NJ 1996
Residency and Year NEWARK BETH ISREAL MEDICAL CENTER - NJ 1996
License Expiration Date **6/30/2016**
Remarks

License Number 7731
License Date 10/7/1987
Name **PETTINARI, NANCY J MD**
Address WENTWORTH DOUGLASS PHYSICAN CORP, 10 MEMBERS WAY STE 300DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR USA 1980
Internship and Year NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1981
Residency and Year NEW ENGLAND MED CTR INC-BOSTON,MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11201
License Date 3/7/2001
Name **PETTINATO, JOHN R DO**
Address ELLIOT NEUROLOGY ASSOCIATES, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty N
Board Certified N
School and Year of Graduation MIDWESTERN UNIV DOWNERS GROVE - IL USA 1993
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1994
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1997
License Expiration Date **6/30/2015**
Remarks

License Number 13556
License Date 6/6/2007
Name **PETTINGER, THOMAS W MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF TEXAS USA 1990
Internship and Year CREIGHTON UNIV - OMAHA, NE 1991
Residency and Year UNIV OF CALIFORNIA(DAVIS)MEDICAL CTR - SACRAMENTO, CA 1995
License Expiration Date **6/30/2013**
Remarks

License Number 16131
License Date 5/1/2013
Name **PETTUS, JASON R MD**
Address DARTMOUTH - HITCHCOCK MED CTR - DEPT OF PATHOLOGY, ONE MEDICAL CENTER DRLEBANON,
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2017**
Remarks

License Number 12074
License Date 9/3/2003
Name **PETTY, WILLIAM J MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC US 1998
Internship and Year DUKE UNIVERSITY MEDICAL CTR, DURHAM NC 1999
Residency and Year DUKE UNIVERSITY MEDICAL CTR, DURHAM NC 2001
License Expiration Date **6/30/2005**
Remarks

License Number 8893
License Date 2/3/1993
Name **PEYTON, BETTINA MD**
Address 16 BLOOD RD, HOLLIS, NH, 03049
Specialty IM
Board Certified IM
School and Year of Graduation UMDNJ ROBERT W JOHNSON MEDICAL SCHOOL USA 1983
Internship and Year UMDNJ ROBERT W JOHNSON MEDICAL SCHOOL - PISCATAWAY NJ 1984
Residency and Year UMDNJ ROBERT W JOHNSON MEDICAL SCHOOL - PISCATAWAY NJ 1985
License Expiration Date **6/30/2013**
Remarks

License Number 5365
License Date 7/14/1975
Name **PEZZUTI, ROGER T MD**
Address MAINE MEDICAL CTR, DEPT OF RADIOLOGYPORTLAND, ME, 04102
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE PHIL, PA USA 1971
Internship and Year UNIV HOSPITAL MADISON 1971
Residency and Year METHODIST HOSPITAL GRADUATE MEDICAL CENTER INDIANAPOLIS 1973
License Expiration Date **6/30/2015**
Remarks

License Number 13637
License Date 8/1/2007
Name **PFALZ, HELMUT MD**
Address 110 HOSPITAL RD SUITE 214, PRINCE FREDERICK, MD, 20678
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF ULM GERMANY 1994
Internship and Year WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 1998
Residency and Year WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 16981
License Date 3/4/2015
Name **PFENNING, MELISSA L MD**
Address 1922 ITHACA DR, NORMAN, OK, 73071
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF OKLAHOMA HEALTH SCEINCE CENTER USA 2004
Internship and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - OKLAHOMA CITY, OK 2005
Residency and Year UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - OKLAHOMA CITY, OK 2009
License Expiration Date **6/30/2017**
Remarks

License Number 16605
License Date 5/7/2014
Name **PHAM, THACH MD**
Address CMR 402 BOX 850, APO, AE, 09180-0009
Specialty GS
Board Certified GS
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2006
Internship and Year DWIGHT D EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 2007
Residency and Year DWIGHT D EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12629
License Date 3/2/2005
Name **PHELAN, STEPHEN J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF COLORADO, BOULDER CO US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2007**
Remarks

License Number 9429
License Date 5/3/1995
Name **PHELPS, RICK D MD**
Address DHMC- SECTION OF UROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF VERMONT USA 1990
Internship and Year MEDICAL CENTER HOSPITAL VERMONT, BURLINGTON VT 1992
Residency and Year MEDICAL CENTER HOSPITAL VERMONT, BURLINGTON VT 1995
License Expiration Date **6/30/2017**
Remarks

License Number 12709
License Date 5/4/2005
Name **PHILBIN, DANIEL M MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty CD
Board Certified ICE
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1992
Internship and Year NEW HAVEN HOSPITAL, NEW HAVEN CT 1993
Residency and Year NEW HAVEN HOSPITAL, NEW HAVEN CT 1995
License Expiration Date **6/30/2017**
Remarks

License Number 17127
License Date 6/3/2015
Name **PHILBRICK, JOSHUA M MD**
Address ESSEX ORTHOPAEDICS & OPTIMA SPORTS MEDICINE, 16 PELHAM RDSALEM, NH, 03079
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF TOLEDO USA 2009
Internship and Year UNIVERSITY OF TOLEDO-HEALTH SCIENCE CAMPUS, TOLEDO OH 2010
Residency and Year UNIVERSITY OF TOLEDO-HEALTH SCIENCE CAMPUS, TOLEDO OH 2014
License Expiration Date **6/30/2017**
Remarks

License Number 13638
License Date 8/1/2007
Name **PHILIP, SHAIENDRI E MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation LOMA LINDA UNIV USA 1996
Internship and Year ARROWHEAD REGIONAL MEDICAL CENTER - COLTON, CA 1997
Residency and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 8133
License Date 6/7/1989
Name **PHILIPS, NANCY M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR EMLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1979
Internship and Year MED COLL OF VIRGINIA HOSP-RICHMOND,VA 1980
Residency and Year MED COLL OF VIRGINIA-RICHMOND,VA 1982
License Expiration Date **6/30/2017**
Remarks

License Number L3250
License Date 2/18/2013
Name **PHILLIPS, ALEKSANDRA P MD**
Address LRGHEALTHCARE LACONIA REGIONAL HOSPITAL, 80 HIGHLAND STREETLACONIA, NH, 03246
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF BELGRADE SERBIA 1991
Internship and Year KRASNOW INSTITUTE 1998
Residency and Year TULANE SCHOOL OF MEDICINE 2003
License Expiration Date **5/28/2013**
Remarks

License Number 10340
License Date 7/1/1998
Name **PHILLIPS, ANDREE C MD**
Address CONCORD ORTHOPEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty RHU
Board Certified RHU
School and Year of Graduation TUFTS UNIV SCHOOL OF MED - BOSTON, MA USA 1991
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1992
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 2942
License Date 9/19/1952
Name **PHILLIPS, DONALD F MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1981**
Remarks **DECEASED 7/1985**

License Number 5954
License Date 7/27/1978
Name **PHILLIPS, DONALD F MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF BOLOGNA ITALY 1972
Internship and Year
Residency and Year
License Expiration Date **4/26/1993**
Remarks **DECEASED 4/26/93**

License Number 7772
License Date 6/6/1988
Name **PHILLIPS, JOSEPH M MD**
Address UPPER VALLEY MEDICAL GROUP, 106 HANOVER STLEBANON, NH, 03766
Specialty NS
Board Certified NS
School and Year of Graduation NEW YORK UNIV SCH MED - NY, NY USA 1981
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1982
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 9459
License Date 6/7/1995
Name **PHILLIPS, MICHAEL S MD**
Address NEW YORK CITY DEPT HLTH, 125 WORTH ST BOX 22A RM 300NEW YORK, NY, 10013
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1995
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL, HANOVER NH 1995
License Expiration Date **6/30/2003**
Remarks

License Number 17128
License Date 6/3/2015
Name **PHILLIPS, SHARON J MD**
Address 1625 COMMONWEALTH AVE, APT 1BRIGHTON, MA, 02135
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHL, WORCESTER MA USA 2006
Internship and Year MONTEFIORE MEDICAL CENTER, BRONX NY 2007
Residency and Year MONTEFIORE MEDICAL CENTER, BRONX NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11288
License Date 6/6/2001
Name **PHILPOTT, ADI M DO**
Address 37 LEONARD, PORTLAND, ME, 04103
Specialty OMM
Board Certified OMM
School and Year of Graduation UNIV OF NEW ENGLAND COLL - BIDDEFORD, MD USA 1997
Internship and Year COMMUNITY HOSPITAL - LANCASTER, NH 1998
Residency and Year ST JOSEPH MEDICAL CENTER - READING, PA 2000
License Expiration Date **6/30/2015**
Remarks

License Number 10966
License Date 6/7/2000
Name **PHIPPS, STEPHEN J MD**
Address EYE ASSOCIATES OF NORTHERN NEW ENGLAND, 1290 HOSPITAL DR STE 5ST JOHNSBURY, VT, 0581
Specialty OPH
Board Certified OPH
School and Year of Graduation CREIGHTON UNIV SCH OF MED - OMAHA, NE USA 1996
Internship and Year GOOD SAMARITAN REG MED CTR - PHOENIX, AZ 1997
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1999
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/3/14

License Number 16132
License Date 5/1/2013
Name **PHITAYAKORN, ROY MD**
Address MGH/WACC STE 460, 15 PARKMAN STBOSTON, MA, 02114
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2002
Internship and Year UNIV HOSPITALS CASE MEDICAL CENTER-CASEWESTERN RESERVE UNIV - CLEVELAND, OH 2003
Residency and Year UNIV HOSPITALS CASE MEDICAL CENTER-CASEWESTERN RESERVE UNIV - CLEVELAND, OH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11673
License Date 7/3/2002
Name **PHO, KEVIN Y MD**
Address NASHUA MEDICAL GROUP, 173 DANIEL WEBSTER HWY SONASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1999
Internship and Year BOSTON MEDICAL CENTER - BOSTON, MA 2000
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 9169
License Date 5/4/1994
Name **PIAZZA, LAWRENCE MD**
Address COASTAL EYE CARE PA, 128 BUCKSPORT RDELLESWORTH, ME, 04605
Specialty OPH
Board Certified OPH
School and Year of Graduation FINCH UNIVERSITY OF HEALTH SCIENCE USA 1988
Internship and Year ST MARY HEALTH CENTER - ST LOUIS MO 1989
Residency and Year BARNES HOSPITAL - ST LOUIS MO 1989
License Expiration Date **6/30/2016**
Remarks

License Number 9384
License Date 3/1/1995
Name **PICARD, DAVID C MD**
Address CONCORD PULMONARY MEDICINE, 248 PLEASANT ST G100CONCORD, NH, 03301-
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIVERSITY OF VERMONT SCHOOL OF MEDICINE USA 1989
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1995
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1995
License Expiration Date **6/30/2017**
Remarks

License Number 15357
License Date 8/3/2011
Name **PICCIONE JR, FRANCIS J DO**
Address 90 PEASLEE RD, BOW, NH, 03304
Specialty ORS
Board Certified ORS
School and Year of Graduation DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER USA 1975
Internship and Year INTERBORO GENERAL HOSPITAL - BROOKLYN, NY 1976
Residency and Year BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1980
License Expiration Date **6/30/2017**
Remarks

License Number 13837
License Date 2/6/2008
Name **PICCONE, MATTHEW J DO**
Address CONCORD HOSPITAL - DEPT OF FAMILY MEDICINE, 250 PLEASANT STCONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NEW ENGLAND USA 2003
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2004
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 7339
License Date 5/8/1986
Name **PIERCE, JEREMY W MD**
Address VALLEY REGIONAL HOSP, 243 ELM STCLAREMONT, NH, 03743-2099
Specialty EM
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLL MED -BURLINGTON, VT USA 1983
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1984
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1986
License Expiration Date **6/30/1999**
Remarks **Deceased 4/17/1999**

License Number 10341
License Date 7/1/1998
Name **PIERCE, JOHN G MD**
Address PORTSMOUTH RADIOLOGICAL PA, 40 EAST AVE., UNIT 7, PO BOX 1948LEWISTON, ME, 04241
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNIV SCHOOL OF MED - BOSTON, MA USA 1992
Internship and Year BOSTON UNIV SCHOOL OF MEDICINE - BROCKTON, MA 1993
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1997
License Expiration Date **6/30/2016**
Remarks

License Number 7035
License Date 1/10/1985
Name **PIERCE, RALPH W MD**
Address WINCHESTER HOSPITAL, 955 MAIN STWINCHESTER, MA, 01890-
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1970
Internship and Year MOFFITT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1971
Residency and Year MASS GENERAL HOSPITAL - BOSTON MA 1975
License Expiration Date **6/30/1999**
Remarks

License Number 10002
License Date 5/7/1997
Name **PIERPONT, NINA MD**
Address 130 PARK ST340 ELM ST, MALONE, NY, 12953
Specialty PD
Board Certified PD
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MED-BALTIMORE,MD USA 1991
Internship and Year CHILDRENS NAT'L MED CTR-WASHINGTON,DC 1992
Residency and Year MARYHITCHCOCK MEM HOSPITAL,NH 1994
License Expiration Date **6/30/1998**
Remarks

License Number 14595
License Date 9/2/2009
Name **PIERRE, PATRICK MD**
Address MARTIN'S PT HEALTH CARE, 6 FARLEY RDBRUNSWICK, ME, 04011
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY USA 2005
Internship and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2007
Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10245
License Date 3/4/1998
Name **PIETRAS, ELIZABETH S MD**
Address MAINE MEDICAL CTR, BRAMHALL STPORTLAND, ME, 04102-3175
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1991
Internship and Year RHODE ISLAND HOSPITAL - RI 1992
Residency and Year JOHNS HOPKINS UNIV SCH MED - MD 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11801
License Date 12/4/2002
Name **PIKE, TIMOTHY S DO**
Address 32 WINDSOR GREEN RD, GREENLAND, NH, 03840
Specialty IM
Board Certified IM
School and Year of Graduation MIDWESTERN UNIV MED CTR - DOWNERS GROVE, IL USA 1994
Internship and Year LOYOLA UNIV MED CTR - MAYWOOD, IL 1995
Residency and Year LOYOLA UNIV MED CTR - MAYWOOD, IL 1997
License Expiration Date **6/30/2016**
Remarks

License Number 11357
License Date 8/1/2001
Name **PIKORA, CHERYL A MD**
Address 300 LONGWOOD AVE, BOSTON, MA, 02115
Specialty ID
Board Certified
School and Year of Graduation UNIV OF MASS MEDICAL SCH - WORCESTER,MA USA 1997
Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 1998
Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 1999
License Expiration Date **6/30/2003**
Remarks

License Number 9499
License Date 7/5/1995
Name **PIKUS, HAROLD J MD**
Address 106 HANOVER ST, LEBANON, NH, 03755
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/96 - reinstated 7/3/13**

License Number 17276
License Date 9/2/2015
Name **PILLAI, SINDHU V MD**
Address 100 MCGREGOR ST, MANCHESTER, NH, 03102-3770
Specialty IM
Board Certified IM
School and Year of Graduation KASTURBA MEDICAL COLLEGE, MANIPAL UNIVERSITY INDIA 2004
Internship and Year ADVOCATE LUTHERAN GENERAL HOSPITAL, PARK RIDGE, IL 2007
Residency and Year ST LUKE'S ROOSEVELT HOSPITAL CENTER, NEW YORK, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 3684
License Date 3/11/1964
Name **PILLIOD, JAMES P MD**
Address 504 PROVINCE RD, BELMONT, NH, 03220-5379
Specialty PD
Board Certified PD
School and Year of Graduation DUKE UNIV - DURHAM, NC USA 1960
Internship and Year UNIVERSITY HOSPITAL - ANN ARBOR, MI 1961
Residency and Year UNIVERSITY HOSPITAL - ANN ARBOR, MI 1964
License Expiration Date **6/30/2010**
Remarks **Deceased 3/9/2014**

License Number 10833
License Date 2/2/2000
Name **PILON, ROBERT N MD**
Address BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS ST BOSTON, MA, 03801
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1958
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1959
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1960
License Expiration Date **6/30/2016**
Remarks

License Number 5764
License Date 6/21/1977
Name **PILPIL, SEVILLA F MD**
Address 151 POINT COURT, LAWRENCEVILLE, NJ, 08648
Specialty PD
Board Certified PD
School and Year of Graduation FACULTY OF MED. AND SURGERY SANTO TOMAS MANILLA MANILLA 1963
Internship and Year CONEY ISLAND HOSPITAL 1965
Residency and Year NY MEDICAL COLL MET HOSPITAL CENTER 1970
License Expiration Date **6/30/2003**
Remarks

License Number 4970
License Date 4/27/1973
Name **PILPIL-ARAMBULO, JOSEFINA F MD**
Address 65 HAWTHORNE DR., APT 217 BEDFORD, NH, 03110
Specialty OBG
Board Certified
School and Year of Graduation UNIV OF SANTO TOMAS MANILA PHILIPPINES 1960
Internship and Year CHILDREN'S HOSPITAL - MANILA, PHILIPPINES 1963
Residency and Year ELLIS HOSPITAL - SCHENECTADY, NY 1967
License Expiration Date **6/30/2015**
Remarks **SETTLEMENT AGREEMENT 9/11/01**

License Number 12075
License Date 9/3/2003
Name **PINARD, TIMOTHY S MD**
Address WOLFEBORO WOMEN'S HEALTH, 240 S MAIN ST WOLFEBORO, NH, 03894
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1995
Internship and Year WEST VIRGINIA UNIVERSITY HOSPITALS, MORGANTOWN WV 1996
Residency and Year WEST VIRGINIA UNIVERSITY HOSPITALS, MORGANTOWN WV 1999
License Expiration Date **6/30/2017**
Remarks

License Number 9430
License Date 5/3/1995
Name **PINEDA II, ROBERTO MD**
Address BRIGHAM & WOMEN HOSP, 221 LONGWOOD AVE BOSTON, MA, 02115
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 1990
Internship and Year HENNEPIN CO MEDICAL CENTER, MINNEAPOLIS MN 1991
Residency and Year MASS EYE EAR INFIRMARY, BOSTON MA 1994
License Expiration Date **6/30/2000**
Remarks

License Number 10217
License Date 1/7/1998
Name **PINEDA, HONORATA P MD**
Address 2307 W BRISTOL AVE, TAMPA, FL, 33609
Specialty P
Board Certified
School and Year of Graduation MANILA CENTRAL UNIV COLL OF MED- MANILA PHILIPPINES 1964
Internship and Year GRIFFIN MEMORIAL HOSPITAL - OK 1980
Residency and Year GRIFFIN MEMORIAL HOSPITAL - OK 1983
License Expiration Date **6/30/1998**
Remarks

License Number 14635
License Date 10/7/2009
Name **PINETTE, MICHAEL G MD**
Address WOMEN'S HEALTH, 887 CONGRESS ST STE 200 PORTLAND, ME, 04102
Specialty MFM
Board Certified MFM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1983
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date **6/30/2015**
Remarks

License Number 11487
License Date 1/2/2002
Name **PINKERSON, ALEXANDRA I MD**
Address QUINCY MEDICAL CENTER B-615, 114 WHITWELL ST QUINCY, MA, 02169
Specialty P
Board Certified
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date **6/30/2003**
Remarks

License Number 6212
License Date 6/10/1980
Name **PINKERTON, CHARLES C MD**
Address 330 BORTHWICK AVE STE 205, PORTSMOUTH, NH, 03801-4101
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VIRGINIA SCH MED CHARLOTTESVILLE USA 1976
Internship and Year C S WILSON MEMORIAL HOSPITAL - JOHNSON CITY, NY 1977
Residency and Year C S WILSON MEMORIAL HOSPITAL - JOHNSON CITY, NY 1980
License Expiration Date **6/30/2016**
Remarks

License Number 16458
License Date 1/8/2014
Name **PINKERTON, FAITH M MD**
Address 1 AMBER RD, WESTMINSTER, MA, 01473
Specialty FP
Board Certified FP
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year MIDDLESEX HOSPITAL - MIDDLETOWN, CT 2003
Residency and Year MIDDLESEX HOSPITAL - MIDDLETOWN, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13175
License Date 7/5/2006
Name **PINNAKA, JYOTHISHREE R MD**
Address 194 CENTRAL ST, APT 109 GARDNER, MA, 01440
Specialty IM
Board Certified IM
School and Year of Graduation MYSORE UNIV IN INDIA USA 1993
Internship and Year UNIV OF ILLINOIS COLLEGE - PEORIA, IL 2003
Residency and Year QUEENS HOSPITAL CTR-JAMAICA, NY 2005
License Expiration Date **6/30/2012**
Remarks

License Number 9353
License Date 1/11/1995
Name **PINSKY, ALEXANDER J MD**
Address 95 MORGAN ST, STE 1 JSTAMFORD, CT, 06905-
Specialty PD
Board Certified PD
School and Year of Graduation SECOND MOSKOVSKIJ MEDICAL INST RUSSIA 1979
Internship and Year MONMOUTH MEDICAL CENTER - NEW YORK NY BETH ISRAEL MEDICAL CENTER - NEW YORK
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/1998**
Remarks

License Number 5243
License Date 9/12/1974
Name **PINSKY, LINCOLN N MD**
Address 275 VARNUM AVE STE 201, LOWELL, MA, 01854-2141
Specialty CD
Board Certified CD
School and Year of Graduation CASE WESTERN RESERVE UNIV OF OH USA 1969
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1970
Residency and Year UNIV HOSPITAL - BOSTON, MA 1974
License Expiration Date **6/30/2006**
Remarks

License Number 15968
License Date 12/5/2012
Name **PINTO, ANNA L MD**
Address DARTMOUTH HITCHCOCK MANCHESTER, 87 MCGREGOR ST - SUITE 2200MANCHESTER, NH, 03102
Specialty CHN
Board Certified
School and Year of Graduation UNIVERSIDADE FEDERAL DO RIO DE JANEIRO BRAZIL 1990
Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 2009
Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 7098
License Date 5/2/1985
Name **PINTO-LORD, M CECILIA MD**
Address COASTAL NEUROLOGY SERVICES, 158 E NH ROUTE 108 SUITE 5DOVER, NH, 03820
Specialty N
Board Certified PD
School and Year of Graduation FAC DE MED DO TRIANGULO MINEIRO BRAZIL 1972
Internship and Year UNIV MA MED CTR WORCESTER MA 1981
Residency and Year UNIV MA HOSP MED CTR WORCESTER MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 9049
License Date 9/1/1993
Name **PINTO-POWELL, ROSHINI C MD**
Address DHMC-GIM, I MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIV SCH OF MED VET MED ROSEAU WEST INDIES 1985
Internship and Year ST ELIZABETH HOSPITAL - NJ 1988
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1994
License Expiration Date **6/30/2017**
Remarks

License Number 14141
License Date 8/6/2008
Name **PIOTROWSKI, ROBERT C MD**
Address PARKLAND MEDICAL CTR - DEPT OF EMERGENCY MED, 1 PARKLAND DRDERRY, NH, 03038
Specialty EM
Board Certified EM
School and Year of Graduation OHIO STATE UNIV USA 1996
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1997
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2002
License Expiration Date **6/30/2016**
Remarks

License Number 9245
License Date 8/3/1994
Name **PIPAS, CATHERINE F MD**
Address DHMC, ONE MEDICAL CTR DR HB 7250LEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MEDICAL COLLEGE THOMAS JEFFERSON UNIVER USA 1990
Internship and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER - CHARLESTON SC 1991
Residency and Year MEDICAL UNIVERSITY SOUTH CAROLINA MEDICAL CENTER - CHARLESTON SC 1993
License Expiration Date **6/30/2016**
Remarks

License Number 9256
License Date 8/3/1994
Name **PIPAS, J MARC MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ON
Board Certified ON
School and Year of Graduation SUNY HEALTH SCI CTR SYRACUSE COL OF MED USA 1989
Internship and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE - CHARLESTON SC 1992
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2016**
Remarks

License Number 4740
License Date 7/25/1972
Name **PIPER, JURGEN F MD**
Address 3 BEVERLEE DR, NASHUA, NH, 03060
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED, DC USA 1959
Internship and Year UNIV OF MINNESOTA HOSPITAL - MINNEAPOLIS, MN 1960
Residency and Year BROOKE GENERAL HOSPITAL - FORT SAM HOUSTON, TX 1968
License Expiration Date **6/30/1998**
Remarks

License Number 15591
License Date 3/7/2012
Name **PIRL, WILLIAM F MD**
Address MGH YAWKEY 9A, 55 FRUIT ST BOSTON, MA, 02114
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1994
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
License Expiration Date **6/30/2016**

Remarks

License Number 7758
License Date 12/2/1987
Name **PIRZADA, FAROUK A MD**
Address 50 ROWE ST, STE 600 MELROSE, MA, 02176
Specialty CD
Board Certified CD
School and Year of Graduation GOVERNMENT MED COLL INDIA 1966
Internship and Year MALDEN HOSP-MALDEN, MA 1969
Residency and Year VET ADMIN MED CTR-BOSTON, MA 1970
License Expiration Date **6/30/2017**

Remarks

License Number 13353
License Date 12/6/2006
Name **PISC, CARMEN L MD**
Address NORRIS COTTON CANCER CENTER, 87 MCGREGOR ST STE 4100 MANCHESTER, NH, 03102
Specialty ON
Board Certified ON
School and Year of Graduation UNIV SI FARMACIE CAROL DAVILA ROMANIA 1990
Internship and Year UNIV OF MASSACHUSETTS MEMORIAL-MEMORIAL CAMPUS-WORCESTER, MA 1999
Residency and Year UNIV OF MASSACHUSETTS MEMORIAL- MEMORIAL CAMPUS-WORCESTER, MA 2001
License Expiration Date **6/30/2014**

Remarks **lapsed 6/30/08 - reinstated 12/1/10**

License Number 14473
License Date 6/3/2009
Name **PISCIOTTO, PATRICIA T MD**
Address 44 SARAH DR, AVON, CT, 06001
Specialty BBK
Board Certified PD
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1974
Internship and Year UNIVERSITY OF MINNESOTA - MINNEAPOLIS, MN 1975
Residency and Year UNIVERSITY OF MINNESOTA - MENNEAPOLIS, MN 1976
License Expiration Date **6/30/2015**

Remarks

License Number 8097
License Date 5/10/1989
Name **PISCOPO, MARK F MD**
Address ELLIOT ORTHOPAEDIC SURGICAL SP, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF OTTAWA FAC OF MED OTTAWA ONT CANADA 1978
Internship and Year UNIV OF OTTAWA OTTAWA ONTARION CANADA 1983
Residency and Year UNIV OF OTTAWA OTTAWA ONTARION CANADA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 6616
License Date 9/9/1982
Name **PISICK, BARRY M MD**
Address 565 TURNPIKE, N ANDOVER, MA, 01845-
Specialty PUD
Board Certified IM
School and Year of Graduation FACULATY DR GENEESKUNDE KATHOLIEKE UNIV BELGIUM 1977
Internship and Year ST JOHN HOSPITAL - DETROIT, MI 1978
Residency and Year ST JOHN HOSPITAL - DETROIT, MI 1980
License Expiration Date **6/30/1999**
Remarks

License Number 6355
License Date 3/6/1981
Name **PITMAN, ROGER K MD**
Address MGH EAST, 120 SECOND AVECHARLESTOWN, MA, 02129
Specialty P
Board Certified P
School and Year of Graduation UNIV OF VERMONT COLL OF MED,BURLINGTON VT USA 1969
Internship and Year BOSTON CITY HOSP,BOSTON,MA 1970
Residency and Year NEW ENGLAND MED CTR HOSP,BOSTON, MA 1973
License Expiration Date **6/30/2017**
Remarks

License Number 9686
License Date 4/3/1996
Name **PITTS, LESLIE T MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty FP
Board Certified FP
School and Year of Graduation MCGILL UNIV - MONTREAL CANADA 1992
Internship and Year UNIV OF WESTERN ONTARIO - LONDON, ONTARIO 1993
Residency and Year UNIV OF WESTERN ONTARIO - LONDON, ONTARIO 1994
License Expiration Date **6/30/2016**
Remarks

License Number 9707
License Date 5/1/1996
Name **PITTS, MARGARET A MD**
Address ANESTHESIA ASSOCIATES PA, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF CONN MEDICAL SCHOOL FARMINGTON USA 1992
Internship and Year UNIVERSITY OF CONN MEDICAL SCHOOL FARMINGTON 1993
Residency and Year HOSPITAL UNIV OF PENNSYLVANIA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 12809
License Date 7/6/2005
Name **PIVOR, MITCHELL N MD**
Address LILAC CITY PEDIATRICS PA, 180 FARMINGTON RDROCHESTER, NH, 03867
Specialty PD
Board Certified PD
School and Year of Graduation TULANE UNIVERSITY, NEW ORLEANS LA USA 1983
Internship and Year SUNY HEALTH SCIENCE CENTER AT SYRACUSE, SYRACUSE NY 1984
Residency and Year SUNY HEALTH SCIENCE CENTER AT SYRACUSE, SYRACUSE NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 15089
License Date 12/1/2010
Name **PIZINGER, RYAN M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**
Remarks

License Number 9629
License Date 1/3/1996
Name **PLACE, JAMES N MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty DR
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED & HEALTH SCIENCE USA 1986
Internship and Year MAIONE MEDICAL CENTER - PORTLAND, ME 1987
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13512
License Date 5/9/2007
Name **PLACHINTA, ROMAN V MD**
Address ANESTHESIA ASSOCIATES PA, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation BUKOVINSKA STATE MEDICAL ACADEMY UKRAINE 1998
Internship and Year UNIV OF IOWA HOSPITALS AND CLINIC - IOWA CITY, IA 2004
Residency and Year UNIV OF IOWA HOSPITALS AND CLINIC - IOWA CITY, IA 2006
License Expiration Date **6/30/2015**
Remarks

License Number 10003
License Date 5/7/1997
Name **PLAGER, MICHAEL D MD**
Address 426 B WINCHESTER ST, KEENE, NH, 03431
Specialty NEP
Board Certified IM
School and Year of Graduation SUNY AT BUFFALO SCH OF MED-BUFFALO,NY USA 1991
Internship and Year RHODE ISLAND HOSPITAL-RI 1997
Residency and Year RHODE ISLAND HOSPITAL-RI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10285
License Date 5/6/1998
Name **PLANCK, BRENDA L MD**
Address CONN VALLEY HOSPITAL, PO BOX 70- O'BRIEN DRMIDDLETOWN, CT, 06459
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1993
Internship and Year HOSPITAL OF SAINT RAPHAEL, NEW HAVEN CT 1994
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE, NEW HAVEN CT 1998
License Expiration Date **6/30/2002**
Remarks

License Number 13639
License Date 8/1/2007
Name **PLANTE, JULIE J MD**
Address CONCORD HOSPITAL, 248 PLEASANT ST STE G 100CONCORD, NH, 03301
Specialty IM
Board Certified
School and Year of Graduation LAVAL UNIV CANADA 1995
Internship and Year LAVAL UNIV - QUEBEC, QUEBEC CANADA 1998
Residency and Year LAVAL UNIV - QUEBEC, QUEBEC CANADA 2000
License Expiration Date **6/30/2011**
Remarks

License Number 3591
 License Date 3/13/1963
 Name **PLANTIER, HENRY A MD**
 Address 89 CYPRESS ST, MANCHESTER, NH, 03103-4500
 Specialty PD
 Board Certified PD
 School and Year of Graduation TUFTS UNIV USA 1958
 Internship and Year 0000
 Residency and Year 0000
 License Expiration Date **6/30/2007**
 Remarks **12/18/84 - LICENSE REVOKED 2/22/84 - REVOCATION IS STAYED - DR. PLANTIER PLACED ON PROBATION FOR 10 YEARS WITH CONDITIONS. 7/3/86 - ORIGINAL ORDER AMENDED.**

License Number 16681
 License Date 7/2/2014
 Name **PLASKIEWICZ, ANDREA MD**
 Address CHESHIRE MEDICAL CENTER - DHK, 580-590 COURT STKEENE, NH, 03431
 Specialty EM
 Board Certified EM
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1992
 Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1993
 Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1998
 License Expiration Date **6/30/2016**
 Remarks

License Number 9845
 License Date 9/4/1996
 Name **PLATT, MARVIN S MD**
 Address 80 N PORTAGE PATH #1C9, AKRON, OH, 44303
 Specialty PD
 Board Certified PD
 School and Year of Graduation UNIV OF MARYLAND SCHOOL OF MEDICINE BALTIMORE, MD USA 1956
 Internship and Year UNIV OF MARYLAND MEDICAL SERVICES - MD 1958
 Residency and Year SANTA CLARA VALLEY MEDICAL CENTER - CA 1969
 License Expiration Date **6/30/2016**
 Remarks

License Number 11218
 License Date 4/4/2001
 Name **PLAVIN, JOSHUA MD**
 Address GIFFORD MEDICAL CENTER, 44 SO MAIN STRANDOLPH, VT, 05060
 Specialty IM
 Board Certified
 School and Year of Graduation NEW YORK MED COLL - VALHALLA, NY USA 1996
 Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1997
 Residency and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 2000
 License Expiration Date **6/30/2015**
 Remarks **lapsed 6/30/02 - reinstated 10/2/13**

License Number 7956
License Date 8/10/1988
Name **PLEHN, JONATHAN F MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation NEW YORK UNIV SCH OF MED-NY USA 1977
Internship and Year MONTEFIORE HOSP-PITTSBURGH,PA 1978
Residency and Year HOSP-UNIV HLTH CTR-PITTSBURGH,PA 1980
License Expiration Date **6/30/2000**
Remarks

License Number 12810
License Date 7/6/2005
Name **PLERHOPLES, WILLIAM A MD**
Address 8 PROSPECT, NASHUA, NH, 03060
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY USA 2002
Internship and Year METROHEALTH MEDICAL CENTER, CLEVELAND OH 2003
Residency and Year METROHEALTH MEDICAL CENTER, CLEVELAND OH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13124
License Date 6/7/2006
Name **PLICHTA JR, STEPHEN D MD**
Address VALLEY RADIOLOGISTS PROF ASSOC, 243 ELM STCLAREMONT, NH, 03743
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 1986
Internship and Year SCOTT USAF MED CTR, SCOTT AFB IL 1987
Residency and Year WILFORD HALL MED CTR, LACKLAND AFB TX 1993
License Expiration Date **6/30/2008**
Remarks

License Number 6232
License Date 7/3/1980
Name **PLISKIN, DORIS C MD**
Address 33 BARTLETT ST #503, LOWELL, MA, 01852-5908
Specialty GS
Board Certified
School and Year of Graduation UNIV OF VERMONT COLLEGE MEDICINE-BURLINGTON, VT USA 1976
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1977
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1980
License Expiration Date **6/30/2006**
Remarks

License Number 14636
License Date 10/7/2009
Name **PLOCIENNIK, KRZYSZTOF Z MD**
Address AVH SURGICAL ASSOC, 7 PAGE HILLBERLIN, NH, 03570-3542
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT USA 1995
Internship and Year UNIVERSITY OF VERMONT - BURLINGTON, VT 1996
Residency and Year UNIVERSITY OF VERMONT - BURLINGTON, VT 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12353
License Date 6/2/2004
Name **PLOTINSKY, RACHEL N MD**
Address DEPT OF HEALTH & HUMAN SERVICE, 29 HAZEN DRCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 2000
Internship and Year RUSH PRESBYTERIAN ST LUKE'S MED CTR PROGRAM, CHICAGO IL 2002
Residency and Year RUSH PRESBYTERIAN ST LUKE'S MED CTR PROGRAM, CHICAGO IL 2003
License Expiration Date **6/30/2008**
Remarks

License Number 16049
License Date 3/6/2013
Name **PLOTKIN, ADAM S MD**
Address PALM BEACH DERMATOLOGY GROUP, 5210 LINTON BLVD STE 307DELRAY BEACH, FL, 33484
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1992
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1993
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1994
License Expiration Date **6/30/2017**
Remarks

License Number 9032
License Date 8/4/1993
Name **PLOTKIN, RICHARD E MD**
Address 71 PROSPECT AVE, HUDSON, NY, 12534
Specialty P
Board Certified
School and Year of Graduation UNIV OF MASS MED SCHOOL - WORCHESTER, MA USA 1991
Internship and Year DARTMOUTH HITCHCOCK MED CTR 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR 1995
License Expiration Date **6/30/2017**
Remarks

License Number 12437
License Date 8/4/2004
Name **PLOTNIK, LISA M MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 1996
Internship and Year CHRISTIANA CARE HEALTH SYSTEM, NEWARK DE 1997
Residency and Year CHRISTIANA CARE HEALTH SYSTEM, NEWARK DE 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15358
License Date 8/3/2011
Name **PLOURDE, RENEE A DO**
Address DARTMOUTH-HITCHCOCK MANCHESTER PED, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year CHILDRENS HOSPITAL MEDICAL CENTER - AKRON, OH 2009
Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - AKRON, OH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 5786
License Date 7/7/1977
Name **PLUME III, STEPHEN K MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty TS
Board Certified TS
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MED. ROCHESTER USA 1969
Internship and Year STRONG MEMORIAL HOSPITAL ROCHESTER 1970
Residency and Year STRONG MEMORIAL HOSPITAL ROCHESTER 1975
License Expiration Date **6/30/2003**
Remarks

License Number 14173
License Date 9/3/2008
Name **PODOLSKY, SETH R MD**
Address 543 ANIMAS VIEW DR UNIT 23, DURANGO, CO, 81301
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT USA 2005
Internship and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2006
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2014**
Remarks

License Number 14092
License Date 7/9/2008
Name **PODRASKY JR, ERNEST J MD**
Address CORE CARDIOLOGY, 3 ALUMNI DR STE 101EXETER, NH, 03833
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF PITTSBURGH USA 1999
Internship and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2000
Residency and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 10727
License Date 10/6/1999
Name **POE, RICHARD O MD**
Address 12420 WARWICK BLVD STE 7C, NEWPORT NEWS, VA, 23606
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON MA USA 1961
Internship and Year UNIVERSITY OF WASHINGTON - SEATTLE WA 1962
Residency and Year UNIVERSITY OF WASHINGTON - SEATTLE WA 1964
License Expiration Date **6/30/2000**
Remarks

License Number 12916
License Date 10/5/2005
Name **POHL, ANDREA MD**
Address 2031 SANQUINET, MONTREAL PQCANADA, , H2X 3G6
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ROSTOCK, GERMANY GERMANY 2000
Internship and Year CARITAS ST ELIZABETHS MED CTR, BOSTON MA 2002
Residency and Year CARITAS ST ELIZABETHS MED CTR, BOSTON MA 2005
License Expiration Date **6/30/2011**
Remarks

License Number 13718
License Date 10/3/2007
Name **POHL, HEIKO MD**
Address VA MC DEPT GASTRO-ENTEROLOGY, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation HUMBOLDT UNIV GERMANY 1995
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 15322
License Date 7/6/2011
Name **POHLMAN, MARK C MD**
Address DARTMOUTH HITCHCOCK CLINIC/MAN, 87 MCGREGOR ST SUITE 1300MANCHESTER, NH, 03102-37
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIVERSITY USA 2001
Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2002
Residency and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2004
License Expiration Date **6/30/2017**
Remarks

License Number 4832
License Date 9/14/1971
Name **POIRIER, GILLES MD**
Address 16 YVONNE ST, ROCHESTER, NH, 03867-4339
Specialty FP
Board Certified
School and Year of Graduation MEDICAL SCHOOL UNIV CANADA 1959
Internship and Year FACILITY OF MEDICINE UNIV HOSPITAL - MONTREAL, CANADA 1961
Residency and Year BOIS OES FILION - QUEBEC 1971
License Expiration Date **6/30/2011**
Remarks

License Number 13298
License Date 10/4/2006
Name **POIRIER, LEONARD S MD**
Address 11995 SINGLETREE LANE, SUITE 500, EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1985
Internship and Year TUCSON HOSPITALS MED EDUCATION PROGRAM, TUCSON AZ 1986
Residency and Year UCLA MEDICAL CTR, LOS ANGELES CA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 15323
License Date 7/6/2011
Name **POLICARO, FRANCO G MD**
Address IMAGING ON CALL, 695 DUTCHESS TURNPIKE STE 105POUGHKEEPSIE, NY, 12603
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MIAMI USA 2001
Internship and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 2002
Residency and Year JACKSON MEMORIAL HOSPITAL JACKSON HEALTH SYSTEM-MIAMI, FL 2007
License Expiration Date **6/30/2013**
Remarks

License Number 5262
License Date 11/8/1974
Name **POLITZ, LARRY MD**
Address 53 BAY ST, MANCHESTER, NH, 03104
Specialty P
Board Certified P
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1965
Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1966
Residency and Year MT SINAI HOSPITAL - NY, NY 1969
License Expiration Date **3/2/2007**
Remarks **DECEASE ON 3/2/2007**

License Number 9114
License Date 2/2/1994
Name **POLIVY, KENNETH D MD**
Address 2000 WASHINGTON ST, STE 341NEWTON LOWER FALLS, MA, 02462
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year HARTFORD HOSPITAL-HARTFORD,CT 1979
Residency and Year MASS GEN HOSPITAL-BOSTON,MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 13324
License Date 11/1/2006
Name **POLIYEDATH, ANUPAMA MD**
Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 2000
Internship and Year JOHN H STROGER JR HOSPITAL OF COOK COUNTY-CHICAGO, IL 2006
Residency and Year JOHN H STROGER JR HOSPITAL OF COOK COUNTY-CHICAGO, IL 2007
License Expiration Date **6/30/2014**
Remarks

License Number 8098
License Date 5/10/1989
Name **POLLACK, DALE I MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT ST KEENE, NH, 03431-
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCH OF MED BOSTON MA USA 1985
Internship and Year LEMUEL SHATTUCK HOSP BOSTON MA 1986
Residency and Year IN UNIV MED CTR HOSP INDIANAPOLIS IN 1989
License Expiration Date **6/30/2017**
Remarks

License Number 7818
License Date 4/6/1988
Name **POLLAK JR, EMIL M MD**
Address HITCHCOCK CLINIC LITTLETON, 580 ST JOHNSBURY RD STE ALITTLETON, NH, 03561
Specialty CD
Board Certified CD
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1983
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1984
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1988
License Expiration Date **6/30/2016**
Remarks

License Number 8051
License Date 3/1/1989
Name **POLLAK, ERIC F MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301-5421
Specialty FP
Board Certified FP
School and Year of Graduation MED COLL OF PENNSYLVANIA - PHILA, PA USA 1983
Internship and Year UNIV CINCINNATI HOSPITAL - CINCINNATI, OH 1984
Residency and Year UNIV CINCINNATI HOSPITAL - CINCINNATI, OH 1986
License Expiration Date **6/30/2017**
Remarks

License Number 12220
License Date 2/4/2004
Name **POLLAK, MICHAEL J MD**
Address 941 BRYANSPLACE RD, WINSTON-SALEM, NC, 27104
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VIRGINIA, RICHMOND VA US 1968
Internship and Year MERCY MEDICAL CTR, SPRINGFIELD OH 1972
Residency and Year EASTERN VIRGINIA SCHOOL OF MEDICINE, NORFOLK, VA 1974
License Expiration Date **6/30/2006**
Remarks

License Number 6835
License Date 1/5/1984
Name **POLLARD, ALBERT A MD**
Address CENTER FOR WOMENS HEALTH, 21 WHITEHALL RDROCHESTER, NH, 03867-1935
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MICHIGAN SCH-ANN ARBOR,MI USA 1971
Internship and Year UC-SAN DIEGO HOSP 1972
Residency and Year UNIV COLO HLTH SCI CTR-DENVER,CO 1977
License Expiration Date **6/30/2006**
Remarks

License Number 13513
License Date 5/9/2007
Name **POLLARD, TIMOTHY J MD**
Address GLFHC, 34 HAVERHILL ST LAWRENCE, MA, 01841
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF OREGON 1980 1980
Internship and Year UNIV OF NEBRASKA MEDICAL CTR-OMAHA, NE 1981
Residency and Year UNIV OF NEBRASKA MEDICAL CTR-OMAHA, NE 1983
License Expiration Date **10/30/2008**
Remarks **DECEASED 10/30/2008**

License Number 16730
License Date 8/6/2014
Name **POLLOCK, HARRY W MD**
Address PO BOX 182, HANCOCK, NH, 03449-0182
Specialty ADP
Board Certified ADP
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED -CLEVELAND OH US 1982
Internship and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1984
Residency and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1986
License Expiration Date **6/30/2016**
Remarks

License Number 11156
License Date 1/3/2001
Name **POLONSKY, ANDREA B MD**
Address 323 LOWELL ST, #302 ANDOVER, MA, 01810
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1996
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1997
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 7626
License Date 6/3/1987
Name **POMERANTZ, ANDREW S MD**
Address VA MEDICAL CTR, 215 N MAIN ST WHITE RIVER JCT, VT, 05009
Specialty P
Board Certified P
School and Year of Graduation UNIV HEALTH SCIENCES-CHICAGO USA 1971
Internship and Year ROSE MEDICAL CENTER 1972
Residency and Year DARTMOUTH HITCHCOCK MED CTR 1987
License Expiration Date **6/30/2013**
Remarks

License Number 12811
License Date 7/6/2005
Name **POMERANZ, STEPHEN J MD**
Address 5400 KENNEDY AVE, CINCINNATI, OH, 45213
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH USA 1981
Internship and Year MOUNT SINAI MEDICAL CENTER, NEW YORK NY 1982
Residency and Year UNIVERSITY HOSPITAL UNIVERSITY OF CINCINNATI, CINCINNATI OH 1986
License Expiration Date **6/30/2017**
Remarks

License Number 12852
License Date 8/3/2005
Name **POMEROY, OLIVER H MD**
Address 850 BOYLSTON ST, 5TH FL CHESTNUT HILL, MA, 02467
Specialty R
Board Certified R
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 1981
Internship and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1988
Residency and Year MT ZION HOSPITAL, SAN FRANCISCO CA 1989
License Expiration Date **6/30/2007**
Remarks

License Number 5883
License Date 4/6/1978
Name **POMFRET JR, DAVID B MD**
Address 15 ROLLING RIDGE, PO BOX 48 BARTLETT, NH, 03812-0048
Specialty IM
Board Certified IM
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1963
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1965
Residency and Year UNIV OF HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/30/14**

License Number 14694
License Date 12/2/2009
Name **POMFRET, ELIZABETH A MD**
Address LAHEY CLINIC MED CTR, 41 MALL RD 4 WEST BURLINGTON, MA, 01805
Specialty TTS
Board Certified TTS
School and Year of Graduation BOSTON UNIVERSITY USA 1990
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1991
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2015**
Remarks

License Number 13925
License Date 4/2/2008
Name **POMORSKA, GRAZYNA MD**
Address U MASS MEMORIAL MEDICAL CTR, 55 LAKE AVE NORTHWORCETER, MA, 01655
Specialty N
Board Certified N
School and Year of Graduation AKADEMIA MEDYCZNA POLAND 1996
Internship and Year BOSTON UNIV MEDICAL CENTER - UNIV HOSPITAL - BOSTON, MA 2001
Residency and Year BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14719
License Date 1/6/2010
Name **POMPOSELLI, JAMES J MD**
Address LAHEY CLINIC, 41 MALL RD 4 WESTBURLINGTON, MA, 01805
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY USA 1990
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1993
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/25/14

License Number 13176
License Date 7/5/2006
Name **PONN, TERESA A MD**
Address ELLIOT BREAST HEALTH CTR, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF FLORIDA USA 1976
Internship and Year STANFORD UNIV MEDICAL CTR-STANFORD, CA 1977
Residency and Year STANFORD UNIV MEDICAL CTR-STANFORD, CA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 16872
License Date 12/3/2014
Name **PONNAMREDDY, PRAVEEN K MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified
School and Year of Graduation SRI VENKATESWARA MED COLLEGE, NTR UNIV OF HEALTH S INDIA 2000
Internship and Year ICAHN SOM @ MOUNT SINAI(QUEENS HOSP CENTER) - JAMAICA, NY 2004
Residency and Year ICAHN SOM @ MOUNT SINAI(QUEENS HOSP CENTER) - JAMAICA, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8134
License Date 6/7/1989
Name **PONS, PETER J MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF WISCONSIN USA 1982
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 17026
License Date 4/1/2015
Name **PONZO, JOHN A MD**
Address RAYS, 231 CAMINO DEL VERDES PLROUND ROCK, TX, 78681
Specialty DR
Board Certified DR
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1991
Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE @ BETH ISRAEL MEDICAL CENTER - NY, NY 1992
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1996
License Expiration Date **6/30/2017**
Remarks

License Number 11836
License Date 2/5/2003
Name **POOLE, JAMES T MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF THE CARIBBEAN - PLYMOUTH MONTSERRAT WEST INDIES 1995
Internship and Year EAST TENNESSEE STATE UNIV - JOHNSON CITY, TN 1997
Residency and Year EAST TENNESSEE STATE UNIV - JOHNSON CITY, TN 1999
License Expiration Date **6/30/2005**
Remarks

License Number 10632
License Date 7/7/1999
Name **POON, EDWARD K MD**
Address 205 HUDSON ST, APT 509HOBOKEN, NJ, 07030
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1992
Internship and Year SALEM HOSPITAL - SALEM, MA 1993
Residency and Year SALEM HOSPITAL - SALEM, MA 1994
License Expiration Date **6/30/2005**
Remarks

License Number 11255
License Date 5/2/2001
Name **POPA, CAMELIA MD**
Address ALLEGHENY GENERAL HOSP, 4 ALLEGHENY CTR 8TH FLPITTSBURGH, PA, 15237
Specialty P
Board Certified
School and Year of Graduation GENERAL MEDICAL FACULTY OF CRAIOVA ROMANIA 1987
Internship and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH PA 2000
Residency and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH PA 2001
License Expiration Date **6/30/2002**
Remarks

License Number 11674
License Date 7/3/2002
Name **POPA, IRINA E MD**
Address 8303 DODGE ST, #225OMAHA, NE, 68114
Specialty IM
Board Certified HO
School and Year of Graduation UNIV OF MED & PHARMACY - BUCHAREST, ROMANIA ROMANIA 1996
Internship and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 1998
Residency and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13409
License Date 2/7/2007
Name **POPE JR, THOMAS L MD**
Address RADISPHERE, 3700 PARK EAST #300BEACHWOOD, OH, 44122
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF NORTH CAROLINA USA 1978
Internship and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1979
Residency and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 9500
License Date 7/5/1995
Name **POPE, BETHANN MD**
Address 909 EAST BRILL ST, PHOENIX, AZ, 85006
Specialty CHN
Board Certified CHN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year CHILDREN'S HOSPITAL - PHILADELPHIA PA 1992
Residency and Year UNIVERSITY HLTH CTR OF PITTSBURGH - PITTSBURGH PA 1995
License Expiration Date **6/30/2000**
Remarks

License Number 12244
License Date 3/3/2004
Name **POPE, CHRISTOPHER F MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CAPE TOWN, CAPE TOWN SOUTH AFRICA SOUTH AFRICA 1978
Internship and Year YALE-NEW HAVEN MEDICAL CTR, NEW HAVEN CT 1983
Residency and Year YALE UNIVERSITY, NEW HAVEN CT 1987
License Expiration Date **6/30/2016**
Remarks

License Number 11335
License Date 7/11/2001
Name **POPE, GEORGE D MD**
Address CONCORD HOSP CARDIO SURGERY, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty TS
Board Certified TS
School and Year of Graduation THE JOHNS HOPKINS UNIVERSITY USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER 2001
License Expiration Date **6/30/2017**
Remarks

License Number 9460
License Date 6/7/1995
Name **POPE, JOHN A MD**
Address 9003 EAST SHEA BLVD, SCOTTSDALE, AZ, 85260
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year CHILDRENS HOSPITAL - PHILA, PA 1992
Residency and Year CHILDRENS HOSPITAL- PHILA, PA 1992
License Expiration Date **6/30/2000**
Remarks

License Number 13755
License Date 11/7/2007
Name **POPELKA JR, ANDREW MD**
Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2003
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2004
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10659
License Date 8/4/1999
Name **POPESCU, OCTAVIAN D MD**
Address SUNY HSCB, 450 CLARKSON AVE BOX 50BROOKLYN, NY, 11203-2098
Specialty IM
Board Certified
School and Year of Graduation INSTITUTE OF MED & PHARMACY BUCHAREST ROMANIA 1992
Internship and Year SUNY HLTH SCI CENTER - BROOKLYN, NY 1997
Residency and Year SUNY HLTH SCI CENTER - BROOKLYN, NY 1998
License Expiration Date **6/30/2000**
Remarks

License Number 8979
License Date 6/2/1993
Name **POPLACK, STEVEN P MD**
Address DHMC-RADIOLOGY, 1 MEDICAL CENTER DR RADIOLOGYLEBANON, NH, 03756-
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year CARNEY HOSPITAL - BOSTON MA 1989
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN CT 1993
License Expiration Date **6/30/2015**
Remarks

License Number 11879
License Date 4/2/2003
Name **POPLAWSKI, DAVID J MD**
Address DEPT OF UROLOGY/ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RD BERLIN, NH, 03570
Specialty U
Board Certified U
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1975
Internship and Year GEISINGER MEDICAL CENTER- DANVILLE, PA 1976
Residency and Year GEISINGER MEDICAL CENTER- DANVILLE, PA 1977
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13 - reinstated 6/4/14**

License Number 4408
License Date 4/22/1969
Name **POPOVICH, BRANISLAV V MD**
Address 1812 EAGLE HARBOR LN NE, BAINBRIDGE ISLAND, WA, 98110
Specialty PM
Board Certified PM
School and Year of Graduation BELGRADE MEDICAL COLLEGE - BELGRADE, YUGOSLAVIA YUGOSLAVIA 1955
Internship and Year WHITE PLAINS HOSPITAL - WHITEPLAINS, NY 1965
Residency and Year ST SINAI HOSPITAL - ELMHURST, NY 1968
License Expiration Date **6/30/2005**
Remarks

License Number 11220
License Date 4/4/2001
Name **POPP, GABRIELE MD**
Address HUMANA - NATL CITY TOWER, 101 SOULE 5TH STREET 11TH FLOORLOUISVILLE, KY, 40302
Specialty IM
Board Certified IM
School and Year of Graduation EASTERN VIRGINIA MED SCH - NORFOLK, VA USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2017**
Remarks

License Number 14565
License Date 8/5/2009
Name **PORADOWSKI, YOLANDA D MD**
Address 21 GREGORY RD, LYME, NH, 03768
Specialty IM
Board Certified
School and Year of Graduation POZNAN UNIVERSITY OF MEDICAL SCIENCES POLAND 2000
Internship and Year CHICAGO MEDICAL SCHOOLS @ ROSALIND FRANKLIN UNIVERSITY - CHICAGO, IL 2001
Residency and Year CHICAGO MEDICAL SCHOOLS @ ROSALIND FRANKLIN UNIVERSITY - CHICAGO, IL 2003
License Expiration Date **6/30/2017**
Remarks

License Number 12245
License Date 3/3/2004
Name **POREBA, STANLEY T MD**
Address 31-40 WILLOW WAY, SARANAC LAKE, NY, 12983
Specialty P
Board Certified P
School and Year of Graduation MEDICAL ACADEMY OF WROCLAW, WROCLAW POLAND POLAND 1984
Internship and Year LINCOLN MEDICAL CTR, BRONX NY 1986
Residency and Year LINCOLN MEDICAL CTR, BRONX NY 1987
License Expiration Date **6/30/2010**
Remarks

License Number 13265
License Date 9/6/2006
Name **POREMBA, HELEN G MD**
Address RIVER ROAD PEDIATRICS, 58 HAWTHORNE DRBEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation UNIFORMED SERVICES UNIV 1991 1991
Internship and Year KEESLER MEDICAL CTR-KEESLER AFB , MS 1992
Residency and Year KEESLER MEDICAL CTR-KEESLER AFB, MS 1994
License Expiration Date **6/30/2016**
Remarks

License Number 13776
License Date 12/5/2007
Name **POREMBA, JOHN A MD**
Address ELLIOT ENDOCRINOLOGY, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation UNIFORMED SERVICES UNIV USA 1991
Internship and Year KEESLER MEDICAL CENTER PROGRAM-KEESLER AFB, MS 1992
Residency and Year KEESLER MEDICAL CENTER PROGRAM- KEESLER AFB, MS 1994
License Expiration Date **6/30/2017**
Remarks

License Number 9953
License Date 3/5/1997
Name **PORENSKY, RICHARD S MD**
Address MAINE MED CTR - PATHOLOGY, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty PTH
Board Certified PTH
School and Year of Graduation NY UNIV SCH OF MED NY, NY USA 1970
Internship and Year NY UNIV MEDICAL CENTER - NY 1972
Residency and Year NY UNIV MEDICAL CENTER - NY 1975
License Expiration Date **6/30/2009**
Remarks

License Number 13177
License Date 7/5/2006
Name **PORET, TODD M MD**
Address DHMC-PEDIATRICS, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NORTH CAROLINA USA 2003
Internship and Year DHMC-LEBANON, NH 2004
Residency and Year DHMC-LEBANON, NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15935
License Date 11/7/2012
Name **POROSNICU, EDUARD V MD**
Address 1428 BATH AVE #3B, BROOKLYN, NY, 11228
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE GRIGORE T POPA ROMANIA 1989
Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 1998
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 6848
License Date 2/2/1984
Name **PORSCHE, GLADI V MD**
Address UNH HEALTH SERVICES, 4 PETTEE BROOK LANEDURHAM, NH, 03824-2308
Specialty IM
Board Certified IM
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PA USA 1975
Internship and Year HOSP-UNIV PITTS HLTH CTR-PITTSBURG,PA 1976
Residency and Year HOSP-UNIV PITTS HLTH CTR-PITTSBURG,PA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 15723
License Date 6/6/2012
Name **PORTER, CHAD T MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LNEDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 2005
Internship and Year LSU HEALTH SCIENCE CENTER SCHOOL OF MEDICINE - NEW ORLEANS, LA 2006
Residency and Year TULANE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2008
License Expiration Date **6/30/2014**
Remarks

License Number 13178
License Date 7/5/2006
Name **PORTER, LAURIE B DO**
Address 29466 PINTAIL DR STE 3, EASTON, MD, 21601
Specialty OTO
Board Certified OTO
School and Year of Graduation PHILADELPHIA COLLEGE USA 2000
Internship and Year KENNEDY MEMORIAL HOSPITAL-UMDNJ-SOM STRATFORD, NJ 2001
Residency and Year EAR, NOSE AND THROAT SURGICAL CTR-CHERRY HILL, NJ 2005
License Expiration Date **6/30/2016**
Remarks

License Number 4733
License Date 7/14/1972
Name **PORTER, ROBERT E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF CHICAGO SCHOOL OF MEDICINE USA 1960
Internship and Year UNIV OF IOWA - IOWA CITY, IA 1961
Residency and Year UNIV OF IOWA - IOWA CITY, IA 1967
License Expiration Date **6/30/2002**
Remarks

License Number 8922
License Date 4/7/1993
Name **PORTER, SUSAN D MD**
Address EXETER HEALTH FAMLIY PRACTICE, 21 HAMPTON RD BLDG 3EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation MC GILL UNIVERSITY CANADA 1985
Internship and Year UNIV OF CT SCHOOL OF MED 1986
Residency and Year UNIV OF CT SCHOOL OF MED 1988
License Expiration Date **6/30/2017**
Remarks

License Number 17183
License Date 7/1/2015
Name **PORTER-UMPHREY, ALYX B MD**
Address MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation TEMPLE UNIVERSITY USA 2003
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15846
License Date 9/5/2012
Name **PORTNEY, ROBERT B MD**
Address ROBERT BERNARD PORTNEY MD, 94 LUCERNE AVE UNIT #4LACONIA, NH, 03246
Specialty P
Board Certified P
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1982
Residency and Year UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 17027
License Date 4/1/2015
Name **POSKANZER, DEBRA S MD**
Address 705 MOUNT AUBURN ST, WATERTOWN, MA, 02472
Specialty PM
Board Certified PM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1987
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1988
Residency and Year TUFTS UNIVERSITY MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 5155
License Date 4/23/1974
Name **POSNER, JOHN J MD**
Address 8 INDIAN ROCK RD, NASHUA, NH, 03063
Specialty ON
Board Certified ON
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1968
Internship and Year ROYAL VICTOR HOSPITAL - MONTREAL, QUEBEC 1969
Residency and Year ROYAL VICTOR HOSPITAL - MONTREAL, QUEBEC 1971
License Expiration Date **6/30/2014**
Remarks

License Number 7779
License Date 2/3/1988
Name **POSNICK, ROBERT B MD**
Address NASHUA DERMATOLOGY ASSOC, 505 WEST HOLLIS ST 111NASHUA, NH, 03062
Specialty D
Board Certified D
School and Year of Graduation MOUNT SINAI SCH MED OF CITY UNIV OF NY - NY USA 1982
Internship and Year MONTEFIORE HOSPITAL MEDICAL CENTER - BRONX, NY 1983
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13466
License Date 4/4/2007
Name **POST, NICHOLAS H MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NS
Board Certified
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2001
Internship and Year NEW YORK UNIV MEDICAL CTR - NEW YORK, NY 2002
Residency and Year NEW YORK UNIV MEDICAL CTR - NEW YORK, NY 2006
License Expiration Date **6/30/2009**
Remarks

License Number 9431
License Date 5/3/1995
Name **POSTAL, WILLIAM S MD**
Address ANDOVER EAR NOSE & THROAT CTR, 198 MASSACHUSETTS AVE STE 103N ANDOVER, MA, 01845-
Specialty OTO
Board Certified OTO
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1987
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL, BOSTON MA 1988
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL, BOSTON MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 9550
License Date 9/6/1995
Name **POTENZA, ANTHONY R MD**
Address RADIOLOGY ASSOCIATES INC, 38 HAMLET AVEWOONSOCKET, RI, 02895-
Specialty R
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MED&HEALTH SCI USA 1971
Internship and Year RHODE ISLAND HOSPITAL PROVIDENCE RI 1972
Residency and Year RHODE ISLAND HOSPITAL PROVIDENCE RI 1975
License Expiration Date **6/30/1998**
Remarks

License Number 8062
License Date 3/29/1989
Name **POTENZA, DANIEL P MD**
Address STATE OF NH-DEPT OF CORRECTION, 281 NORTH STATE STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation GEN EMILIO AGUINALDO COLL OF MED PHILLIPINES 1985
Internship and Year UNIV CT SCH OF MED FARMINGTON CT 1986
Residency and Year UNIV CT SCH OF MED FARMINGTON CT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 13926
License Date 4/2/2008
Name **POTHURU, SURESH C MD**
Address CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation VIJAYANAGARA INSTITUTE OF MEDICAL SCIENCES/BELLARY INDIA 1995
Internship and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1996
Residency and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1999
License Expiration Date **6/30/2016**
Remarks

License Number 3496
License Date 3/14/1962
Name **POTTER, BENJAMIN E MD**
Address 7 FOYES LN, KITTEERY POINT, ME, 03905
Specialty OBG
Board Certified OBG
School and Year of Graduation MCGILL UNIVERSITY- MONTREAL-QUEBEC CANADA 1957
Internship and Year CHARITY HOSPITAL- NEW ORLEANS, LA 1958
Residency and Year FREE HOSPITAL FOR WOMEN AND THE BOSTON LYING-IN 1962
License Expiration Date **6/30/2016**
Remarks

License Number 6554
License Date 6/24/1982
Name **POTTER, JAMES D MD**
Address JAFFREY FAMILY MEDICINE, 82 PETERBOROUGH STJAFFREY, NH, 03452
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ROCHESTER SCH MED - NY USA 1979
Internship and Year SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1980
Residency and Year SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1982
License Expiration Date **6/30/2016**
Remarks

License Number 8938
License Date 5/5/1993
Name **POTTER, KEVIN W MD**
Address , 15 PURTIAN DRBEDFORD, NH, 03110
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1990
Residency and Year BETH ISRAEL HOSPITAL - BOSTON MA 1990
License Expiration Date **1/30/2010**
Remarks **Deceased - 1/30/10**

License Number 11428
License Date 10/3/2001
Name **POTT-GRINSTEIN, ELISABETH A MD**
Address CARING FOR WOMEN, 734 NORTH MAIN STLACONIA, NH, 03247
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF HEIDELBERG - HEIDELBERG, GERMANY GERMANY 1993
Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 1996
Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 1999
License Expiration Date **6/30/2017**
Remarks

License Number 5586
License Date 8/12/1976
Name **POTTS, ANDREW MD**
Address NAVAL BRANCH MEDICAL CLINIC, 1300 DOUGLAS CIRCLEKEY WEST, FL, 33040
Specialty FP
Board Certified FP
School and Year of Graduation GLASGLOW UNIV LONDON 1971
Internship and Year FALKIRK AND DISTRICT ROYAL INFIRMARY- LONDON 1972
Residency and Year SOUTHERN GENERA HOSPITAL - GLASGOW 1973
License Expiration Date **6/30/2016**
Remarks

License Number 15070
License Date 11/3/2010
Name **POTTS, KOREEN K MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation CARVER COLLEGE OF MEDICINE @ UNIV OF IOWA USA 1989
Internship and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 1991
Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 1993
License Expiration Date **6/30/2016**
Remarks

License Number 14040
License Date 6/4/2008
Name **POULIN, DENISE F MD**
Address OB/GYN ASSOC OF SNH, 30 DANIEL WEBSTER HWY STE 11MERRIMACK, NH, 03054
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT USA 1984
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1985
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1988
License Expiration Date **6/30/2016**
Remarks

License Number 9050
License Date 9/1/1993
Name **POULIN, PAUL F MD**
Address , , ,
Specialty ON
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1978
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1979
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1981
License Expiration Date **6/30/2017**
Remarks

License Number 6155
License Date 1/11/1980
Name **POULIN, ROGER J MD**
Address 19 OLD ROLLINSFORD RD, DOVER, NH, 03820
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIV. SCH OF MED,BOSTON,MA USA 1964
Internship and Year ST.VINCENT HOSP.WORCESTER,MA 1965
Residency and Year ST.VINCENT HOSP.WORCESTER,MA 1967
License Expiration Date **6/30/2003**
Remarks

License Number 17077
License Date 5/6/2015
Name **POULIOT, RYAN C MD**
Address 75 FRANCIS ST, CWN L1 RM L-111BOSTON, MA, 02115
Specialty AN
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2011
Internship and Year STEWARD CARNEY HOSPITAL - BOSTON, MA 2012
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15592
License Date 3/7/2012
Name **POUND, ERIC M MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 12917
License Date 10/5/2005
Name **POUND, REBECCA L MD**
Address EPIQ FAMILY MEDICINE, 757 NORLAND AVE STE 203CHAMBERBURG, PA, 17201
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 2000
Internship and Year UPMC ST MARGARET, PITTSBURGH PA 2001
Residency and Year UPMC ST MARGARET, PITTSBURGH PA 2003
License Expiration Date **6/30/2009**
Remarks

License Number 10566
License Date 5/5/1999
Name **POUTRE, TIMOTHY M MD**
Address ANESTHESIA CARE GROUP PC, 88 MCGREGOR ST ST STE 303MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1992
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1995
License Expiration Date **6/30/2017**
Remarks

License Number 14432
License Date 5/6/2009
Name **POWELL, ANDREW D MD**
Address 333 BORTHWICK AVE, PORTSMOUTH, NH, 03801
Specialty EM
Board Certified EM
School and Year of Graduation INDIANA UNIVERSITY USA 2003
Internship and Year ST LUKES HOSPITAL & HEALTH NETWORK - BETHLEHEM, PA 2005
Residency and Year ST LUKES HOSPITAL & HEALTH NETWORK - BETHLEHEM, PA 2006
License Expiration Date **6/30/2013**
Remarks

License Number 13325
License Date 11/1/2006
Name **POWELL, ERICKA L MD**
Address TEAM HEALTH, 307 S EVERGREEN AVEWOODBURY, NJ, 08096
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIV USA 2001
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL-PHILADELPHIA, PA 2002
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL-PHILADELPHIA, PA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 13467
License Date 4/4/2007
Name **POWELL, FRANK C MD**
Address HORIZON RADIOLOGY, 2024 RAYFORD RDSRING, TX, 77386
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ILLINOIS USA 1994
Internship and Year UNIV OF TEXAS MEDICAL SCHOOL - HOUSTON, TX 1995
Residency and Year UNIV OF TEXAS MEDICAL SCHOOL - HOUSTON, TX 1998
License Expiration Date **6/30/2013**
Remarks

License Number 5872
License Date 3/27/1978
Name **POWELL, JEFFREY D MD**
Address NEW LONDON MEDICAL CENTER, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty IM
Board Certified
School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FOREST NC USA 1975
Internship and Year VETERANS ADMINISTRATION HOSPITAL - CLEVELAND, OH 1976
Residency and Year VETERANS ADMINISTRATION HOSPITAL - CLEVELAND, OH 1978
License Expiration Date **6/30/2014**
Remarks

License Number 14566
License Date 8/5/2009
Name **POWELL, KENTON E MD**
Address DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10130
License Date 9/10/1997
Name **POWELL, RICHARD J MD**
Address DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty VS
Board Certified GS
School and Year of Graduation MED COLL OF WISCONSIN-MILWAUKEE, WI USA 1986
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NJ 1992
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL 1994
License Expiration Date **6/30/2017**
Remarks

License Number 13557
License Date 6/6/2007
Name **POWELL, STEVEN W MD**
Address NEW LONDON HOSPITAL, 273 COUNTY ROADNEW LONDON, NH, 03257
Specialty P
Board Certified PTH
School and Year of Graduation MERCER UNIV USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR- LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR- LEBANON, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 9227
License Date 7/6/1994
Name **POWELL, SUZANNE M MD**
Address NASHUA MEDICAL GROUP, 173 DANIEL WEBSTER HWYNASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 1991
Internship and Year UNIVERSITY OF MINNESOTA HOSPITAL CLINIC - MINNEAPOLIS MN 1992
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/2006**
Remarks

License Number 4644
License Date 12/28/1970
Name **POWEL-SMITH, CYRIL J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 10166
License Date 11/5/1997
Name **POWERS, JAMES B MD**
Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1991
Internship and Year BAYLOR COLLEGE OF MEDICINE - TX 1994
Residency and Year CLEVELAND CLINIC FOUNDATION - OH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 11358
License Date 8/1/2001
Name **POWERS, KATHERINE A MD**
Address WESTFORD FAMILY MEDICINE, 198 LITTLETON RDWESTFORD, Ma, 01886
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON,MA USA 1989
Internship and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1990
Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICL CENTER - FORT GORDON, GA 1992
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 11221
License Date 4/4/2001
Name **POWERS, RANDOLPH S MD**
Address PENTUCKET MEDICAL ASSOC, ONE PARKWAYHAVERHILL, MA, 01830
Specialty FP
Board Certified FP
School and Year of Graduation VIRGINIA COMMONWEALTH UNIV - RICHMOND, VA USA 1979
Internship and Year FAIRFAX FAMILY PRACTICE CTR - FAIRFAX, VA 1980
Residency and Year FAIRFAX FAMILY PRACTICE CTR - FAIRFAX, VA 1982
License Expiration Date **6/30/2009**
Remarks

License Number 13299
License Date 10/4/2006
Name **PRAIRIE, BETH A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2008**
Remarks

License Number 13600
License Date 7/11/2007
Name **PRALL, STACY G DO**
Address GASTROENTEROLOGY PROF ASSOC, 21 CLARK WAYSOMERSWORTH, NH, 03878
Specialty IM
Board Certified GE
School and Year of Graduation UNIV OF NEW ENGLAND 200 2000
Internship and Year GEISINGER MEDICAL CENTER-DANVILLE, PA 2001
Residency and Year GEISINGER MEDICAL CENTER-DANVILLE, PA 2004
License Expiration Date **6/30/2011**
Remarks

License Number 9195
License Date 6/1/1994
Name **PRASAD, ANIL K MD**
Address 19 TYLER ST, STE 301NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation KASTURBA MEDICAL COLLEGE MYSORE UNIVERSITY INDIA 1989
Internship and Year EASTON HOSPITAL - EASTON PA 1994
Residency and Year EASTON HOSPITAL - EASTON PA 1994
License Expiration Date **6/30/2016**
Remarks **7/9/09 - Settlement Agreement**

License Number 13076
License Date 5/3/2006
Name **PRASAD, KRISHNAPPA A MD**
Address HEALTHSOUTH REHABILITATION, 254 PLEASANT STCONCORD, NH, 03301
Specialty PM
Board Certified
School and Year of Graduation BANGALORE UNIV INDIA 1993
Internship and Year OUR LADY OF MERCY MEDICAL CTR- BRONX NY 2003
Residency and Year NEW YORK MEDICAL COLLEGE-VALHALLA NY 2005
License Expiration Date **6/30/2008**
Remarks

License Number 12275
License Date 4/7/2004
Name **PRASAD, ROBIN MD**
Address VA PITTSBURG HLTHCARE SYSTEM, UNIVERSITY DRPITTSBURG, PA, 15240
Specialty DR
Board Certified R
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA CANADA 1996
Internship and Year TULANE UNIVERSITY, NEW ORLEANS LA 1997
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 2001
License Expiration Date **6/30/2008**
Remarks

License Number 16731
License Date 8/6/2014
Name **PRATT, ALAN G MD**
Address 13 SUMMER ST, ANDOVER, MA, 01810-3619
Specialty DR
Board Certified DR
School and Year of Graduation TUFTS UNV SCHOOL OF MEDICINE - BOSTON, MA US 1967
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1969
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1973
License Expiration Date **6/30/2016**
Remarks

License Number 2487
License Date 9/12/1946
Name **PRATT, HOWARD E MD**
Address 341 MAIN ST, HOPKINTON, NH, 03229-9610
Specialty ORS
Board Certified
School and Year of Graduation TEMPLE UNIVERSITY USA 1943
Internship and Year EAST MAINE GENERAL HOSPITAL - BANGOR, ME 1944
Residency and Year EAST MAINE GENERAL HOSPITAL- BANGOR, ME 1944
License Expiration Date **6/30/1998**
Remarks **DECEASED 10/6/2005**

License Number 7691
License Date 8/5/1987
Name **PRATT, PATRICIA M MD**
Address 79 SWIFTWATER DR, STE 1 WOODSVILLE, NH, 03785
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1984
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date **6/30/2017**
Remarks

License Number 14093
License Date 7/9/2008
Name **PRATTIPATI, VEERANJANEYULU MD**
Address VAMC, 700 S 19TH STREET BIRMINGHAM, AL, 35233
Specialty DR
Board Certified DR
School and Year of Graduation SIDDHARTHA MEDICAL COLLEGE INDIA 1995
Internship and Year UNIV OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 2007
Residency and Year UNIV OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10218
License Date 1/7/1998
Name **PRAVDOVA, IVA J MD**
Address CHILDREN'S HOSPITAL, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty P
Board Certified P
School and Year of Graduation UNIV KARLOVA FAC OF GEN MED PRAHA CZECHOSLOVAKIA 1989
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1999
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1999
License Expiration Date **6/30/2008**
Remarks

License Number 5563
License Date 7/23/1976
Name **PRAZAR, GREGORY E MD**
Address ELLIOT PEDIATRIC SPEC, 275 MAMMOTH RD STE 1 MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation CASE WESTERN RESERVE SCHOOL OF MEDICINE USA 1972
Internship and Year DUKE MEDICAL CENTER-DURHAM NC 1973
Residency and Year DUKE MEDICAL CENTER-DURHAM NC 1974
License Expiration Date **6/30/2016**
Remarks

License Number 16650
License Date 6/4/2014
Name **PREIS, IDO S MD**
Address NE HEART INSTITUTE/CATHOLIC MEDICAL CENTER, 100 MCGREGOR ST MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2007
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15768
License Date 7/11/2012
Name **PREIS, MEIR MD**
Address THE LADY DAVID CARMEL MEDICAL CENTER, 7 MICHAL STHAIFA ISRAEL, ,
Specialty IM
Board Certified IM
School and Year of Graduation TECHNION ISREAL INSTITUE OF TECHNOLOGY ISREAL 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 03756 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 03756 2010
License Expiration Date **6/30/2016**
Remarks

License Number 9551
License Date 9/6/1995
Name **PRENDERGAST, THOMAS J MD**
Address PORTLAND VA MEDICAL CENTER, 3710 SW US VETERAN HOSPITAL RDPORTLAND, OR, 97239
Specialty PUD
Board Certified PCC
School and Year of Graduation UNIV OF CA SAN FRANCISCO SCHOOL OF MEDICINE USA 1988
Internship and Year BRIGHAM & WOMEN'S HOSPITAL BOSTON, MA 1989
Residency and Year UNIV CALIFORNIA SAN FRANCISCO MEDICAL CENTER SAN FRANCISCO CA 1994
License Expiration Date **6/30/2011**
Remarks

License Number 14637
License Date 10/7/2009
Name **PRENDIVILLE, TERENCE W MD**
Address JOHNS HOPKINS HOSP-PEDIATRICS, 600 N WOLFE ST CMSC 2-124BALTIMORE, MD, 21287
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF IRELAND IRELAND 2001
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2008
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2009
License Expiration Date **6/30/2011**
Remarks

License Number 7973
License Date 9/7/1988
Name **PRENTICE, GLENN D MD**
Address 1 GRANNY SMITH COURT, SUITE 105OLD ORCHARD BEACH, ME, 04064
Specialty P
Board Certified P
School and Year of Graduation UNIV OF NEW MEXICO SCH OF MED-ALBUQUERQUE,NM MEXICO 1971
Internship and Year UNIV NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1975
Residency and Year UNIV NEW MEXICO SCHOOL OF MEDICINE-ALBUQUERQUE,NM 1975
License Expiration Date **6/30/2016**
Remarks

License Number 10967
License Date 6/7/2000
Name **PRESCOTT, KRISTEN M MD**
Address PRESCOTT PEDIATRIC CARE, PC, PO BOX 3257 DICKINSON, ND, 58602
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year FAIRFAX HOSPITAL - FALLS CHURCH, VA 1999
Residency and Year FARIFAX HOSPITAL - FALLS CHURCH, VA 2000
License Expiration Date **9/10/2013**
Remarks **REQUESTED INACTIVE 9/10/13**

License Number 5983
License Date 9/12/1978
Name **PRESSMAN, LARRY S MD**
Address 19 HAMPTON RD, UNIT 6 EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, PA USA 1974
Internship and Year HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1975
Residency and Year HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1977
License Expiration Date **6/30/2014**
Remarks

License Number 12246
License Date 3/3/2004
Name **PRESTON, MARK P MD**
Address PARAGON RADIOLOGY LLC, 122 FOURTH AVE STE 100 INDIAN LANTIC, FL, 32903
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1986
Internship and Year NORTH SHORE UNIVERSITY HOSP, MANHASSET NY 1987
Residency and Year ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12756
License Date 6/1/2005
Name **PRESUTTI, ANTHONY H MD**
Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT ST KEENE, NH, 03431
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1996
Internship and Year BOSTON UNIVERSITY, ROXBURY MA 1997
Residency and Year BOSTON UNIVERSITY, BOSTON MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 6499
License Date 2/8/1982
Name **PREVITE, STEVEN R MD**
Address NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1973
Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1974
Residency and Year UNIV HOSP INC-BOSTON,MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 11837
License Date 2/5/2003
Name **PRICE, CHARLES I MD**
Address TOLEDO RADIOLOGICAL ASSOC, 3103 EXECUTIVE PKWY SUITE 200TOLEDO, OH, 43600
Specialty R
Board Certified R
School and Year of Graduation UNIV OF PENNSYLVANIA - PHILADELPHIA, PA USA 1986
Internship and Year UNIV OF MICHIGAN HEALTH SYSTEMS - ANN ARBOR, MI 1987
Residency and Year UNIV OF MICHIGAN HEALTH SYSTEMS - ANN ARBOR, MI 1990
License Expiration Date **6/30/2015**
Remarks

License Number 10660
License Date 8/4/1999
Name **PRICE, DEBORAH A MD**
Address 100 MILK ST STE 120, METHUEN, MA, 01844
Specialty NEP
Board Certified NEP
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ-NEWARK, NJ USA 1986
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1987
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1988
License Expiration Date **6/30/2001**
Remarks

License Number 7505
License Date 2/5/1987
Name **PRICE, LLOYD F MD**
Address 152 HOLDENWOOD RD, CONCORD, MA, 01742
Specialty CHP
Board Certified CHP
School and Year of Graduation BOSTON UNIV SCH MED - BOSTON, MA USA 1968
Internship and Year UNIV HOSPITAL INC - BOSTON, MA 1969
Residency and Year MC LEAN HOSPITAL - BELMONT, MA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 7466
License Date 11/12/1986
Name **PRICE, MARK J MD**
Address 97 SHERMAN DR, ST JOHNSBURY, VT, 05819
Specialty PD
Board Certified PD
School and Year of Graduation VANDERBILT UNIV SCH MED NASHVILLE TN USA 1983
Internship and Year MED CTR HOSP BURLINGTON VT 1984
Residency and Year MED CTR HOSP BURLINGTON VT 1986
License Expiration Date **6/30/2016**
Remarks

License Number 8206
License Date 8/9/1989
Name **PRICE, WILLIAM R MD**
Address NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101 NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1984
Internship and Year NEW ENGLAND MED CTR - BOSTON, MA 1985
Residency and Year SUNY BUFFALO HOSPITAL - BUFFALO, NY 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15390
License Date 9/7/2011
Name **PRIEBE, ANNA M MD**
Address WENTWORTH-DOUGLAS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty OBG
Board Certified OBG
School and Year of Graduation POZNAN UNIVERSITY OF MEDICAL SCIENCES CENTER POLAND 2001
Internship and Year UMASS MEMORIAL MEDICAL CENTER - WORCESTER, MA 2002
Residency and Year UMASS MEMORIAL MEDICAL CENTER - WORCESTER, MA 2005
License Expiration Date **6/30/2013**
Remarks

License Number 16351
License Date 10/2/2013
Name **PRIMM, JANE C MD**
Address ELLIOT BREAST IMAGING, 185 QUEEN CITY AVE MANCHESTER, NH, 03101
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1985
Internship and Year FOREST PARK HOSPITAL - ST LOUIS, MO 1986
Residency and Year UNIVERSITY OF CALIFORNIA (DAVIS) MEDICAL CENTER, SACRAMENTO, CA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 16378
License Date 11/6/2013
Name **PRINCE, MICHELLE M MD**
Address DHMC-ORTHO DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 1996
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1997
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 5039
License Date 7/12/1973
Name **PRINGLE, WARREN M MD**
Address 50 SOUTHSIDE RD, YORK, ME, 03909
Specialty D
Board Certified D
School and Year of Graduation MC GILL MEDICAL SCHOOL-MONTREAL CANADA CANADA 1967
Internship and Year U S PUBLIC HEALTH HOSPITAL NEW ORLEANS, LA 1967
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER, NH 1973
License Expiration Date **6/30/2017**
Remarks

License Number 12473
License Date 9/1/2004
Name **PRINSEN, MARIE R MD**
Address FAMILY PRACTICE NORTH, 801801 WELLNON WAYSEBASTIN, FL, 32958
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MONTREAL, MONTREAL QUEBEC CANADA CANADA 1994
Internship and Year UNIVERSITY DE MONTREAL, MONTREAL QUEBEC CANADA 1995
Residency and Year UNIVERSITY DE MONTREAL, MONTREAL QUEBEC CANADA 1996
License Expiration Date **6/30/2012**
Remarks

License Number 16352
License Date 10/2/2013
Name **PRISCH, STEPHANIE B MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1986
Internship and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1987
Residency and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 8460
License Date 11/7/1990
Name **PRITCHARD, ROBERT S MD**
Address DHMC - KEENE, 580-590 COURT STKEENE, NH, 03431
Specialty HO
Board Certified HO
School and Year of Graduation ST LOUIS COLLEGE OF PHYSICIANS & SURGEONS USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1991
License Expiration Date **6/30/2016**
Remarks

License Number 5204
License Date 6/28/1974
Name **PRITHAM, HOWARD G MD**
Address 580 ST JOHNSBURY RD, STE DLITTLETON, NH, 03561
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE, MA USA 1966
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1967
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1974
License Expiration Date **6/30/2006**
Remarks

License Number 15162
License Date 3/2/2011
Name **PRIYA, SHANMUKHA MD**
Address ELMHURST HOSPITAL CTR, 79-01 BROADWAYELMHURST, NY, 11373
Specialty PD
Board Certified
School and Year of Graduation GULF MEDICAL COLLEGE AJMMAN UNITED ARAB EMIRATES 2005
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST,NY 2009
Residency and Year ELMHURST HOSPITAL CENTER - ELMHURST,NY 2011
License Expiration Date **6/30/2013**
Remarks

License Number 15231
License Date 5/4/2011
Name **PROCK, TERASA L MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation TEXAS A & M UNIVERSITY HEALTH SCIENCE CTR COLLEGE USA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 9257
 License Date 8/3/1994
 Name **PROCOPIO, MARCIA A MD**
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty AN
 Board Certified AN
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1987
 Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD MA 1988
 Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON MA 1991
 License Expiration Date **6/30/2016**
 Remarks

License Number 3191
 License Date 4/10/1957
 Name **PROCTOR, MUNRO H MD**
 Address 69 STICKNEY HILL RD, CONCORD, NH, 03301-
 Specialty CD
 Board Certified CD
 School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE USA 1952
 Internship and Year STRONG MEMORIAL HOSPITAL ROCHESTER - NEW YORK 1954
 Residency and Year STRONG MEMORIAL HOSPITAL ROCHESTER - NEW YORK 1955
 License Expiration Date **6/30/2005**
 Remarks

License Number 16187
 License Date 6/5/2013
 Name **PROHASKA JR, MATTHEW G MD**
 Address 1315 HOSPITAL DR, ST JOHNSBURY, VT, 05819
 Specialty ORS
 Board Certified
 School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 2010
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2011
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2013
 License Expiration Date **6/30/2017**
 Remarks

License Number 10691
 License Date 9/1/1999
 Name **PROIA, RICHARD R MD**
 Address DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DRLEBANON, NH, 03766
 Specialty GS
 Board Certified
 School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1997
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
 License Expiration Date **6/30/2003**
 Remarks

License Number 15673
License Date 5/2/2012
Name **PROKOPIS, PETER M MD**
Address SPORTS MEDICINE NORTH, 1 ORTHOPEDICS DR 2 FLPEABODY, MA, 01960
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2000
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 16842
License Date 11/6/2014
Name **PROKOPIV, HALYNA MD**
Address LUTHERAN HOSPITAL, 7952 W JEFFERSON BLVDFT WAYNE, IN, 46804
Specialty IM
Board Certified IM
School and Year of Graduation CERNOVICKIJ MEDICAL INSTITUTE UKRAINE 1978
Internship and Year SYNERGY MEDICAL EDUCATION ALLIANCE - SAGINAW, MI` 2008
Residency and Year SYNERGY MEDICAL EDUCATION ALLIANCE - SAGINAW, MI` 2011
License Expiration Date **6/30/2016**
Remarks

License Number 13558
License Date 6/6/2007
Name **PROLER, MEYER L MD**
Address 1001 TEXAS AVE STE 450, HOUSTON, TX, 77002-3182
Specialty N
Board Certified N
School and Year of Graduation BAYLOR COLLEGE USA 1962
Internship and Year BAYLOR COLLEGE OF MEDICINE-HOUGHTON, TX 1963
Residency and Year
License Expiration Date **6/30/2013**
Remarks

License Number 9289
License Date 9/7/1994
Name **PROMNITZ, MICHAEL MD**
Address FRANKLIN REGIONAL HOSPITAL, 15 AIKEN AVEFRANKLIN, NH, 03235-
Specialty PD
Board Certified
School and Year of Graduation WITWATERSRAND MEDICAL SCHOOL SOUTH AFRICA 1983
Internship and Year JG STRIJDOM HOSPITAL - JOHANNESBURG S AFRICA 1984
Residency and Year JG STRIJDOM HOSPITAL - JOHANNESBURG S AFRICA 1987
License Expiration Date **6/30/1998**
Remarks

License Number 12757
License Date 6/1/2005
Name **PROSE, THOMAS M MD**
Address GENERAL MEDICINE PC, 21333 HAGGERTY RD STE 150NOVI, MI, 48375
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1982
Internship and Year ST JOHN HOSPITAL, DETROIT MI 1983
Residency and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1984
License Expiration Date **6/30/2017**
Remarks

License Number 6841
License Date 1/5/1984
Name **PROSTKOFF, MELVIN E MD**
Address GREAT BAY NEUROSURGICAL, 750 CENTRAL AVE STE HDOVER, NH, 03820-3434
Specialty NS
Board Certified NS
School and Year of Graduation STATE UNIV OF NY DOWN STATE MED COLL-NY USA 1976
Internship and Year THE BROOKSDALE HOSP MED CTR-BROOKLYN,NY 1977
Residency and Year MT SINAI HOSP-NY 1983
License Expiration Date **6/30/2016**
Remarks

License Number 13838
License Date 2/6/2008
Name **PROULX, GARY M MD**
Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1992
Internship and Year METROWEST MEDICAL CENTER-FRAMINGHAM UNION HOSPITAL-FRAMINGHAM, MA 1993
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 16489
License Date 2/5/2014
Name **PROVENCHER, MATTHEW T MD**
Address MASS GEN HOSP - SPORTS MEDICINE, 175 CAMBRIDGE ST STE 400BOSTON, MA, 02114
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1998
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1999
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12812
License Date 7/6/2005
Name **PROVENZANO, DAVID A MD**
Address 3056 ESTATE DR, OAKDALE, PA, 15071
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY USA 1999
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL, PHILADELPHIA PA 2000
Residency and Year WESTERN PENNSYLVANIA HOSPITAL, PITTSBURGH PA 2005
License Expiration Date **6/30/2007**
Remarks

License Number 5515
License Date 5/6/1976
Name **PROVOST, PIERRE E MD**
Address 68 MILK ST, WESTWOOD, MA, 02090-
Specialty OTO
Board Certified OTO
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1964
Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1965
Residency and Year UNIV HOSPITAL OF BOSTON - BOSTON, MA 1971
License Expiration Date **6/30/1999**
Remarks **DECEASED 6/2/09**

License Number 10633
License Date 7/7/1999
Name **PROVOST, THOMAS G DO**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty AN
Board Certified AN
School and Year of Graduation UNIV HLTH SCI COLL OSTEO - KANSAS CITY, MO USA 1986
Internship and Year NAVAL MEDICAL CENTER PORTSMOUTH - PORTSMOUTH, VA 1993
Residency and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 15936
License Date 11/7/2012
Name **PRUETTE, DAVID F MD**
Address ROCHESTER PEDIATRIC ASSOCIATES, 245 ROCHESTER HILL ROAD UNIT 2 ROCHESTER, NH, 03867
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 2005
Internship and Year INOVA FAIRFAX HOSPITAL - FALLS CHURCH, VA 2006
Residency and Year INOVA FAIRFAX HOSPITAL - FALLS CHURCH, VA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 12945
License Date 11/2/2005
Name **PRUNA, SIRONA MD**
Address LAMPREY HEALTH CARE, 207 S MAIN STNEWMARKET, NH, 03857
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF DE MEDICINA, ROMANIA ROMANIA 1983
Internship and Year UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 2002
Residency and Year UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12675
License Date 4/6/2005
Name **PRUSS, MARTIN W MD**
Address HAMPTON HEALTH, 879 LAFAYETTE RDHAMPTON, NH, 03842
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF HEALTH SCIENCE, BETHESDA MD US 1994
Internship and Year NAVEL HOSPITAL, BREMERTON WA 1995
Residency and Year NAVEL HOSPITAL, BREMERTON WA 1999
License Expiration Date **6/30/2015**
Remarks

License Number 6842
License Date 5/5/1983
Name **PRUSTY, SOMNATH MD**
Address BOSTON MEDICAL CENTER, BOSTON UNIV 701 CABR BLDGBOSTON, MA, 02118
Specialty EM
Board Certified
School and Year of Graduation SPIRAM CHANDRA BHANJ MED COLL UTKAL UNIV INDIA 1953
Internship and Year SCB MEDICAL COLLEGE HOSPITAL - ORISSA, INDIA 1954
Residency and Year CHRISTIAN MEDICAL COLLEGE VELLORE, INDIA 1957
License Expiration Date **6/30/2001**
Remarks **DECEASED 10/24/2009**

License Number 16490
License Date 2/5/2014
Name **PRUTHI, RAJIV K MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty HO
Board Certified HO
School and Year of Graduation KASTURBA MEDICAL COLLEGE INDIA 1988
Internship and Year ROSALIND FRANKLIN UNIV - CHICAGO MEDICAL SCHOOL - CHICAGO, IL 1989
Residency and Year AURORA SINAI MEDICAL CENTER - MILWAUKEE, WI 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13983
License Date 5/7/2008
Name **PRYBYLA, DAVID J MD**
Address ORTHO SURG ASSOC, 14 RESEARCH PLACEN CHELMSFORD, MA, 01863
Specialty ORS
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2001
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15847
License Date 9/5/2012
Name **PRZYDZIELSKI, MICHAEL B MD**
Address 134 THREE MILE RD, HANOVER, NH, 03755
Specialty CHP
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 6423
License Date 7/2/1981
Name **PRZYJEMSKI, CHARLES J MD**
Address LAHEY CLINIC HOSP, 41 MALL RDBURLINGTON, MA, 01804
Specialty PTH
Board Certified PTH
School and Year of Graduation ST LOUIS UNIV SCH MED-ST LOUIS,MO USA 1972
Internship and Year UNIV HOSP-BOSTON,MA 1973
Residency and Year NEW ENG DEACONSESS HOSP-BOSTON,MA 1977
License Expiration Date **6/30/2013**
Remarks

License Number 12076
License Date 9/3/2003
Name **PSCHIRRER, E REBECCA MD**
Address D H M C DEPT OBGYN, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1992
Internship and Year YALE UNIVERSITY, NEW HAVEN CT 1993
Residency and Year YALE UNIVERSITY, NEW HAVEN CT 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5016
License Date 6/11/1973
Name **PUBLOW, DAVID G MD**
Address 29 FOX RUN, BEDFORD, NH, 03110
Specialty ORS
Board Certified ORS
School and Year of Graduation SUNY AT BUFFALO-BUFFALO NY USA 1965
Internship and Year NAVAL HOSP-PORTSMOUTH VA 1966
Residency and Year STRONG MEMORIAL HOSP-ROCHESTER NY 1973
License Expiration Date **6/30/2015**
Remarks

License Number 12584
License Date 1/5/2005
Name **PUCKHABER, DEBORAH J MD**
Address CENTRAL MAINE MEDICAL CENTER, 300 MAIN STREETLEWISTON, ME, 04240
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1986
Internship and Year STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1987
Residency and Year STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15090
License Date 12/1/2010
Name **PUDPUD, ABIGAIL A DO**
Address 10 VENETIAN WAY APT 2304, MIAMI BEACH, FL, 33139
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 1991
Internship and Year UMDNJ/SOM/KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1992
Residency and Year ALFRED I DUPONT HOSPITAL FOR CHILDREN-THOMAS JEFFERSON UNIV - WILMINGTON, DE 1995
License Expiration Date **6/30/2014**
Remarks

License Number 4951
License Date 2/12/1973
Name **PUGATCH, DONALD MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **3/4/1992**
Remarks **3/4/92 - License surrendered pending investigation and possible disciplinary action.
DECEASED 11-19-02**

License Number 9228
License Date 7/6/1994
Name **PUKEL, CLIFFORD S MD**
Address PEACE HEALTH SW MED CANCER CTR, 505 NE 87TH AVEVANCOUVER, WA, 98664
Specialty HEM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 1991
Internship and Year CHARLESTON AREA MEDICAL CENTER - CHARLESTON WV 1992
Residency and Year CHARLESTON AREA MEDICAL CENTER - CHARLESTON WV 1994
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/98-reinstated 4/3/13**

License Number 16021
License Date 2/6/2013
Name **PULAS, TROY T MD**
Address WESTBRIDGE COM SRVS, 7300 GROVE RDBROOKSVILLE, FL, 34613
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 2006
Internship and Year UNI8VERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 2007
Residency and Year BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 10661
License Date 8/4/1999
Name **PULASKI, MARY E MD**
Address PEDIATRIC HLTH ASSOC, 275 MAMMOTH RDMANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation ALBERT EINSTEIN COLL OF MED YESHIVA UNIV-NY USA 1996
Internship and Year CHILDRENS HOSPITAL/BOSTON CITY MEDICAL CENTER - BOSTON, MA 1997
Residency and Year CHILDRENS HOSPITAL /BOSTON CITY MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 6170
License Date 3/6/1980
Name **PULLEN, VINCENT P MD**
Address PORTSMOUTH RADIOLOGY, 264 LAFAYETTE RDPORTSMOUTH, NH, 03801-5430
Specialty DR
Board Certified DR
School and Year of Graduation MC GILL UNIV FACULTY OF MEDICINE MONTREAL CANADA 1976
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1977
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITALS - HANOVER, NH 1979
License Expiration Date **6/30/2006**
Remarks

License Number 16188
License Date 6/5/2013
Name **PULLMANN, RUDOLF MD**
Address 2206 TIDAL VIEW GARTH, ABINGDON, MD, 21009
Specialty IM
Board Certified IM
School and Year of Graduation LEKARSKA FAKULTA 1 UNIVERZITY KARLOVY CZECH REPUBLIC 1996
Internship and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2009
Residency and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2011
License Expiration Date **6/30/2015**
Remarks

License Number 15593
License Date 3/7/2012
Name **PUNJWANI, NOORUDDIN S MD**
Address RAYS, 2201 N CENTRAL EXPY #185RICHARDSON, TX, 75080
Specialty DR
Board Certified DR
School and Year of Graduation AGA KHAN UNIVERSITY PAKISTAN 1996
Internship and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1998
Residency and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 2002
License Expiration Date **6/30/2014**
Remarks

License Number 13226
License Date 8/2/2006
Name **PUNYAPU, VENKATA ANAND A MD**
Address ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation JAWAHARLAL NEHRU MEDICAL COLLEGE INDIA 1999
Internship and Year HENRY FORD HOSPITAL-DETROIT, MI 2003
Residency and Year HENRY FORD HOSPITAL-DETROIT, MI 2005
License Expiration Date **6/30/2010**
Remarks

License Number 14743
License Date 2/3/2010
Name **PURCELL, ELAINE M MD**
Address 63 MOUNT ANVILLE PARK, GOATSTOWN DUBLIN 14IRELAND, ,
Specialty SM
Board Certified IM
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 2002
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2006
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15724
License Date 6/6/2012
Name **PURI, RUCHI MD**
Address FOUNDATION MED PARTNERS, 264 MAIN STNASHUA, NH, 03060
Specialty HS
Board Certified OBG
School and Year of Graduation BEN-GURION UNIVERSITY OF THE NEGEV ISRAEL 2005
Internship and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 2006
Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14814
License Date 4/7/2010
Name **PURIMETLA, VENKATA M MD**
Address MID-STATE HEALTH CENTER, 101 BOULDER POINT DRPLYMOUTH, NH, 03264
Specialty IM
Board Certified IM
School and Year of Graduation MYSORE UNIVERSITY INDIA 2000
Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2008
Residency and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14720
License Date 1/6/2010
Name **PURITA, JOSEPH R MD**
Address BOCA RATON ORTHOPAEDIC GROUP, 660 GLADES RD STE 460BOCA RATON, FL, 33431
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1976
Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1977
Residency and Year JACKSONMEMORIAL HOSPITAL - MIAMI, FL 1981
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14
RENEWED 8/7/14**

License Number 14638
License Date 10/7/2009
Name **PYKE, O'NEIL J MD**
Address 718 ICE HOUSE DR, MOUNTAIN TOP, PA, 18707
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIVERSITY USA 1997
Internship and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1998
Residency and Year HILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2000
License Expiration Date **6/30/2011**
Remarks

License Number 9432
License Date 5/3/1995
Name **PYNE, CHRISTOPHER T MD**
Address 8 PROSPECT ST, NASHUA, NH, 03061-
Specialty CD
Board Certified CD
School and Year of Graduation HAHNEMANN UNIVERSITY USA 1987
Internship and Year ROGER WILLIAMS HOSPITAL, PROVIDENCE RI 1991
Residency and Year ROGER WILLIAMS HOSPITAL, PROVIDENCE RI 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16560
License Date 4/2/2014
Name **QI, MAOSONG MD**
Address 329 HARBOR POINTE DR APT 1, MT PLEASANT, SC, 39464
Specialty IM
Board Certified IM
School and Year of Graduation BEIJING MEDICAL UNIVERSITY CHINA 1990
Internship and Year EASTON HOSPITAL - EASTON, PA 2010
Residency and Year EASTON HOSPITAL - EASTON, PA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12550
License Date 12/1/2004
Name **QU, JASON Z MD**
Address DACC, 55 FRUIT ST MGH BOSTON, MA, 02114
Specialty AN
Board Certified AN
School and Year of Graduation BETHUNE MEDICAL UNIVERSITY, CHINA CHINA 1986
Internship and Year FRAMINGHAM UNION HOSP, FRAMINGHAM MA 1998
Residency and Year MASSACHUSETTS GENERAL HOSP, BOSTON MA 2001
License Expiration Date **6/30/2006**
Remarks

License Number 10662
License Date 8/4/1999
Name **QUADRI, TARIQ L MD**
Address MEMORIAL SLOGN KETTERING CANCER, 1275 YORK AVENUE NEW YORK, NY, 10021
Specialty IM
Board Certified IM
School and Year of Graduation SINDH MED COLL UNIV OF KARACHI PAKISTAN 1991
Internship and Year ST LUKE'S -ROOSEVELT HOSP CTR - NEW YORK, NY 1995
Residency and Year ST LUKE'S -ROOSEVELT HOSP CTR - NEW YORK, NY 1996
License Expiration Date **6/30/2000**
Remarks

License Number 10474
License Date 12/2/1998
Name **QUANG, LOURDES F MD**
Address ANDOVER OB/GYN, 140 HAVERHILL STANDOVER, MA, 01810
Specialty OBG
Board Certified
School and Year of Graduation NORTHEASTERN OHIO UNIV - ROOTSTOWN, OH USA 1994
Internship and Year HUTZEL HOSPITAL - DETROIT, MI 1995
Residency and Year HUTZEL HOSPITAL - DETROIT, MI 1998
License Expiration Date **6/30/2001**
Remarks

License Number 15989
License Date 1/9/2013
Name **QUARSHIE, NICHOLAS T MD**
Address NE PRIME ASSOC INC, 139 LINCOLN STFRAMINGHAM, MA, 01702
Specialty IM
Board Certified IM
School and Year of Graduation KWAME NKRUMAH UNIV OF SCIENCE & TECHNOLOGY GHANA 2002
Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2009
Residency and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2011
License Expiration Date **6/30/2015**
Remarks

License Number 11185
License Date 2/7/2001
Name **QUASEM, MOHAMMAD A MD**
Address 27 PARK AVE, 5TH FLOORBINGHAMTON, NY, 13903
Specialty IM
Board Certified IM
School and Year of Graduation DHAKA MED COLL- DHAKA, BANGLADESH BANGLADESH 1979
Internship and Year LINCOLN MEDICAL & MENTAL HLTH CTR- BRONX, NY 1996
Residency and Year LINCOLN MEDICAL & MENTAL HLTH CTR - BRONX, NY 1998
License Expiration Date **6/30/2009**
Remarks

License Number 15969
License Date 12/5/2012
Name **QUAY, STEVEN C MD**
Address ATOSSA GENETICS, 1616 EASTLAKE AVE EAST STE 360SEATTLE, WA, 98102
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1977
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1978
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 13685
License Date 9/5/2007
Name **QUEBADA-CLERKIN, PATRICIA B MD**
Address CHILDREN HOSPITAL CENTRAL CA, 9300 VALLEY CHILDREN'S PLACEMADERA, CA, 93636
Specialty NSP
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2001
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2015**
Remarks

License Number 17250
License Date 9/2/2015
Name **QUERESHY, SAROSH M MD**
Address 14 CATHEDRAL CIR, NASHUA, NH, 03063-2719
Specialty PM
Board Certified
School and Year of Graduation UNIV OF THE PUNJAB, KING EDWARD MED COLL PAKISTAN 1988
Internship and Year NORTH SHORE UNIV HOSP, GLEN COVE, NY 1993
Residency and Year NORTH SHORE UNIV HOSP, GLEN COVE, NY 1994
License Expiration Date **6/30/2017**
Remarks

License Number 10342
License Date 7/1/1998
Name **QUESADA, EDUARDO W MD**
Address AMOSKEAG ANESTHESIA PLLC, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF KENTUCKY COLL OF MED - LEXINGTON,KY USA 1991
Internship and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 1992
Residency and Year VANDERBILT UNIV MEDICAL CENTER - NASHVILLE, TN 1995
License Expiration Date **5/13/2015**
Remarks **5/13/15 - Requested inactive.**

License Number 10188
License Date 12/3/1997
Name **QUICK, GREGORY L MD**
Address NORWOOD HOSPITAL, 800 WASHINGTON STNORWOOD, MA, 02062
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NE COLL OF MED-OMAHA,NE USA 1973
Internship and Year GORGAS ARMY HOSP-CANAL ZONE 1974
Residency and Year GORGAS ARMY HOSP-CANEL ZONE 1975
License Expiration Date **6/30/2017**
Remarks

License Number 3539
License Date 9/18/1962
Name **QUIGLEY, DAVID G MD**
Address 110 LOCKWOOD ST, PROVIDENCE, RI, 02903-4801
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS MEDICAL SCHOOL - BOSTON, MA USA 1961
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1962
Residency and Year CARNEY HOSPITAL - BOSTON, MA 1962
License Expiration Date **6/30/2002**
Remarks

License Number 8360
License Date 6/6/1990
Name **QUILL, TIMOTHY J MD**
Address DHMC-CRITICAL CARE MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation OHIO STATE UNIV COLL OD MED-COLUMBUS,OH USA 1980
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1983
Residency and Year MASS GEN HOSP-BOSTON,MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 9743
License Date 6/5/1996
Name **QUIMBY, GEORGE F MD**
Address DARTMOUTH-HITCHCOCK KEENE, 149 EMERALD STKEENE, NH, 03431
Specialty U
Board Certified U
School and Year of Graduation UNIV OF MASS MEDICAL SCHOOL - MA USA 1990
Internship and Year UNIV OF MA MED CTR - WORCESTER, MA 1992
Residency and Year UNIV OF MA MED CTR - WORCESTER, MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 16606
License Date 5/7/2014
Name **QUINBY, GRIFFITH E MD**
Address 14100 MAGELLAN PLAZA, MARYLAND HEIGHTS, MO, 63043
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1967
Internship and Year HARBORVIEW MEDICAL CENTER - SEATTLE, WA 1968
Residency and Year UNIVERSITY LOUISVILLE - LOUISVILLE, KY 1976
License Expiration Date **6/30/2016**
Remarks

License Number 7628
License Date 6/3/1987
Name **QUINN, EDMUND P MD**
Address 16 ATLANTIC DR, SEABROOK, NH, 03874
Specialty IM
Board Certified IM
School and Year of Graduation AMERICAN UNIVERSITY OF CARIBBEAN, MONTSERRAT W.I. WEST INDIES 1983
Internship and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 1985
Residency and Year ST MARYS HOSPITAL - WATERBURY, CT 1987
License Expiration Date **6/30/1999**
Remarks

License Number 2496
License Date 9/12/1946
Name **QUINN, GEORGE E MD**
Address 33 CENTRAL ST, FARMINGTON, NH, 03835-1259
Specialty GP
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1942
Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA' 1943
Residency and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1943
License Expiration Date **3/9/1999**
Remarks **3/9/1999 - DECISION & ORDER - LICENSE SUSPENDED DECEASED 10/26/04**

License Number 11458
License Date 11/7/2001
Name **QUINN, KEVIN L MD**
Address FAYETTEVILLE NC VA MEDICAL CENTER, 2300 RAMSEY STFAYETTEVILLE, NC, 28301
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA USA 1985
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1986
Residency and Year LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 10567
License Date 5/5/1999
Name **QUINN, MICHAEL O MD**
Address SPECTRUM MEDICAL GROUP PA, 324 GANNET DR SUITE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1993
Internship and Year UNIV OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1997
Residency and Year WASHINGTON UNIV - SAINT LOUIS, MO 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14815
License Date 4/7/2010
Name **QUINN, TIMOTHY R MD**
Address DERMPATH DIAGNOSTICS NEW ENGLAND, 200 FOREST ST, STE 3119MARLBOROUGH, MA, 01752
Specialty PTH
Board Certified PTH
School and Year of Graduation MCGILL UNIVERSITY CANADA 1992
Internship and Year UNIVERSITY OF TORONTO - TORONTO, ONTARIO CANADA 1993
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 13300
License Date 10/4/2006
Name **QUINONES, LUCHI S MD**
Address LACONIA CLINIC, 724 MAIN ST LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation DE LA SALLE UNIVERSITY, DASMARINAS PHILIPPINES PHILIPPINES 1986
Internship and Year DETROIT MEDICAL CENTER, DETROIT MI 2002
Residency and Year DETROIT MEDICAL CTR, DETROIT MI 2004
License Expiration Date **6/30/2016**
Remarks

License Number 9552
License Date 9/6/1995
Name **QUINTAL, PATRICK L MD**
Address LASSEN MEDICAL GROUP, 2580 SISTER MARY COLUMBIA DR RED BLUFF, CA, 98060
Specialty PD
Board Certified PD
School and Year of Graduation BAYLOR COLLEGE OF MEDICAL HOUSTON, TX USA 1987
Internship and Year CHILDRENS HOSPITAL MEDICAL CENTER CINCINNATI OH 1988
Residency and Year NAVAL HOSPITAL OAKLAND, CA 1992
License Expiration Date **6/30/2001**
Remarks

License Number 13984
License Date 5/7/2008
Name **QUINTERO, NANCY DO**
Address 241 ELM ST, CLAREMONT, NH, 03743
Specialty IM
Board Certified IM
School and Year of Graduation MICHIGAN STATE UNIV USA 1994
Internship and Year GARDEN CITY HOSPITAL-GARDEN CITY, MI 1995
Residency and Year GARDEN CITY HOSPITAL - GARDEN CITY, MI 1997
License Expiration Date **6/30/2014**
Remarks

License Number 8063
License Date 3/29/1989
Name **QUIRBACH, ROBERT C MD**
Address ST JOSEPH FAMILY MEDICAL CTR, 444 NASHUA STMILFORD, NH, 03055-8904
Specialty FP
Board Certified FP
School and Year of Graduation UNIV MA MED SCHOOL WORCESTER MA USA 1986
Internship and Year BROWN UNIV AFFIL HOSPS PROVIDENCE RI 1987
Residency and Year BROWN UNIV AFFIL HOSPS PROVIDENCE RI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 3891
License Date 2/25/1966
Name **QUIRINALE, BART N MD**
Address 5 HANCOCK DR, LONDONDERRY, NH, 03053
Specialty FP
Board Certified
School and Year of Graduation TUFTS UNIV OF MEDICAL SCHOOL - BOSTON, MA USA 1963
Internship and Year LAWRENCE GENERAL HOSPITAL - LAWRENCE, MA 1964
Residency and Year LAWRENCE GENERAL HOSPITAL - LAWRENCE, MA 1964
License Expiration Date **6/30/2016**
Remarks

License Number 8595
License Date 7/17/1991
Name **QUITADAMO, MARK J MD**
Address HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125
Specialty D
Board Certified D
School and Year of Graduation UNIV OF CONNECICUT SCH OF MED -FARMINGTON USA 1984
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1986
Residency and Year DARTMOUTH-HITHCOCK MED CTR - HANOVER, NH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 14721
License Date 1/6/2010
Name **QUITKIN, HIRAM M MD**
Address ACCESS SPORTS MED & ORTHO, 1 HAMPTON RD STE 200EXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation YALE UNIVERSTIY USA 1995
Internship and Year GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 1996
Residency and Year GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15002
License Date 9/1/2010
Name **QUITKIN, OLIVERA J MD**
Address 133 BORTHWICK AVE, PORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1997
Internship and Year NORTH OAKLAND MEDICAL CENTERS - PONTIAC, MI 1999
Residency and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL - WASHINGTON, DC 2002
License Expiration Date **6/30/2016**
Remarks

License Number 15810
License Date 8/1/2012
Name **QURESHI, ANJUM G MD**
Address COXHEALTH, 3555 S NATIONAL AVE SUITE 104SPRINGFIELD, MO, 65807
Specialty FP
Board Certified
School and Year of Graduation UNIVERSIDAD IBEROAMERICANA DOMINICAN REPUBLIC 1998
Internship and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2001
Residency and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12174
License Date 12/3/2003
Name **QURESHI, KHUSROO M MD**
Address KHUSROO QURESHI, MD - TEXAS ONCOLOGY, 3705 W 15TH STPLANO, TX, 75075
Specialty IM
Board Certified ON
School and Year of Graduation BAQAI MEDICAL COLLEGE, KARACHI PAKISTAN PAKISTAN 1993
Internship and Year NASSAU COUNTY MED CTR, EAST MEADOW NY 2000
Residency and Year UNIVERSITY OF CLEVELAND, CLEVELAND OH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 15456
License Date 11/2/2011
Name **QUTOB, TAREK S MD**
Address 8 TOWN LINE RD #6, COUDERSPORT, PA, 16915
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF JORDAN JORDAN 1995
Internship and Year KALEIDA HEALTH SYSTEM/MILLARD FILLMORE HOSPITALS - BUFFALO, NY 1998
Residency and Year KALEIDA HEALTH SYSTEM/MILLARD FILLMORE HOSPITALS - BUFFALO, NY 2000
License Expiration Date **6/30/2013**
Remarks

License Number 9744
License Date 6/5/1996
Name **RAABE, JOHN R MD**
Address CARDIOLOGY GROUP OF WNY, 825 WEHRLE DRIVEWILLIAMSVILLE, NY, 14221-7794
Specialty CD
Board Certified CD
School and Year of Graduation OHIO STATE UNIV COLLEGE OF MEDICINE USA 1975
Internship and Year MT CARMEL MEDICAL CENTER - COLUMBUS, OH 1976
Residency and Year GRADUATE HOSP - PHILA, PA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5516
License Date 5/6/1976
Name **RAASOCH, JOHN W MD**
Address SKYVIEW UNIT, RUSK, TX, 75785
Specialty P
Board Certified P
School and Year of Graduation UNIV OF WISCONSIN MEDICAL SCHOOL USA 1973
Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT -BURLINGTON, VT 1974
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT -BURLINGTON, VT 1976
License Expiration Date **6/30/2004**
Remarks

License Number 5955
License Date 8/4/1978
Name **RABIDEAU, RAYMOND H MD**
Address 3073 WHITE MTN HWY, NORTH CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VEREMONT COLLEGE OF MEDICINE BURLINGTON,VT USA 1975
Internship and Year GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1976
Residency and Year GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1978
License Expiration Date **6/30/2016**
Remarks

License Number 14357
License Date 3/4/2009
Name **RABIN, ANDREW M MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation TEMPLE UNIVERSITY USA 1981
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1982
Residency and Year JACOBI MEDICAL CENTER - BRONX, NY 1988
License Expiration Date **6/30/2013**
Remarks

License Number 14567
License Date 8/5/2009
Name **RABIN, MICHAEL S MD**
Address DANA FARBER CANCER INSTITUTE, 44 BINNEY ST D-1234BOSTON, MA, 02115
Specialty HO
Board Certified HO
School and Year of Graduation CORNELL UNIVERSITY USA 1981
Internship and Year BELLEVUE HOSPITAL CENTER - NEW YORK, NY 1982
Residency and Year BELLEVUE HOSPITAL CENTER-NEW YORK, NY 1984
License Expiration Date **6/30/2013**
Remarks

License Number 15457
License Date 11/2/2011
Name **RABINOWITZ, CHAD B MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF MED & DENTISTRY NJ RW JOHNSON MED SCHOOL USA 2001
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2002
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006
License Expiration Date **6/30/2017**
Remarks

License Number 14433
License Date 5/6/2009
Name **RABINOWITZ, PHILIP F MD**
Address 3200 PARK LANE DR, PITTSBURGH, PA, 15275
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1989
Internship and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1990
Residency and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 7654
License Date 7/8/1987
Name **RABISON, SAMUEL MD**
Address DEACONESS WALTHAM HOSP, HOPE AVEWALTHAM, MA, 02254
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CONNECTICUT SCH MED - FARMINGTON, CT USA 1976
Internship and Year UNIV COLORADO SCH OF MED - DENVER, CO' 1977
Residency and Year MOFFITT UNIV OF CALIF HOSPITAL - SAN FRANCISCO, CA 1981
License Expiration Date **6/30/1999**
Remarks

License Number 13301
License Date 10/4/2006
Name **RACHNER, THOMAS E MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation OHIO STATE UNIV USA 1986
Internship and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 1987
Residency and Year UCLA MEDICAL CTR 1991
License Expiration Date **6/30/2014**
Remarks

License Number 7282
License Date 3/6/1986
Name **RACICOT, PAUL F MD**
Address LAKES REGION GENERAL HOSP, HIGHLAND AVELACONIA, NH, 03246
Specialty EM
Board Certified EM
School and Year of Graduation UNIV MA SCH MED WORCESTER MA USA 1982
Internship and Year BERKSHIRE MED CTR PITTSFIELD MA 1983
Residency and Year BERKSHIRE MED CTR PITTSFIELD MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 5075
License Date 9/13/1973
Name **RACUSIN, ROBERT J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty CHP
Board Certified CHP
School and Year of Graduation GEORGETOWN UNIVERSITY-WASHINGTON DC USA 1971
Internship and Year GEORGETOWN UNIVERSITY-WASHINGTON DC 1972
Residency and Year GEORGETOWN UNIVERSITY-WASHINGTON DC 1973
License Expiration Date **6/30/2017**
Remarks

License Number 7600
License Date 5/6/1987
Name **RADAFSHAR, SHAHYAR M MD**
Address ST LUKES MEDICAL CENTER, 2900 OKLAHOMA AVEMILWAUKEE, WI, 53215
Specialty AN
Board Certified AN
School and Year of Graduation FAC OF MED NATL UNIV OF IRAN IRAN 1981
Internship and Year TEHRAN UNIV MED SCHOOL 1983
Residency and Year TEHRAN UNIV MED SCHOOL 1985
License Expiration Date **6/30/2001**
Remarks

License Number 13227
License Date 8/2/2006
Name **RADANOVICH, RAYMOND P DO**
Address 206 PINELAND ST, PERRY, FL, 32348
Specialty R
Board Certified R
School and Year of Graduation OHIO UNIV COLLEGE OF OSTEOPATHIC MED USA 1995
Internship and Year OUCOM/PHS MT SINAI MEDICAL CTR-RICHMOND HEIGHTS, OH 1996
Residency and Year BOTSFORD GENERAL HOSPITAL-FARMINGTON HILLS, MI 2003
License Expiration Date **6/30/2010**
Remarks

License Number 16238
License Date 7/3/2013
Name **RADEMACHER, JAMES N MD**
Address 160 ALLEN ST, RUTLAND, VT, 05701
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1977
Internship and Year MARSHFIELD CLINIC - ST JOSEPHS HOSPITAL - MARSHFIELD, WI 1978
Residency and Year FLETCHER ALLEN HEALTH CARE-UNIVERSITY OF VERMONT - BURLINGTON, VT 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15199
License Date 4/6/2011
Name **RADFAR, ARASH MD**
Address WASHINGTON HOSPITAL CENTER, 110 IRVINE ST NW, STE BCE19WASHINGTON, DC, 20010
Specialty DMP
Board Certified DMP
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2015**
Remarks

License Number 14639
License Date 10/7/2009
Name **RADHAKRISHNAN, JAY K MD**
Address REMOTE IMAGING SOLUTIONS, PO BOX 133005SPRING, TX, 77393
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF TEXAS USA 1995
Internship and Year ST JOSEPH HOSPITAL - HOUSTON, TX 1996
Residency and Year UNIVERSITY @ BUFFALO - BUFFALO, NY 1997
License Expiration Date **6/30/2017**
Remarks

License Number 9591
License Date 11/1/1995
Name **RADKE, EDWIN C MD**
Address ANDOVER OB GYN, 323 LOWELL ST, STE 302ANDOVER, MA, 01810
Specialty OBG
Board Certified OBG
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH CLEVELAND, OH USA 1991
Internship and Year UNIV HOSPITAL OF CLEVELAND- OH 1995
Residency and Year UNIV HOSPITAL OF CLEVELAND - OH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 15041
License Date 10/6/2010
Name **RADOMSKI, LINDA MD**
Address GANNETT HEALTH CTR/CORNELL, 110 HO PLAZAITHACA, NY, 14853
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MIAMI USA 1979
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 1980
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 1982
License Expiration Date **6/30/2012**
Remarks

License Number 14524
License Date 7/1/2009
Name **RADWAN, SARAH V MD**
Address NETWORKED PRACTICES INTEGRATION, PLLC, 87 MCGREGOR ST, STE #3200MANCHESTER, NH, 032
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF WIEN AUSTRIA 1995
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 14568
License Date 8/5/2009
Name **RADWAN, TAREK A MD**
Address NETWORKED PRACTICES INTEGRATION PLLC, 87 MCGREGOR ST, STE 3200MANCHESTER, NH, 0310
Specialty NS
Board Certified
School and Year of Graduation UNIVERSITY OF CAMBRIDGE UNITED KINGDOM 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 9385
License Date 3/1/1995
Name **RAFFALLI, PETER C MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC, 220 SUTTON STN ANDOVER, MA, 01845-1699
Specialty CHN
Board Certified CHN
School and Year of Graduation SUNY AT STONY BROOK HLTH SCI CTR USA 1987
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK NJ 1988
Residency and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK NJ 1992
License Expiration Date **6/30/2005**
Remarks

License Number 16239
License Date 7/3/2013
Name **RAFFERTY, ERIN J MD**
Address CARDIOVASCULAR CARE ASSOC OF YORK HOSPITAL, 12 HOSPITAL DR., SUITE 9YORK, ME, 03909
Specialty CD
Board Certified CD
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 2007
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 17230
License Date 8/5/2015
Name **RAFIQUE, RABIAH MD**
Address 302 BROOKSIDE DR, ANDOVER, MA, 01810
Specialty IM
Board Certified
School and Year of Graduation AMERICAN UNIV OF ANTIGUA COLL OF MED ANTIGUA & BARBUDA 2011
Internship and Year WESTERN RESERVE CARE SYSTEM -YOUNGSTOWN, OH 2012
Residency and Year WESTERN RESERVE CARE SYSTEM -YOUNGSTOWN, OH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11675
License Date 7/3/2002
Name **RAFTERY, CHARLES E MD**
Address WATERBURY ORTHOPAEDICS, 1211 WEST MAIN STWATERBURY, CT, 06708
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED - PITTSBURGH,PA USA 1993
Internship and Year NEW YORK UNIV MED CTR - NEW YORK, NY 1994
Residency and Year HOSPITAL FOR JOINT DISEASES- NEW YORK UNIV - NY, NY 1998
License Expiration Date **6/30/2004**
Remarks

License Number 10167
License Date 11/5/1997
Name **RAFTERY, KEVIN B MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty VS
Board Certified GS
School and Year of Graduation UNIV OF MICHIGAN SCHOOL -ANN ARBOR, MI USA 1985
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1990
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1993
License Expiration Date **6/30/2001**
Remarks

License Number 15200
License Date 4/6/2011
Name **RAHIM, MALIK T MD**
Address 1 ESTATE DR, CENTRALIA, IL, 62801
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2001
Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2005
Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2007
License Expiration Date **6/30/2013**
Remarks

License Number 5458
License Date 12/11/1975
Name **RAHMAN, DIANE MD**
Address 27 HEYWOOD ST, PO BOX 447GARDNER, MA, 01440-1321
Specialty FP
Board Certified
School and Year of Graduation NEW YORK UNIV SCH OF MEDICINE, NY USA 1973
Internship and Year NEW YORK UNIV MEDICAL CENTER - NY 1974
Residency and Year NEW YORK UNIV MEDICAL CENTER - NY 1975
License Expiration Date **6/30/2007**
Remarks

License Number 7655
License Date 7/8/1987
Name **RAHMAN, KHAWAJA M MD**
Address KHAWAJA M RAHMAN MD, PC, 171 KINSLEY STREETNASHUA, NH, 03060
Specialty N
Board Certified N
School and Year of Graduation SIND MEDICAL COLLEGE UNIV OF KARACHI PAKISTAN 1980
Internship and Year HOWARD UNIVERSITY HOSPITALS - WASHINGTON DC 1987
Residency and Year HOWARD UNIVERSITY HOSPITALS - WASHINGTON DC 1987
License Expiration Date **6/30/2017**
Remarks

License Number 14142
License Date 8/6/2008
Name **RAI, CECILIA S DO**
Address 69 SUMMIT RD, PLYMOUTH, NH, 03264
Specialty FP
Board Certified
School and Year of Graduation KIRKSVILLE COLLEGE USA 2001
Internship and Year ST JOSEPH MEDICAL CENTER - READING, PA 2002
Residency and Year ST JOSEPH MEDICAL CENTER - READING, PA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12510
License Date 10/6/2004
Name **RAINA, RAJESH MD**
Address 19224C 64TH CIRCLE, UNIT 3AFRESH MEADOWS, NY, 11365
Specialty IM
Board Certified
School and Year of Graduation GOVERNMENT MEDICAL COLLEGE, KASHMIR U., INDIA INDIA 1989
Internship and Year WYCKOFF HEIGHTS MED CTR, BROOKLYN NY 2003
Residency and Year WYCKOFF HEIGHTS MED CTR, BROOKLYN NY 2004
License Expiration Date **6/30/2006**
Remarks

License Number 2658
License Date 5/12/1948
Name **RAINIE, ROBERT C MD**
Address 78 REGIONAL DR, BOX 452CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY USA 1943
Internship and Year CENTRAL MAINE GENERAL HOSPITAL - LEWISTON, ME 1945
Residency and Year CENTRAL MAINE GENERAL HOSPITAL - LEWISTON, ME 1947
License Expiration Date **6/30/2004**
Remarks **Deceased 10/8/2012**

License Number 8326
License Date 5/9/1990
Name **RAINONE, DONALD P MD**
Address SMOOTHSKIN INC, 213 ROCKINGHAM RDLONDONDERRY, NH, 03053
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICAL - NY USA 1987
Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1988
Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1990
License Expiration Date **6/30/2016**
Remarks

License Number 11034
License Date 8/2/2000
Name **RAINSFORD, KEVIN J MD**
Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty GP
Board Certified
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO - MAYWOOD IL USA 1994
Internship and Year KAISER PERMANENTE MED CTR - OAKLAND CA 1997
Residency and Year KAISER PERMANENTE MED CTR - OAKLAND CA 1997
License Expiration Date **6/30/2002**
Remarks

License Number 7180
License Date 8/1/1985
Name **RAITIERE, MARTIN N MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS USA 1983
Internship and Year
Residency and Year
License Expiration Date **6/30/1987**
Remarks

License Number 13468
License Date 4/4/2007
Name **RAJA, BHUVANA MD**
Address KAISER PERMANENTE, 655 WATKINS MILL RDGAITHERSBURG, MD, 20879
Specialty FP
Board Certified FP
School and Year of Graduation CHENGALPATTU MEDICAL COLLEGE INDIA 1999
Internship and Year ST JOSEPHS HOSPITAL HEALTH CENTER-SYRACUSE, NY 2005
Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER-SYRACUSE, NY 2006
License Expiration Date **6/30/2009**
Remarks

License Number 12006
License Date 7/2/2003
Name **RAJAN, SIVARAM MD**
Address ORTHOPAEDIC SURGICAL ASSOC, 200MERRIMACK ST STE 300LOWELL, MA, 01852
Specialty ORS
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1997
Internship and Year SUNY-STONY BROOK HEALTH SCIENCE CENTER - STONY BROOK, NY 1998
Residency and Year SUNY-STONY BROOK HEALTH SCIENCE CENTER - STONY BROOK, NY 2002
License Expiration Date **6/30/2007**
Remarks

License Number 11823
License Date 1/8/2003
Name **RAJAN, SUJATHA MD**
Address 800 WEST CUMMINGS PARK, STE 2550 WOBURN, MA, 01801
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CHENNAI MADRAS MED COLL - TAMIL NADU INDIA INDIA 1995
Internship and Year TEXAS A&M-SCOTT AND WHITE - TEMPLE, TX 1998
Residency and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 2002
License Expiration Date **6/30/2013**
Remarks **REQUESTED INACTIVE 6/30/03-----REINSTATED 7/5/06**

License Number 16491
License Date 2/5/2014
Name **RAJANNA, PREETHI MD**
Address DHMC, 100 HITCHCOCK WAY MANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation M S RAMAIAH MEDICAL COLLEGE - BANGALORE UNIV INDIA 2007
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2012
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14474
License Date 6/3/2009
Name **RAJANNA, SUMATHI MD**
Address DARTMOUTH HITCHCOCK, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation SRI DEVARAJ URS MEDICAL COLLEGE INDIA 1999
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2007
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2009
License Expiration Date **6/30/2017**
Remarks

License Number 16732
License Date 8/6/2014
Name **RAJESH, KUMBLE R MD**
Address LOWELL CHC, 161 JACKSON STREET LOWELL, MA, 01810-5327
Specialty PD
Board Certified PD
School and Year of Graduation ST JOHN'S MED COLL & HOSP, BANGALORE U - BANGALORE INDIA 1992
Internship and Year WESTERN MICHIGAN UNIVERSITY SOM - KALAMAZOO, MI 1995
Residency and Year WESTERN MICHIGAN UNIVERSITY SOM - KALAMAZOO, MD 1997
License Expiration Date **6/30/2016**
Remarks

License Number 15888
License Date 10/3/2012
Name **RAJESWARAN, YASOTHA MD**
Address DHMC - CARDIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2009
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2010
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2012
License Expiration Date **6/30/2016**
Remarks

License Number 14041
License Date 6/4/2008
Name **RAJI, ANNASWAMY MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 1988
Internship and Year DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 1994
Residency and Year DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10343
License Date 7/1/1998
Name **RAJUR, KRUPA S MD**
Address 37 TYLER ST 2ND FLOOR, NASHUA, NH, 03060
Specialty NEP
Board Certified NEP
School and Year of Graduation MAHADEVAPPA RAHPURE MED COLL GULBARGA INDIA 1990
Internship and Year HACKENSACK UNIV MEDICAL CENTE - HACKENSACK, NJ 1994
Residency and Year ST ELIZABETH'S MEDICAL CENTER OF BOSTON - BRIGHTON, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16084
License Date 4/3/2013
Name **RAKIC, MARKO MD**
Address DHMC - DEPT OF HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF QUEENSLAND AUSTRALIA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 4606
License Date 9/1/1979
Name **RALSKE, NORMAN N MD**
Address 12 ROBINWOOD RD, ACTON, MA, 01720
Specialty P
Board Certified
School and Year of Graduation SYRACUSE UNIV - NY USA 1952
Internship and Year MEADOWBROOK HOSPITAL - EAST MEADOW, NY 1953
Residency and Year KINGS COUNTY HOSPITAL - BROOKLYN, NY 1958
License Expiration Date **6/30/2007**
Remarks **Deceased 9/21/10**

License Number 9745
License Date 6/5/1996
Name **RALSTON, MATTHEW D MD**
Address RADIOLOGY ASSOC, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty R
Board Certified R
School and Year of Graduation DUKE UNIV SCHOOL OF MEDICINE - DURHAM, NC USA 1982
Internship and Year UNIV OF AL HOSP - BIRMINGHAM, AL 1983
Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15725
License Date 6/6/2012
Name **RALSTON, SHAWN L MD**
Address DHMC-PEDIATRIC DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation TEXAS A & M UNIVERSITY HEALTH SCIENCE CENTER USA 1997
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1998
Residency and Year UNIVERSITY OF NEW MEXICO CHILDRENS HOSPITAL - ALBURQUERQUE, NM 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13686
License Date 9/5/2007
Name **RALSTON, THOMAS M MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation CREIGHTON UNIV USA 1978
Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1979
Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1982
License Expiration Date **6/30/2015**
Remarks

License Number 14174
License Date 9/3/2008
Name **RAM, PRITI B MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation SEMMELWEIS UNIV HUNGARY 2001
Internship and Year TULANE UNIV MEDICAL CENTER - NEW ORLEANS, LA 2002
Residency and Year TULANE UNIV MEDICAL CENTER - NEW ORLEANS, LA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 13559
License Date 6/6/2007
Name **RAMACHANDRUNI, RAMALAKSHMI M MD**
Address 750 WASHINGTON ST, BOSTON, MA, 02111
Specialty CHP
Board Certified
School and Year of Graduation KURNOOL MEDICAL COLLEGE INDIA 1995
Internship and Year UNIV OF TENNESSEE HEALTH SCIENCE CTR - MEMPHIS, TN 2003
Residency and Year UNIV OF TENNESSEE HEALTH SCIENCE CTR - MEMPHIS, TN 2005
License Expiration Date **6/30/2009**
Remarks

License Number 12142
License Date 11/5/2003
Name **RAMADAN, BERRYZAD E MD**
Address 910 SKYLINE DR APT #11, DRACUT, MA, 01826-6136
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF THE CARIBBEAN, ST MAARTEN NETHERLAND NETHERLANDS ANTILLES 1999
Internship and Year LONG ISLAND COLLEGE HOSP, BROOKLYN NY 2001
Residency and Year LONG ISLAND COLLEGE HOSP, BROOKLYN NY 2003
License Expiration Date **6/30/2005**
Remarks

License Number 12354
License Date 6/2/2004
Name **RAMAHI, TARIK M MD**
Address 500 PROSPECT ST 3F, NEW HAVEN, CT, 06511
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1987
Internship and Year YALE-NEW HAVEN HOSP, NEW HAVEN CT 1988
Residency and Year YALE-NEW HAVEN HOSP, NEW HAVEN CT 1990
License Expiration Date **6/30/2006**
Remarks

License Number 14042
License Date 6/4/2008
Name **RAMANATH, VIJAY S MD**
Address DHMC - CARDIOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK USA 2003
Internship and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2004
Residency and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2006
License Expiration Date **6/30/2012**
Remarks

License Number 17231
License Date 8/5/2015
Name **RAMANATHAN, SHEILA DO**
Address 830 WASHINGTON ST, WATERTOWN, NY, 13601-3758
Specialty FP
Board Certified
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2012
Internship and Year LECOMT/SAMARITAN MED CTR- WATERTOWN NY 2013
Residency and Year LECOMT/SAMARITAN MED CTR- WATERTOWN NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 11880
License Date 4/2/2003
Name **RAMBISSOON, SAVITRI MD**
Address GREENFIELD SURGERY, 48 SANDERSON STGREENFIELD, MA, 01301
Specialty GS
Board Certified GS
School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC, CANADA CANADA 1998
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1999
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 5569
License Date 7/30/1976
Name **RAMDEV, BABU S MD**
Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820-2589
Specialty EM
Board Certified
School and Year of Graduation OSMANIA UNIVERSITY-HUDBAD INDIA INDIA 1965
Internship and Year GANDHI HOSPITAL-HYDERABAD INDIA 1966
Residency and Year WESTMINSTER HOSPITAL-LONDON ONTARIO CANADA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 6584
License Date 7/15/1982
Name **RAMDEV, PREM T MD**
Address 164 WEDNESDAY HILL RD, LEE, NH, 03824
Specialty IM
Board Certified
School and Year of Graduation OSMANIA MED COLL INST OF MED SCI-HUDERABAD INDIA 1965
Internship and Year NEW ENGLAND DEACONESS - BOSTON, MA 1980
Residency and Year NEW ENGLAND DEACONESS - BOSTON, MA 1982
License Expiration Date **6/30/2012**
Remarks

License Number 7283
License Date 3/6/1986
Name **RAMEY, ELVIN R MD**
Address , 454 OLD STREET RDPETERBOROUGH, NH, 03458-
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH MED BOSTON MA USA 1978
Internship and Year ST LUKES HOSP MILWAUKEE WI 1979
Residency and Year MED COLL WI AFFIL HOSPS MILWAUKEE WI 1982
License Expiration Date **6/30/2016**
Remarks

License Number 7288
License Date 3/20/1986
Name **RAMEY, LISA S MD**
Address JAFFREY FAMILY MEDICINE, 82 PETERBOROUGH STJAFFREY, NH, 03452
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH MED BOSTON MA USA 1979
Internship and Year MED COLL WI AFFIL HOSP MILWAUKEE WI 1980
Residency and Year MED COLL WI AFFIL HOSP MILWAUKEE WI 1982
License Expiration Date **6/30/2016**
Remarks

License Number 16873
License Date 12/3/2014
Name **RAMIREZ, ALTAGRACIA MD**
Address 432 NO STATE ST, PORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1999
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12511
License Date 10/6/2004
Name **RAMIREZ, ANTHONY J MD**
Address LOWELL TREATMENT CTR, 391 VARNUM AVELOWELL, MA, 01854
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY DE LOS ANDES, VENEZUELA VENEZUELA 1990
Internship and Year NY MEDICAL CTR, FLUSHING NY 1995
Residency and Year BOSTON UNIVERSITY, BOSTON MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12355
License Date 6/2/2004
Name **RAMIREZ, JORGE A MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF PUERTO RICO, SAN JUAN PUERTO RICO US 1994
Internship and Year TULANE UNIVERSITY, NEW ORLEANS LA 1995
Residency and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1999
License Expiration Date **6/30/2014**
Remarks

License Number 10568
License Date 5/5/1999
Name **RAMIREZ, JOSEPH M MD**
Address COMPHEALTH, PO BOX 57915SALT LAKE CITY, UT, 84157-0915
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CALIFORNIA - LOS ANGELES, CA USA 1995
Internship and Year CHILDREN'S HOSPITAL OF WISCONSIN - MILWAUKEE, WI 1996
Residency and Year CHILDREN'S HOSPITAL OF WISCONSIN - MILWAUKEE, WI 1998
License Expiration Date **6/30/2005**
Remarks

License Number 15635
License Date 4/4/2012
Name **RAMOS JR, ENRIQUE C DO**
Address 1279 SOUTH WILLOW, SUITE EMANCHESTER, NH, 03103
Specialty IM
Board Certified
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year BAY AREA-CORPUS CHRISTI MEDICAL CENTER - CORPUS CHRISTI, TX 2009
Residency and Year BAY AREA-CORPUS CHRISTI MEDICAL CENTER - CORPUS CHRISTI, TX 2011
License Expiration Date **6/30/2016**
Remarks

License Number 10795
License Date 12/1/1999
Name **RAMOS, ELIZABETH L MD**
Address 137 HEDDEN TERRACE, N ARLINGTON, NJ, 07031
Specialty FP
Board Certified
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ- NEWARK, NJ USA 1996
Internship and Year UNIV OF CALIFORNIA AT SAN FRANCISCO, CA 1997
Residency and Year UNIV OF CALIFORNIA AT SAN FRANCISCO, CA 1999
License Expiration Date **6/30/2000**
Remarks

License Number 6666
License Date 3/31/1983
Name **RAMOS, MARCOS U MD**
Address , PO BOX 7384 GILFORD, NH, 03247-7384
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF PUERTO RICO SCH MED-SAN JUAN MEXICO 1969
Internship and Year STAMPFORD HOSP-STAMPFORD.CT 1970
Residency and Year UNIV OF MINN. HOSP-MINNEAPOLIS,MN 1973
License Expiration Date **3/4/1999**
Remarks **3/4/99 - ORDER OF EMERGENCY SUSPENSION AND NOTICE OF HEARING 4/27/99 - ORDER ON CONTINUANCE
11/14/01 - SETTLEMENT AGREEMENT - LICENSED REVOKED.**

License Number 16682
License Date 7/2/2014
Name **RAMSEY, DAVID J MD**
Address LAHEY CLINIC, 1 ESSEX CENTER DR PEABODY, MA, 01960
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2008
Internship and Year UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2009
Residency and Year JOHNS HOPKINS UNIVERSITY MEDICAL CENTER - BALTIMORE, MD 2012
License Expiration Date **6/30/2016**
Remarks

License Number 8376
License Date 6/6/1990
Name **RAMUNNO, LAWRENCE D MD**
Address 371 FOX POINT RD, NEWINGTON, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation SUNY AT BUFFALO SCH OF MED-BUFFALO,NY USA 1987
Internship and Year FRANKLIN SQUARE HOSP-BALTIMORE,MD 1988
Residency and Year FRANKLIN SQUARE HOSP-BALTIMORE,MD 1990
License Expiration Date **6/30/2016**
Remarks

License Number 7910
License Date 7/6/1988
Name **RAMUS, DIANE L MD**
Address 18 RIVERSIDE FARM DR, LEE, NH, 03861
Specialty IM
Board Certified IM
School and Year of Graduation NY UNIV SCH MED - NY, NY USA 1982
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1983
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 16288
License Date 8/7/2013
Name **RANA, HUMA Q MD**
Address DANA FARBER CANCER INSTITUTE, 450 BROOKLINE AVE DA 1125BOSTON, MA, 02215
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2007
Internship and Year MT SINAI MEDICAL CENTER- NY, NY 2008
Residency and Year MT SINAI MEDICAL CENTER- NY, NY 2012
License Expiration Date **6/30/2017**
Remarks

License Number 17184
License Date 7/1/2015
Name **RANA, SHAUNAK V MD**
Address 4071 GRESHAM ST, SAN DIEGO, CA, 92109
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIVERSITY USA 2004
Internship and Year UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2005
Residency and Year UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15726
License Date 6/6/2012
Name **RANCIER PEREZ, MOSHE A MD**
Address 2300 SOUTHWOOD DR, NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation PONTIFICIA UNIV CATOLICA MADRE Y MAESTRA DOMINICAN REPUBLIC 2004
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2010
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 8513
License Date 4/3/1991
Name **RANDALL JR, RUSSELL E MD**
Address 596 OLD SHERMAN HILL RD, WOODBURY, CT, 06798
Specialty NEP
Board Certified NEP
School and Year of Graduation COLUMBIA UNIV COLL - NY, NY USA 1953
Internship and Year HARBORVIEW MED CTR - SEATTLE, WA 1954
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1956
License Expiration Date **6/30/2002**
Remarks

License Number 4799
License Date 6/14/1971
Name **RANDALL, JOHN H MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 16289
License Date 8/7/2013
Name **RANDALL, THOMAS C MD**
Address 55 FRUIT ST., BOSTON, MA, 02114
Specialty OBG
Board Certified OBG
School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 1991
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1992
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1995
License Expiration Date **6/30/2017**
Remarks

License Number 16771
License Date 9/3/2014
Name **RANDHAWA, ARVIND K MD**
Address 223 VALLEY PARK DR, SPOFFORD, NH, 03462
Specialty IM
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year STAMFORD HOSPITAL - STAMFORD, CT 2009
Residency and Year STAMFORD HOSPITAL - STAMFORD, CT 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16683
 License Date 7/2/2014
 Name **RANDHAWA, SANDEEP S MD**
 Address CHESHIRE MEDICAL CTR OF KEENE, 580-90 COURT STKEENE, NH, 03431
 Specialty IM
 Board Certified
 School and Year of Graduation GOVERNMENT MEDICAL COLLEGE PATIALA INDIA 1997
 Internship and Year PROVIDENCE HOSPITAL & MEDICAL CENTERS - SOUTHFIELD, MI 2003
 Residency and Year TRINITAS REGIONAL MEDICAL CENTER(ST ELIZABETH) ELIZABETH, NJ 2006
 License Expiration Date **6/30/2016**
 Remarks

License Number 6004
 License Date 12/11/1978
 Name **RANE, PHILIP S MD**
 Address , PO BOX 325BOXFORD, MA, 01921-0325
 Specialty R
 Board Certified R
 School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1960
 Internship and Year OHIO STATE UNIVERSITY-COLUMBUS OH 1961
 Residency and Year BETH ISRAEL HOSPITAL-BOSTON MA 1964
 License Expiration Date **6/30/1999**
 Remarks **DECEASE 10/3/07**

License Number 16607
 License Date 5/7/2014
 Name **RANGELOV, KAMEN S MD**
 Address LRG HEALTHCARE, 80 HIGHLAND STLACONIA, NH, 03246
 Specialty PUD
 Board Certified PUD
 School and Year of Graduation MEDICAL UNIVERSITY PLOVDIV BULGARIA 2005
 Internship and Year HENRY FORD HOSPITAL-WAYNE STATE UNIVERSITY - DETROIT, MI 2009
 Residency and Year HENRY FORD HOSPITAL-WAYNE STATE UNIVERSITY - DETROIT, MI 2011
 License Expiration Date **6/30/2016**
 Remarks

License Number 11115
 License Date 11/1/2000
 Name **RANKIN, BRETT S MD**
 Address FAMILY EAR NOSE THROAT, 35 WALKER ST STE 200KITTEY, ME, 03904
 Specialty OTO
 Board Certified OTO
 School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1993
 Internship and Year UNIV OF VERMONT-FLETCHER ALLEN HEALTH CENTER - BURLINGTON, VT 1994
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1998
 License Expiration Date **6/30/2016**
 Remarks

License Number 10879
License Date 4/5/2000
Name **RANKIN, DEANE E MD**
Address LITTLETON REGIONAL HEALTHCARE, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty OTO
Board Certified OTO
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE-INDIANAPOLIS USA 1994
Internship and Year UNIVERSITY OF VERMONT-BURLINGTON ,VT 1995
Residency and Year FLETCHER ALLEN HEALTH CARE-BURLINGTON,VT 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14434
License Date 5/6/2009
Name **RANKINS, KEVIN B MD**
Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIVERSITY USA 2006
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15848
License Date 9/5/2012
Name **RANDELL, MYTHILI MD**
Address 40 BUTTRICK ROAD, LONDONDERRY, NH, 03053
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE 2008
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 11070
License Date 9/6/2000
Name **RAO, DURGA E MD**
Address 411 MERRIMACK ST, STE 204METHEN, MA, 01844
Specialty IM
Board Certified IM
School and Year of Graduation RANGARYA MED COLL ANDHRA UNIV - ANDHRA, PRADESH INDIA 1988
Internship and Year SUNY AT STONY BROOK HEALTH SCI CENTER - STONY BROOK, NY 1996
Residency and Year SUNY AT STONY BROOK HEALTH SCI CENTER - STONY BROOK, NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 8997
License Date 7/7/1993
Name **RAO, GAUTAMI S MD**
Address FOUNDATION MEDICAL PARTNERS, 10 PROSPECT ST STE 201 NASHUA, NH, 03060
Specialty ON
Board Certified HEM
School and Year of Graduation UNIVERSITY OF MADRAS MEDICAL COLLEGE INDIA 1982
Internship and Year UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER - BROOKLYN NY 1991
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 16133
License Date 5/1/2013
Name **RAO, KAVITHA P MD**
Address 46 JOYCE LN, BOXBOROUGH, MA, 01719
Specialty PTH
Board Certified PTH
School and Year of Graduation MYSORE MEDICAL COLLEGE INDIA 1999
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2002
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11974
License Date 6/4/2003
Name **RAO, NAGBHUSHAN S MD**
Address COMP HEALTH, 4021 SOUTH 700 EAST STE 300 SALT LAKE CITY, UT, 84107-2184
Specialty P
Board Certified P
School and Year of Graduation GOVERNMENT MED COLL, NAGPUT UNIVERSITY - NAGPUR INDIA 1962
Internship and Year ST MARYS HOSPITAL - BROOKLYN NY 1963
Residency and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN NY 1964
License Expiration Date **6/30/2005**
Remarks

License Number 15990
License Date 1/9/2013
Name **RAO, NAVEEN K MD**
Address LAHEY HOSP & MED CTR - OPHTHALMOLOGY, ONE ESSEX CTR DR PEABODY, MA, 01960
Specialty OPH
Board Certified OPH
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2007
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2008
Residency and Year OREGON HEALTH & SCIENCE UNIVERSITY CASEY EYE INSTITUTE - PORTLAND, OR 2011
License Expiration Date **6/30/2017**
Remarks

License Number 12551
License Date 12/1/2004
Name **RAO, REKHA C MD**
Address PMB 133, 62 CALEF HWYLEE, NH, 03861
Specialty P
Board Certified P
School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1997
Internship and Year UCLA, LOS ANGELES CA 1998
Residency and Year UCLA, LOS ANGELES CA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 16561
License Date 4/2/2014
Name **RAO, SUNIL P MD**
Address 1270 FAIRWAY VIEW LN, CINCINNATI, OH, 45233
Specialty IM
Board Certified
School and Year of Graduation M.S.RAMAIHAH MEDICAL COLLEGE, BANGALORE UNIV INDIA 1994
Internship and Year JEWISH HOSPITAL OF CINCINNATI - CINCINNATI, OH 1995
Residency and Year JEWISH HOSPITAL OF CINCINNATI - CINCINNATI, OH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 5225
License Date 7/15/1974
Name **RAO, TAKKALLAPELLI D MD**
Address WINTER HAVEN HOSPITAL B.H.D., 1201 1ST STREET SOUTHWINTER HAVEN, FL, 33881
Specialty P
Board Certified PYG
School and Year of Graduation OSMANIA UNIV - HYDERABAD INDIA 1967
Internship and Year ST JOHN'S RIVERSIDE - YONKERS, NY 1970
Residency and Year DANVERS STATE HOSPITAL - HATHORNE, MA 1971
License Expiration Date **6/30/2008**
Remarks

License Number 12758
License Date 6/1/2005
Name **RAPELYEA, MELVIN S MD**
Address VIRTUAL RADIOLOGIC PROFESSIONA, 5995 OPUS PARKWAY STE 200MINNEAPOLIS, MN, 55343
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NH US 1976
Internship and Year NORTH SHORE UNIVERSITY, MANHASSET NY 1977
Residency and Year NORTH SHORE UNIVERSITY, MANHASSETT NY 1978
License Expiration Date **6/30/2009**
Remarks

License Number 10475
License Date 12/2/1998
Name **RAQUE, JAMES D MD**
Address DIVERSIFIED RADIOLOGY OF CO, 938 BANNOCK ST STE 300DENVER, CO, 80204
Specialty R
Board Certified R
School and Year of Graduation UNIV OF LOUISVILLE - LOUISVILLE,KY USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2008**
Remarks

License Number 9051
License Date 9/1/1993
Name **RASEKH, NASSER MD**
Address 3 NEWFIELD LN, NEWTOWN, CT, 06470-
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF TEHERAN MEDICAL SCHOOL IRAN 1965
Internship and Year NORWALK HOSPITAL - NORWALK CT 1968
Residency and Year FAIRFIELD HILLS HOSPITAL - NEWTOWN CT 1971
License Expiration Date **6/30/2003**
Remarks

License Number 14974
License Date 8/4/2010
Name **RASHIDI-NAIMABADI, MAHMOUD MD**
Address 95 MONTGOMERY DR STE 118, SANTA ROSA, CA, 95404
Specialty NS
Board Certified NS
School and Year of Graduation KERMEN UNIVERSITY IRAN 1991
Internship and Year UNIVERSITY OF TORONTO-TORONTO WESTERN HOSPITAL - TORONTO, ONTARIO, CANADA 1997
Residency and Year UNIVERSITY OF TORONTO-TORONTO WESTERN HOSPITAL - TORONTO, ONTARIO, CANADA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 15042
License Date 10/6/2010
Name **RASHIDZADA, WAHID MD**
Address SENTIENT, 11011 MCCORMICK RD STE 200HUNT WALLEY, MD, 21031
Specialty N
Board Certified N
School and Year of Graduation OUR LADY OF FATIMA UNIVERSITY PHILIPPINES 2002
Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2005
Residency and Year NEW YORK MEDICAL COLLEGE @ WESTCHESTER MEDICAL CENTER-VALHALLA,NY 2008
License Expiration Date **6/30/2016**
Remarks

License Number 15549
License Date 2/1/2012
Name **RASKAUSKAS, THOMAS A MD**
Address ST VINCENT'S HEALTH PARTNERS, 2754 MAIN STBRIDGEPORT, CT, 06606
Specialty OBG
Board Certified OBG
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1986
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1991
License Expiration Date **6/30/2016**
Remarks

License Number 5076
License Date 9/13/1973
Name **RASLAVICIUS, POLIUS A MD**
Address WENTWORTH - DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty PTH
Board Certified PTH
School and Year of Graduation HARVARD MEDICAL SCHOOL-CAMBRIDGE MA USA 1960
Internship and Year UNIVERSITY OF PENNSYLVANIA HOSP-PHILADELPHIA PA 1961
Residency and Year PETER BENT BRIGHAM HOSP-BOSTON MA 1964
License Expiration Date **6/30/2009**
Remarks

License Number 10286
License Date 5/6/1998
Name **RASLAVICUS, ALEXANDER MD**
Address EXETER HOSP, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY USA 1993
Internship and Year SALEM HOSPITAL, SALEM, MA 1994
Residency and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 12536
License Date 11/3/2004
Name **RASLAVICUS, SONJA K DO**
Address PENTUCKET MEDICAL ASSOCIATES, 360 MERRIMAC STLAWRENCE, MA, 01843
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year RESURRECTION MEDICAL CTR, CHICAGO IL 2001
Residency and Year RESURRECTION MEDICAL CTR, CHICAGO IL 2003
License Expiration Date **6/30/2016**
Remarks

License Number 4771
License Date 4/16/1971
Name **RASMUSSEN, C PETER MD**
Address 330 BORTHWICK AVE, PORTSMOUTH, NH, 03801-4174
Specialty PD
Board Certified PD
School and Year of Graduation ALBANY MEDICAL COLLEGE, NY USA 1964
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1965
Residency and Year CHILDREN'S HOSPITAL - PHILA, PA 1967
License Expiration Date **6/30/2005**
Remarks

License Number 7159
License Date 7/10/1985
Name **RASMUSSEN, CYNTHIA A MD**
Address HARVARD VANGUARD MEDICAL ASSOC, 20 WALL STBURLINGTON, MA, 01803
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA-PHILADELPHIA, PA USA 1981
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1982
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1985
License Expiration Date **6/30/2017**
Remarks

License Number 9258
License Date 8/3/1994
Name **RASSIAS, ATHOS J MD**
Address DHMC-ANES, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty AN
Board Certified AN
School and Year of Graduation BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1989
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1990
Residency and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 13719
License Date 10/3/2007
Name **RASTOGI, AMIT MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty MG
Board Certified IM
School and Year of Graduation ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 1996
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1998
Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2000
License Expiration Date **6/30/2017**
Remarks

License Number 10370
License Date 8/5/1998
Name **RATCLIFFE, NORA R MD**
Address VA MEDICAL CENTER, 215 NORTH MAIN STWHITE RIVER JCT, VT, 05009
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF COLORADO SCH OF MED - BOULDER,CO USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1992
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
License Expiration Date **6/30/2016**
Remarks

License Number 8197
License Date 7/19/1989
Name **RATH, DANIEL L MD**
Address 21 KEY CIRCLE, SPOFFORD, NH, 03462
Specialty IM
Board Certified IM
School and Year of Graduation SUNY-HLTH SCI CTR AT BROOKLYN COLL OF MED-BROOKLYN USA 1982
Internship and Year ST VINCENT HOSP-WORCHESTER,MA 1983
Residency and Year ST VINCENT HOSP-WORCHESTER,MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 5017
License Date 6/11/1973
Name **RATHI, LAXMIKANT MD**
Address , , ,
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL COLLEGE IN NAGBUR INDIA INDIA 1953
Internship and Year
Residency and Year
License Expiration Date **6/30/1998**
Remarks **5/18/98 - Settlement Agreement. Voluntary surrender of license in lieu of disciplinary action based on conviction for Medicaid fraud.**

License Number 10433
License Date 10/7/1998
Name **RATHMANN, JOERG MD**
Address ST FRANCIS CANCER CTR, 114 WOODLAND STHARTFORD, CT, 06105
Specialty IM
Board Certified IM
School and Year of Graduation MED FAC WESTPHALEN WILHELMS UNIV MUNSTER GERMANY 1988
Internship and Year BIRMINGHAM BAPTIST MEDICAL CENTER MONTCLAIR - BIRMINGHAM, AL 1991
Residency and Year BIRMINGHAM BAPTIST MEDICAL CENTER MONTCLAIR - BIRMINGHAM, AL 1992
License Expiration Date **6/30/2006**
Remarks

License Number 13928
License Date 4/2/2008
Name **RATKOVITS, BELA L MD**
Address FAHC, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty RNR
Board Certified RNR
School and Year of Graduation UNIV OF CHICAGO USA 1962
Internship and Year BLODGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1963
Residency and Year BLODGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1964
License Expiration Date **6/30/2010**
Remarks

License Number 11932
License Date 5/7/2003
Name **RATLIFF, AMANDA W MD**
Address DEPT OF MED WRJ VA MED CTR, 215 N MAIN ST WRJ, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK - STONY BROOK, NY USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 15003
License Date 9/1/2010
Name **RATTS, RYAN C MD**
Address DHMC-HOSP MEDICINE-3B, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY USA 2006
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15091
License Date 12/1/2010
Name **RATZ, JOHN L MD**
Address 8567 STRATFORD RD, OAK CREEK, WI, 53154-2669
Specialty D
Board Certified D
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 1975
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1976
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1979
License Expiration Date **6/30/2012**
Remarks

License Number 12771
License Date 7/6/2005
Name **RAUERT, PETER E MD**
Address MAHHC, 289 COUNTY RD WINDSOR, VT, 05089
Specialty AN
Board Certified AN
School and Year of Graduation LOYOLA-STRITCH SCHOOL OF MEDICINE, IL USA 2001
Internship and Year MACNEAL MEMORIAL HOSPITAL, BERWYN IL 2002
Residency and Year DHMC, LEBANON, NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16562
License Date 4/2/2014
Name **RAUTENBERG, MARK A MD**
Address 17 MERRILL BROOK DR, SCARBOROUGH, ME, 04074
Specialty EM
Board Certified EM
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEON USA 1984
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1985
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987
License Expiration Date **6/30/2016**
Remarks

License Number 13242
License Date 9/6/2006
Name **RAUWERDINK, COCAV A MD**
Address 31 STILES RD, SALEM, NH, 03079
Specialty IM
Board Certified IM
School and Year of Graduation LOMA LINDA UNIV CA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12813
License Date 7/6/2005
Name **RAUWERDINK, DARRELL W MD**
Address 580 COURT ST, KEENE, NH, 03431
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF WISCONSIN, MADISON WI USA 1983
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1984
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1986
License Expiration Date **6/30/2017**
Remarks

License Number 16085
License Date 4/3/2013
Name **RAVANFAR, PARISA MD**
Address DHMC - DERMATOLOGY DEPT, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty D
Board Certified D
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 7036
License Date 1/10/1985
Name **RAVARIS, CHARLES L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation UNIV OF BRITISH COLUMBIA FACULTY-VANCOUVER CANADA 1958
Internship and Year HENRY FORD HOSP-DETROIT,MI 1959
Residency and Year MED CENTER HOSP-BURLINGTON,VT 1965
License Expiration Date **5/4/2009**
Remarks **DECEASED 5/4/09**

License Number 14816
License Date 4/7/2010
Name **RAVI, VINAY MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 2006
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 13807
License Date 1/11/2008
Name **RAVIN, NEIL D MD**
Address 62 BROWN ST, HAVERHILL, MA, 01830
Specialty END
Board Certified END
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE USA 1973
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL/CORNELL CAMPUS - NY, NY 1974
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL/CORNELL CAMPUS - NY, NY 1976
License Expiration Date **6/30/2016**
Remarks

License Number 13808
License Date 1/11/2008
Name **RAVIOLA, GIUSEPPE J MD**
Address CHILDREN'S HOSPITAL-BOSTON, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty CHP
Board Certified CHP
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2002
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11388
License Date 9/5/2001
Name **RAWLINS, WAYNE S MD**
Address AETNA INC, 151 FARMINGTON AVE RS32 HARTFORD, CT, 06156
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED- FARMINGTON, CT USA 1980
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1981
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1983
License Expiration Date **6/30/2017**
Remarks

License Number 5461
License Date 12/12/1975
Name **RAWNSLEY, HOWARD M MD**
Address 7 HASKINS RD, HANOVER, NH, 03755-2204
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED PHIL. USA 1952
Internship and Year HOSPITAL UNIV OF PA 1953
Residency and Year HOSPITAL UNIVERSITY OF PA 1957
License Expiration Date **6/30/2007**
Remarks **DECEASED 4/21/2012**

License Number 12710
License Date 5/4/2005
Name **RAWOOF, SCHAHID A MD**
Address LAWRENCE GENERAL HOSPITAL, 1 GENERAL ST LAWRENCE, MA, 01840
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1993
Internship and Year UNITED HEALTH HOSPITAL, JOHNSON CITY NY 1994
Residency and Year UNIVERSITY OF ROCHESTER, ROCHESTER NY 1997
License Expiration Date **6/30/2007**
Remarks

License Number 9433
License Date 5/3/1995
Name **RAY, JOSEPH H MD**
Address FAA NASHUA PSC, 11 MURPHY DRNASHUA, NH, 03062
Specialty OM
Board Certified IM
School and Year of Graduation EMORY UNIVERSITY USA 1984
Internship and Year EMORY UNIVERSITY HOSPITAL, ATLANTA GA 1985
Residency and Year EMORY UNIVERSITY HOSPITAL, ATLANTA GA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11222
License Date 4/4/2001
Name **RAY, KATHERINE L MD**
Address 60 FOREST FALLS DR, YARMOUTH, ME, 04096
Specialty P
Board Certified P
School and Year of Graduation UNIV OF VERMONT COLL - BURLINGTON, VT USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date **6/30/2011**
Remarks **LAPSED FOR NON-RENEWAL 6/30/05..
REINSTATED ON 3/4/09**

License Number 16379
License Date 11/6/2013
Name **RAY, MARILYN J MD**
Address PO BOX 1117, CLAREMONT, NH, 03743
Specialty DR
Board Certified
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1976
Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1977
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 12712
License Date 5/4/2005
Name **RAY, SHUBHRA MD**
Address WELLSPAN LUNG SLEEP & CRITICAL CARE, 2350 FREEDOM WAY SUITE 200YORK, PA, 17402
Specialty PCC
Board Certified PCC
School and Year of Graduation UNIVERSITY OF DELHI, INDIA INDIA 1998
Internship and Year WYCKOFF HEIGHTS, BROOKLYN NY 2000
Residency and Year WYCKOFF HEIGHTS, BROOKLYN NY 2002
License Expiration Date **6/30/2013**
Remarks

License Number 13021
License Date 3/1/2006
Name **RAY, SUNITA G MD**
Address 7878 PLAYER BLVD, SEVEN VALLEYS, PA, 17360
Specialty N
Board Certified N
School and Year of Graduation MAULANA AZAD MED COLLEGE, U OF DELHI, NEW DELHI IN DELHI INDIA 1998
Internship and Year WYCKOFF HEIGHTS MED CTR, BROOKLYN NY 2000
Residency and Year WYCKOLL HEIGHTS MED CTR, BROOKLYN NY 2003
License Expiration Date **6/30/2012**
Remarks

License Number 13326
License Date 11/1/2006
Name **RAYDER, SHAWN M MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV USA 1987
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1993
License Expiration Date **6/30/2016**
Remarks

License Number 8174
License Date 7/12/1989
Name **RAYMOND, ALBERT J MD**
Address 1833 BOULEVARD, JACKSONVILLE, FL, 32206
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1982
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1983
Residency and Year FAULKNER HOSPITAL - BOSTON, MA 1985
License Expiration Date **6/30/2002**
Remarks

License Number 10344
License Date 7/1/1998
Name **RAZA, OVAIS MD**
Address IMA ATTN:LINNDA MCCOIN, 550 LANDMARK AVEBLOOMINGTON, IN, 47401
Specialty IM
Board Certified IM
School and Year of Graduation KHYBER MEDICAL COLLEGE PESHAWAR-PAKISTAN PAKISTAN 1985
Internship and Year ST JOSEPH MERCY HOSPITAL - PONTIAC, MI 1990
Residency and Year STATE UNIV OF NY HEALTH SCIENCE CENTER OF BROOKLYN - BROOKLYN, NY 1991
License Expiration Date **6/30/2003**
Remarks

License Number 15550
License Date 2/1/2012
Name **RAZVI, SYED A MD**
Address ELLIOT CENTER FOR WOUND CARE AND HYPERBARIC MED, 185 QUEEN CITY AVEMANCHESTER, N
Specialty GS
Board Certified GS
School and Year of Graduation GRANT MEDICAL COLLEGE - UNIV OF MUMBAI INDIA 1967
Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON, MA 1967
Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1971
License Expiration Date **6/30/2016**
Remarks

License Number 10569
License Date 5/5/1999
Name **RAZVI, SYED A MD**
Address AMOSKEAG ANESTHESIOLOGISTS, 1 ELLIOT WAY SUITE 200MANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MASS MED COLL - WORCESTER, MA USA 1994
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1995
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 7064
License Date 4/4/1985
Name **READ, FRANK W MD**
Address 15 LOWELL ST, PORTLAND, ME, 04102-2748
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1963
Internship and Year PRESBY UNIV PA MED CTR-PHIL,PA 1964
Residency and Year STANFORD UNIV HOSP-STANFORD, CA 1969
License Expiration Date **6/30/2013**
Remarks

License Number 14894
License Date 6/2/2010
Name **READ, RICHARD N MD**
Address DARTMOUTH-HITCHCOCK, 87 MCGREGOR STMANCHESTER, NH, 03102
Specialty PCC
Board Certified IM
School and Year of Graduation MCGILL UNIVERSITY CANADA 2004
Internship and Year MCGILL UNIVERSITY FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 2005
Residency and Year MCGILL UNIVERSITY FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14435
License Date 5/6/2009
Name **READER, CLAUDIO R MD**
Address THE MIRIAM HOSPITAL, 164 SUMONT AVEPROVIDENCE, RI, 02906
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE BUENOS AIRES ARGENTINA 1971
Internship and Year JEWISH GENERAL HOSPITAL - MONTREAL, QUEBEC, CANADA 1991
Residency and Year JEWISH GENERAL HOSPITAL - MONTREAL, QUEBEC, CANADA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 9127
License Date 3/2/1994
Name **READY, JOHN E MD**
Address BRIGHAM ORTHOPEDIC ASSOC INC, 75 FRANCIS STBOSTON, MA, 02115-
Specialty ORS
Board Certified ORS
School and Year of Graduation DALHOUSIE UNIVERSITY FACULTY OF MEDICINE CANADA 1982
Internship and Year ST PAULS HOSPITAL - VANCOUVER BC 1983
Residency and Year DALHOUSIE UNIVERSITY - HALIFAX NOVA SCOTIA CANADA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 4711
License Date 6/12/1972
Name **REAGAN, MARK E MD**
Address 40 HIGHLAND FARMS DR, BEDFORD, NH, 03110-
Specialty AN
Board Certified AN
School and Year of Graduation SUNY AT BUFFALO-BUFFALO NY USA 1965
Internship and Year HENRY FORD HOSP-DETROIT MI 1966
Residency and Year HENRY FORD HOSP-DETROIT MI 1968
License Expiration Date **6/30/2000**
Remarks

License Number 16086
License Date 4/3/2013
Name **REALE, EILEEN MD**
Address , 3303 BROOKLINE AVEBOSTON, MA, 07215
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE USA 1979
Internship and Year ST ELIZATETH'S MEDICAL CENTER - BOSTON, MA 1980
Residency and Year ST ELIZATETH'S MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 10968
License Date 6/7/2000
Name **REALL, DAVID H MD**
Address ROCHESTER HILL FAMILY PRACTICE, 245 ROCHESTER HILL RD ROCHESTER, NH, 03867
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV SCH - PROVIDENCE, RI USA 1997
Internship and Year LEIGH VALLEY HOSPITAL - ALLENTOWN, PA 1998
Residency and Year LEIGH VALLEY HOSPITAL - ALLENTOWN, PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12890
License Date 9/7/2005
Name **REAPE, DONALD E MD**
Address SJ INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202 NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF DE BOLOGNA, ITALY ITALY 1982
Internship and Year NEW YORK UNIVERSITY, NEW YORK NY 1983
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 1985
License Expiration Date **6/30/2017**
Remarks

License Number 16982
License Date 3/4/2015
Name **RECINE, CARL A MD**
Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1978
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 13986
License Date 5/7/2008
Name **REDDY, ARRA S MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation OSMANIA UNIV INDIA 1993
Internship and Year UNIV OF TEXAS HEALTH SCIENCE CTR - SAN ANTONIO, TX 1995
Residency and Year UNIV HOSPITAL-SUNY @ STONY BROOK - STONY BROOK, NY 1997
License Expiration Date **6/30/2016**
Remarks

License Number 13560
License Date 6/6/2007
Name **REDDY, ASHOK N MD**
Address CONCORD OTOLARYNGOLOGY, 194 PLEASANT ST #2CONCORD, NH, 03301
Specialty OTO
Board Certified OTO
School and Year of Graduation NEW YORK UNIV USA 2000
Internship and Year JOHNS HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 2001
Residency and Year JOHNS HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 2005
License Expiration Date **6/30/2017**
Remarks

License Number 14175
License Date 9/3/2008
Name **REDDY, MURALIDHARAN T MD**
Address 125 PARKER HILL AVE, BOSTON, MA, 02120
Specialty IM
Board Certified IM
School and Year of Graduation COIMBATORE MEDICAL COLLEGE INDIA 1986
Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2001
Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12946
License Date 11/2/2005
Name **REDDY, NANDI J MD**
Address 2106 HARENSBURG PIKEQ, STE 116LANCASTER, PA, 17604
Specialty IM
Board Certified IM
School and Year of Graduation SIDDHARTHA MED COLLEGE GUNADALA, INDIA INDIA 1996
Internship and Year TEXAS TECH UNIVERSITY, ODESSA TX 1999
Residency and Year TEXAS TECH UNIVERSITY, ODESSA TX 2000
License Expiration Date **6/30/2011**
Remarks

License Number 13879
License Date 3/5/2008
Name **REDDY, SANJAY G MD**
Address INTERNAL MED ASSOC OF LONGVIEW, 703E MARSHALL AVE #1001LONGVIEW, TX, 75601
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MYSORE INDIA 1997
Internship and Year HARLEM HOSPITAL CENTER - NY, NY 2005
Residency and Year HARLEM HOSPITAL CENTER - NY, NY 2007
License Expiration Date **6/30/2010**
Remarks

License Number 7974
License Date 9/7/1988
Name **REDFIELD, DOUGLAS A MD**
Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431-1718
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF CINCINNATI COLL MED CIN,OH USA 1983
Internship and Year ST LUKES ROOSEVELT HOSP-NY 1984
Residency and Year COLUMBIA PRESBY MED CTR-NY 1986
License Expiration Date **6/30/2016**
Remarks

License Number 12403
License Date 7/7/2004
Name **REDICAN JR, FRANCIS W MD**
Address DHMC INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED - ST GEORGEN, GRENADA GRENADA 2001
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
License Expiration Date **6/30/2010**
Remarks

License Number 15163
License Date 3/2/2011
Name **REDSTON, MARK S MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02494
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF BRITISH COLUMBIA CANADA 1987
Internship and Year UNIVERSITY OF WESTERN ONTARIO, FACULTY OF MEDICINE & DENTISTRY - LONDON, ON CANADA
Residency and Year UNIVERSITY OF TORONTO - TORONTO, ON CANADA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 5497
License Date 3/29/1976
Name **REECE, RICHARD W MD**
Address 13 WOODRIDGE RD, DURHAM, NH, 03824
Specialty U
Board Certified U
School and Year of Graduation HARVARD MED. SCHOOL BOSTON USA 1969
Internship and Year MED. COLLAGE OF VIGINA HOSPITAL RICHMOND 1970
Residency and Year MED. COLLAGE OF VIGINA HOSPITAL RICHMOND 1974
License Expiration Date **6/30/2016**
Remarks

License Number 12036
License Date 8/6/2003
Name **REECE, ROBERT M MD**
Address CHILDREN'S HOSP AT DARTMOUTH, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation U OF CINCINNATI, CINCINNATI OH US 1961
Internship and Year INDIANA UNIVERSITY SCHOOL OF MED, INDIANAPOLIS IN 1962
Residency and Year CHILDRENS HOSPITAL, BOSTON MA 1969
License Expiration Date **6/30/2005**
Remarks

License Number 16425
License Date 12/4/2013
Name **REED, ANN M MD**
Address DUKE UNIVERSITY, BOX 3352DURHAM, NC, 27710
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE- OH USA 1984
Internship and Year CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, AKRON, OH 1985
Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, AKRON, OH 1987
License Expiration Date **6/30/2015**
Remarks

License Number 13125
License Date 6/7/2006
Name **REED, BRITA S MD**
Address BOSTON MED CTR DPT OB/GYN, 85 E. CONCORD ST 6TH FLOORBOSTON, MA, 02118
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1982
Internship and Year GEORGETOWN UNIVERSITY, WASHINGTON DC 1983
Residency and Year GEORGETOWN UNIVERSITY, WASHINGTON DC 1986
License Expiration Date **6/30/2010**
Remarks

License Number 12713
License Date 5/4/2005
Name **REED, CAROL ANN M MD**
Address WOMEN'S COLLEGE HOSPITA, 76 GENVILLE ST TORONTOONTARIO CANADA, , M4W 3V7
Specialty ORS
Board Certified ORS
School and Year of Graduation U. OF WESTERN ONTARIO, LONDON ON CANADA 1963
Internship and Year UNIVERSITY OF TORONTO, TORONTO CA 1964
Residency and Year UNIVERSITY OF TORONTO, TORONTO CA 1969
License Expiration Date **6/30/2009**
Remarks

License Number 14475
License Date 6/3/2009
Name **REED, DIANA C MD**
Address MEDSOLUTIONS, 730 COOL SPRINGS BLVD #800FRANKLIN, TN, 37067
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1988
Internship and Year SCRIPPS MERCY HOSPITAL - SAN DIEGO, CA 1989
Residency and Year UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1992
License Expiration Date **6/30/2011**
Remarks

License Number 14596
License Date 9/2/2009
Name **REED, GORDON D MD**
Address HENDRICKS REGIONAL HEALTH, 1000 E MAIN STREETDANVILLE, IN, 46122
Specialty LM
Board Certified IM
School and Year of Graduation INDIANA UNIVERSITY USA 1993
Internship and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1994
Residency and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1996
License Expiration Date **6/30/2013**
Remarks **lapsed 6/30/11 - reinstated 12/5/12**

License Number 14325
License Date 2/4/2009
Name **REED, JOHN C MD**
Address CENTER FOR INTEGRATIVE MEDICINE, 520 W LOMBARD STBALTIMORE, MD, 21201
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1970
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1971
Residency and Year
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13 - reinstated 8/5/15**

License Number 16918
License Date 1/21/2015
Name **REED, KARIN A MD**
Address 49 SCHOOL ST, HARTFORD, VT, 05047
Specialty P
Board Certified P
School and Year of Graduation DREXEL UNIVERSITY USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 10492
License Date 1/6/1999
Name **REED, KENNETH M MD**
Address 500 CONGRESS ST, QUINCY, MA, 02169
Specialty D
Board Certified D
School and Year of Graduation UNIV OF MED AND DENTISTRY NJ - NEWARK, NJ USA 1980
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1981
Residency and Year HARVARD MEDICAL SCHOOL - BOSTON, MA 02114 1982
License Expiration Date **6/30/2002**
Remarks

License Number 8144
License Date 6/7/1989
Name **REED, LAURIE R MD**
Address 43 EAGLE RIDGE RD, LEBANON, NH, 03766-1900
Specialty P
Board Certified P
School and Year of Graduation UNIV OF AZ COLL OF MED TUCSON AZ USA 1987
Internship and Year DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1988
Residency and Year DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1991
License Expiration Date **6/30/2017**
Remarks

License Number 8145
License Date 6/7/1989
Name **REED, MARK H MD**
Address DARTMOUTH COLLEGE HLTH SERVICE, 7 ROPEFERRY RDHANOVER, NH, 03755-1417
Specialty P
Board Certified P
School and Year of Graduation UNIV OF ARIZONA COLL OF MED-TUCSON,AZ USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1988
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1991
License Expiration Date **6/30/2017**
Remarks

License Number 12221
License Date 2/4/2004
Name **REEDER, MARK L MD**
Address KINGSTON HLTH FAMILY PRACTICE, 53 CHURCH ST STE 14KINGSTON, NH, 03848
Specialty FP
Board Certified FP
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1991
Internship and Year RIVERSIDE METHODIST HOSP, COLUMBUS OH 1992
Residency and Year RIVERSIDE METHODIST HOSP, COLUMBUS OH 1994
License Expiration Date **6/30/2016**
Remarks

License Number 9208
License Date 2/4/1998
Name **REES, PETER L MD**
Address SMG - WHITTIER MEDICAL, 62 BROWN STREET STE 302HAVERHILL, MA, 01830
Specialty FP
Board Certified FP
School and Year of Graduation MC MASTER UNIV SCH OF MED HAMILTON-ONTARIO CANADA 1974
Internship and Year HOSPITAL HAMILTON - CANADA 1975
Residency and Year HOSPITAL HAMILTON - CANADA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 14176
License Date 9/3/2008
Name **REESE, CATHERINE E MD**
Address 2745 E 600 N, PERU, IN, 46970
Specialty OBG
Board Certified OBG
School and Year of Graduation INDIANA UNIV USA 1984
Internship and Year OBSTETRICS & GYNECOLOGY CARE CENTER - INDIANAPOLIS, IN 1986
Residency and Year OBSTETRICS & GYNECOLOGY CARE CENTER - INDIANAPOLIS, IN 1988
License Expiration Date **6/30/2010**
Remarks

License Number 16022
License Date 2/6/2013
Name **REESE, JENNIFER M MD**
Address MID-ATLANTIC PATHOLOGY SRVS, 405 GLENN DR STE 10ASTERLING, VA, 20164
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 2007
Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2008
Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 4815
License Date 8/20/1971
Name **REEVES, ALEXANDER G MD**
Address 105 PADDYS COURT, PO BOX 39PORT HAYWOOD, VA, 23138
Specialty N
Board Certified N
School and Year of Graduation CORNELL UNIV MEDICAL SCHOOL - NY USA 1963
Internship and Year DUKE UNIV HOSPITAL - DURHAM, NC 1964
Residency and Year NEW YORK HOSPITAL - NY, NY 1966
License Expiration Date **6/30/2017**
Remarks

License Number 7819
License Date 4/6/1988
Name **REEVES, DAVID M MD**
Address FRISBIE MEMORIAL HOSP, 21 WHITEHALL RD STE 302 ROCHESTER, NH, 03867
Specialty PUD
Board Certified PUD
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1979
Internship and Year NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH, VA 1980
Residency and Year NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH, VA 0000
License Expiration Date **6/30/2016**
Remarks

License Number 12759
License Date 6/1/2005
Name **REEVES, REBEKAH L MD**
Address 580 ST JOHNSBURY RD, STE 11 LITTLETON, NH, 03561
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF TEXAS, GALVESTON TX US 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 13266
License Date 9/6/2006
Name **REFOWITZ, ROBERT M MD**
Address ORTHONET, 1311 MAMARONECK AVE - SUITE 240 WHITE PLAINS, NY, 10605
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIV USA 1977
Internship and Year BELLEVUE HOSPITAL CTR- NY , NY 1978
Residency and Year MT SINAI SCHOOL OF MEDICINE - NY , NY 1981
License Expiration Date **6/30/2016**
Remarks

License Number 15417
License Date 10/5/2011
Name **REGAL, WENDY R MD**
Address SPOTSYLVANIA REGIONAL MEDICAL CENTER, 4600 SPORTSYLVANIA PARKWAY FREDERICKSBURG, V
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF TEXAS MEDICAL SCHOOL USA 1997
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1998
Residency and Year SYNERGY MEDICAL EDUCATION ALLIANCE - SAGINAW, MI 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10663
License Date 8/4/1999
Name **REGAN, STEPHEN J MD**
Address WEEKS MEDICAL CTR, 173 MIDDLE STLANCASTER, NH, 03584
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1996
Internship and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1997
Residency and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 6384
License Date 5/11/1981
Name **REGAN-SMITH, MARTHA G MD**
Address PO BOX 2628, NEW LONDON, NH, 03257
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIV OF SOUTHERN CALIFORNIA,LOS ANGELES USA 1969
Internship and Year NEW YORK UNIV MED CTR 1970
Residency and Year NEW YORK MED CTR 1972
License Expiration Date **6/30/2017**
Remarks

License Number 11071
License Date 9/6/2000
Name **REHMAN, RAJA A MD**
Address NORTHEAST GASTROENTEROLOGY, 52 STILES RD STE 110SALEM, NH, 03079
Specialty GE
Board Certified
School and Year of Graduation KING EDWARD MED COLL - LAHORE, PUNJAB-PAKISTAN PAKISTAN 1987
Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 1994
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 3623
License Date 7/2/1963
Name **REICHERT, KATHARINE E MD**
Address 21 MEADOWBROOK DR, HADLEY, MA, 01035-9611
Specialty FP
Board Certified
School and Year of Graduation UNIV OF PENNSYLVANIA - PHILADELPHIA, PA USA 1961
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1962
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1963
License Expiration Date **6/30/2005**
Remarks **DECEASED 3/21/2015**

License Number 7365
License Date 6/12/1986
Name **REICHSMAN, FRANZ P MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-1718
Specialty EM
Board Certified IM
School and Year of Graduation STATE UNIV OF NY-DOWNSTATE-BROOKLYN USA 1982
Internship and Year KINGS COUNTY HOSPITAL-BROOKLYN 1983
Residency and Year KINGS COUNTY HOSPITAL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13410
License Date 2/7/2007
Name **REID, KRISTINE M MD**
Address ELLIOT HOSPITAL, ONE ELIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1995
Internship and Year UNIV HEALTH CTR OF PITTSBURGH - PITTSBURGH, PA 1996
Residency and Year UNIV HEALTH CTR OF PITTSBURGH- PITTSBURGH, PA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 6032
License Date 4/5/1979
Name **REID, SUSAN D MD**
Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty P
Board Certified P
School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA JALISCO 1975
Internship and Year MOUNT SINAI HOSPITAL - HARTFORD, CT 1977
Residency and Year UNIV CONNECTICUT SCHOOL OF MEDICINE PROGRAM - FARMINGTON, CT 1979
License Expiration Date **6/30/2017**
Remarks **REQUESTED INACTIVE 6/30/2011. REINSTATED 9/2/2015.**

License Number 12714
License Date 5/4/2005
Name **REIDY, JENNIFER A MD**
Address MERRIMACK VALLEY HOSPICE, 360 MERRIMACK STLAWRENCE, MA, 01843
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 2000
Internship and Year LAWRENCE FAMILY PRACTICE, LAWRENCE MA 2001
Residency and Year LAWRENCE FAMILY PRACTICE, LAWRENCE MA 2003
License Expiration Date **6/30/2011**
Remarks

License Number 6198
License Date 5/8/1980
Name **REILLY, BRIAN J MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNV OF VERMONT COLL MED - BURLINGTON, VT USA 1975
Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1976
Residency and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1978
License Expiration Date **6/30/2016**
Remarks **SETTLEMENT AGREEMENT 1/14/98**

License Number 8175
License Date 7/12/1989
Name **REILLY, JOHN W MD**
Address 674 SHORE DRIVE, LACONIA, NH, 03246
Specialty GS
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY USA 1964
Internship and Year
Residency and Year
License Expiration Date **5/30/1992**
Remarks **Deceased 5/30/92**

License Number 14667
License Date 11/4/2009
Name **REIMANN, JULIE D MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty DMP
Board Certified DMP
School and Year of Graduation STANFORD UNIVERSITY USA 2003
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2004
Residency and Year BRIGHAM & WOMEM'S HOSPITAL - BOSTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 10878
License Date 4/5/2000
Name **REIMER, ALEXIS B MD**
Address 275 MAMMOTH RD STE 2, MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE-INDIANAPOLIS USA 1990
Internship and Year KEESLER MEDICAL CENTER- KESSLER MS 1991
Residency and Year KEESLER MEDICAL CENTER-KESSLER,MS 1993
License Expiration Date **6/30/2016**
Remarks

License Number 7738
License Date 11/4/1987
Name **REIMHERR, JOHN P MD**
Address PSYCHIATRIC ASSOCIATES OF LYNN, 173 OXFORD STLYNN, MA, 01901
Specialty P
Board Certified P
School and Year of Graduation UNIV OF PENNSYLVANIA SCH MED - PHILA, PA USA 1974
Internship and Year PHUILADELPHIA GENERAL HOSPITAL - PHILA,PA 1974
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 12814
License Date 7/6/2005
Name **REINDOLLAR, RICHARD H MD**
Address DHMC/ OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation WAKE FOREST UNIVERSITY, WINSTON-SALEM NC USA 1975
Internship and Year YORK HOSPITAL, YORK PA 1979
Residency and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS, AUGUSTA GA 1981
License Expiration Date **6/30/2015**
Remarks

License Number 13929
License Date 4/2/2008
Name **REINER, BRUCE I MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MARYLAND USA 1985
Internship and Year GOOD SAMARITAN REGIONAL MEDICAL CTR - PHOENIX, AZ 1986
Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1990
License Expiration Date **6/30/2016**
Remarks

License Number 5555
License Date 7/1/1976
Name **REINER, LESLIE M MD**
Address 19 HAMPTON RD STE 4, EXETER, NH, 03833-4816
Specialty IM
Board Certified IM
School and Year of Graduation HAHNMANN MED COLLEGE OF PHIL USA 1972
Internship and Year HAHNMANN MED COLLEGE OF PHIL 1976
Residency and Year HAHNMANN MED COLLEGE OF PHIL 1973
License Expiration Date **6/30/2014**
Remarks

License Number 9643
License Date 2/7/1996
Name **REINHART, ROBERT D MD**
Address , PO BOX 1572HAMMOND, LA, 70404
Specialty DR
Board Certified
School and Year of Graduation WASHINGTON INIV SCHOOL OF MEDICINE - ST LOUIS, MO USA 1992
Internship and Year ST LUKES HOSP - BETHLEHEM, PA 1993
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997
License Expiration Date **6/30/1998**
Remarks

License Number 13003
License Date 2/1/2006
Name **REINHEIMER, BRENT A MD**
Address CORE PHYSICIANS LLC, 7 HOLLAND WAYEXETER, NH, 03933
Specialty IM
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA WEST WEST INDIES 1998
Internship and Year JERSEY CITY MEDICAL CTR, JERSEY CITY NJ 1999
Residency and Year JERSEY CITY MEDICAL CTR, JERSEY CITY NJ 2001
License Expiration Date **6/30/2016**
Remarks **11/13/14 - Preliminary Agreement for Practice Restrictions.**

License Number 9969
License Date 4/2/1997
Name **REISERT, JEFFREY T DO**
Address LITTLETON REG HOSP, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty IM
Board Certified
School and Year of Graduation UNIV OF HLTH SCI COL OF OSTEO MED KANSAS CITY MO USA 1994
Internship and Year BOTSFORD GENERAL HOSPITAL MICHIGAN STATE UNIV - FARMINGTON HILLS, MI 1995
Residency and Year BOTSFORD GENERAL HOSPITAL MICHIGAN STATE UNIV - FARMINGTON HILLS, MI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 11202
License Date 3/7/2001
Name **REISS, ROSEMARY E MD**
Address BRIGHAM & WOMENS HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1980
Internship and Year YALE UNIV SCHOOL OF MEDICINE- NEW HAVEN, CT 1981
Residency and Year YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN, CT 1984
License Expiration Date **6/30/2017**
Remarks

License Number 9128
License Date 3/2/1994
Name **REMAR, MICHAEL A H MD**
Address 168 KINSLEY ST STE LL, NASHUA, NH, 03060
Specialty GS
Board Certified GS
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MEDICINE USA 1985
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1986
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1991
License Expiration Date **6/30/2016**
Remarks **3/8/12 - Settlement Agreement**

License Number 15488
License Date 12/7/2011
Name **REMBERT, FRANK M MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TX-HOUSTON MEDICAL SCHOOL USA 1996
Internship and Year UNIVERSITY OF TX HEALTH SCIENCE CENTER - SAN ANTONIO, TX 1998
Residency and Year UNIVERSITY OF TX HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2000
License Expiration Date **6/30/2017**
Remarks

License Number 1773
License Date 10/1/1929
Name **REMICK, EDWIN C MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **7/20/1993**
Remarks **Deceased 7/20/93**

License Number 8099
License Date 5/10/1989
Name **REMIGNANTI, DREW C MD**
Address LAWRENCE GENERAL HOSPITAL, ONE GENERAL ST LAWRENCE, MA, 01842
Specialty EM
Board Certified EM
School and Year of Graduation RBT WOOD JOHNSON MED PISCATAWAY NJ USA 1980
Internship and Year ST FRANCIS HOSP MED CTR HARTFORD CT 1981
Residency and Year JACKSONVILLE HLTH ED PROG JACKSONVILLE FL 1983
License Expiration Date **6/30/2017**
Remarks

License Number 8980
License Date 6/2/1993
Name **REMILLARD, BRIAN D MD**
Address DHMC/NEPHROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty NEP
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1984
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOOSTON MA 1985
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 13267
License Date 9/6/2006
Name **REMILLONG, ELIZABETH L MD**
Address MARTINS POINT HEALTH CARE, 161 CORPORATE DRPORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MISSOURI USA 2002
Internship and Year UNIV OF UTAH MEDICAL CTR- SALT LAKE CITY UT 2003
Residency and Year UNIV OF UTAH MEDICAL CTR-SALT LAKE CITY UT
License Expiration Date **6/30/2016**
Remarks

License Number 6745
License Date 7/7/1983
Name **REMINGTON, NEIL D MD**
Address LOS ANGELES, 349 A EAST AVE K-6LANCASTER, CA, 93535
Specialty P
Board Certified P
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON USA 1979
Internship and Year NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1980
Residency and Year NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1983
License Expiration Date **6/30/1999**
Remarks

License Number 10521
License Date 3/3/1999
Name **REMOLONA, NATHAN M MD**
Address 1592 ALEXANDRIA PL, CHARLESTON, WV, 25314
Specialty AN
Board Certified AN
School and Year of Graduation RAMON MAGSAYSAY MEMORIAL MED CTR-QUEZON CITY PHILIPPINES 1982
Internship and Year DEACONESS-WALTHAM HOSPITAL - WALTHAM, MA 1987
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1990
License Expiration Date **6/30/2000**
Remarks

License Number 14569
License Date 8/5/2009
Name **RENAUD, CHRISTIAN E MD**
Address DISTRICT MEDICAL GROUP, 2929 E THOMAS RDPHOENIX, AZ, 85015
Specialty AN
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10760
License Date 11/3/1999
Name **RENCRICCA, NICHOLAS J MD**
Address PLYMOUTH COUNTY CORRECTIONAL FACIL, 16 LONG POND ROADPLYMOUTH, MA, 02360
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1991
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 1992
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 1992
License Expiration Date **6/30/2013**
Remarks

License Number 14326
License Date 2/4/2009
Name **RENCUS, TAL MD**
Address NEW BAPTIST HOSPITAL, 125 PARKER HILL AVEBOSTON, MA, 02120
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2000
Internship and Year GREENWICH HOSPITAL ASSOC - GREENWICH, CT 2001
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15232
License Date 5/4/2011
Name **RENGA, VIJAY MD**
Address MUSC, 96 JONATHAN LUCAS STCHARLESTON, SC, 29425
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE THIRUVANANTHAPURAM, KERALA UNIV USA 2002
Internship and Year WESTLAKE HOSPITAL - MELROSE PARK, IL 2009
Residency and Year WESTLAKE HOSPITAL - MELROSE PARK, IL 2011
License Expiration Date **6/30/2017**
Remarks

License Number 6246
License Date 7/3/1980
Name **RENNA, FRANCIS S MD**
Address NEWTON WELLESLEY HOSP, 2000 WASHINGTON ST STE 120NEWTON LOWER FALL, MA, 02462-160
Specialty D
Board Certified D
School and Year of Graduation TUFTS UNIV.-BOSTON MA USA] 1970
Internship and Year USPHS HOSP-STATEN ISLAND,NY 1971
Residency and Year USPHS HOSP-STATEN ISLAND,NY 1972
License Expiration Date **6/30/2012**
Remarks

License Number 5884
License Date 4/6/1978
Name **RENNA, THEODORE MD**
Address 454 OLD STREET RD STE 204, PETERBOROUGH, NH, 03458
Specialty OPH
Board Certified OPH
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON, MA USA 1972
Internship and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1973
Residency and Year MASS EYE AND EAR INFIRMARY - BOSTON, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 12853
License Date 8/3/2005
Name **RENNER, TUESDAY M MD**
Address FAMILY CARE OF SOMERSWORTH, 353 HIGH STSOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF PA, PHILADELPHIA PA US 1998
Internship and Year EASTERN MAINE MED CTR, BANGOR ME 1999
Residency and Year EASTERN MAINE MED CTR, BANGOR ME 2001
License Expiration Date **6/30/2017**
Remarks

License Number 11573
License Date 4/3/2002
Name **RENVYLE, TAD T MD**
Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1996
Internship and Year SUNY HLTH SCI CENTER - SYRACUSE, NY 1997
Residency and Year SUNY HLTH SCI CENTER - SYRACUSE, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 17129
License Date 6/3/2015
Name **RENZ, JENNIFER MD**
Address 800 WASHINGTON ST, BOX 450 BOSTON, MA, 02111
Specialty OPH
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MED, BOSTON MA USA 2009
Internship and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE, ALBUQUERQUE NM 2010
Residency and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE, ALBUQUERQUE NM 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14143
License Date 8/6/2008
Name **REODICA, RONALD A MD**
Address , 1767 LAKESIDE DRIVEREDDING, CA, 96001
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PHILIPPINES PHILIPPINES 1995
Internship and Year SUNY HEALTH SCIENCE CENTER @BROOKLYN DOWNSTATE - BROOKLYN, NY 1997
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLY DOWNSTATE - BROOKLYN, NY 1999
License Expiration Date **6/30/2010**
Remarks

License Number 8596
License Date 7/17/1991
Name **REOHR, PAULINE B MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty D
Board Certified D
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1987
Internship and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1988
Residency and Year UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1991
License Expiration Date **6/30/2001**
Remarks

License Number 16919
License Date 1/21/2015
Name **REPALA, ROHIT T MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03766
Specialty GS
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NEW YORK UPSTATE MED UNIV USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 14304
License Date 1/7/2009
Name **REPIK, MICHAEL R DO**
Address 270 W WALNUT LANE, PHILADELPHIA, PA, 19144
Specialty PTH
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE USA 2003
Internship and Year PENNSYLVANIA HOSPITAL-PHILADELPHIA, PA 2004
Residency and Year PENNSYLVANIA HOSPITAL-PHILADELPHIA, PA 2007
License Expiration Date **6/30/2011**
Remarks

License Number 14570
License Date 8/5/2009
Name **REPLOGLE, CORINNE R MD**
Address HARRISONBURG COMMUNITY HEALTH CENTER, 1380 LITTLE SORRELL DRIVE #100HARRISONBURG,
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 1997
Internship and Year PINNACLE HEALTH HOSPITAL - HARRISBURG, PA 1998
Residency and Year PINNACLE HEALTH HOSPITAL - HARRISBURG, PA 2000
License Expiration Date **6/30/2017**
Remarks **10/7/2013 - Settlement Agreement.**
6/30/2015 - Lapsed for non-renewal.
08/03/2015 - Renewed.

License Number 14207
License Date 10/1/2008
Name **REPUCCI, ANTHONY H MD**
Address DHMC - PEDIATRICS, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PG
School and Year of Graduation CHARLES R DREW UNIV USA 1985
Internship and Year RAINBOW BABIES & CHILDREN'S HOSPITAL - CLEVELAND, OH 1986
Residency and Year RAINBOW BABIES & CHILDREN'S HOSPITAL - CLEVELAND, OH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 11639
License Date 6/5/2002
Name **RESCIGNO, JOHN A MD**
Address DERRY NEUROLOGICAL ASSOC, 6 TSIENNETO RD STE 302DERRY, NH, 03038
Specialty N
Board Certified N
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED- FARMINGTON, CT USA 1997
Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1998
Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2001
License Expiration Date **6/30/2016**
Remarks

License Number 17185
License Date 7/1/2015
Name **RESNICK, ELENA L MD**
Address SPECTRUM MEDICAL GRP, PA, 324 GANNETT DR - STE 200SO PORTLAND, ME, 04106
Specialty DR
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 2008
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 9129
License Date 3/2/1994
Name **RESNICK, RONALD B MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1988
Internship and Year HENRY FORD HOSPITAL - DETROIT MI 1993
Residency and Year HENRY FORD HOSPITAL - DETROIT MI 1993
License Expiration Date **6/30/2016**
Remarks

License Number 4763
License Date 8/15/1972
Name **RESNICOFF, SETH A MD**
Address CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST STE 205CONCORD, NH, 03301-2952
Specialty TS
Board Certified TS
School and Year of Graduation UNIV OF BUFFALO, NY USA 1962
Internship and Year THE BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1963
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1971
License Expiration Date **6/30/2006**
Remarks **DECEASED 7/5/05**

License Number 11336
License Date 7/11/2001
Name **RETZLOFF, MATTHEW G MD**
Address 75 FRANCIS ST ASBI-3, BOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF TEXAS SOUTHWESTERN UNIV USA 1994
Internship and Year WILFORD HALL MEDICAL CENTER/MSTEP LACKLAND AFB, TX 1995
Residency and Year BRIGHAM & WOMEN'S HOSPITAL BOSTON MA 2000
License Expiration Date **6/30/2003**
Remarks

License Number 15634
License Date 4/4/2012
Name **REVENCO, DIANA MD**
Address WENTWORTH-DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation STATE MED & PHARMACEUTICAL UNIVERSITY MOLDOVA 2003
Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 4358
License Date 2/24/1969
Name **REYNOLDS JR, N CHESTER MD**
Address 153 SEAMANS RD, NEW LONDON, NH, 03257
Specialty GS
Board Certified
School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1959
Internship and Year UNIV HOSPITAL - BOSTON, MA 1960
Residency and Year UNIV HOSPITAL - BOSTON, MA 1964
License Expiration Date **6/30/2017**
Remarks

License Number 13756
License Date 11/7/2007
Name **REYNOLDS, CHRISTOPHER A MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation SO ILLINOIS UNIV USA 2001
Internship and Year UNIV OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2002
Residency and Year ST JOSEPHS HOSPITAL AND MEDICAL CENTER - PHOENIX, AZ 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11488
License Date 1/2/2002
Name **REYNOLDS, JASON E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2003**
Remarks

License Number 14043
License Date 6/4/2008
Name **REYNOLDS, JESSIE MD**
Address LITTLE RIVERS, 437 S MAIN STBRADFORD, VT, 05033
Specialty FP
Board Certified FP
School and Year of Graduation INDIANA UNIV USA 2005
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2006
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2007
License Expiration Date **6/30/2014**
Remarks

License Number 16134
License Date 5/1/2013
Name **REYNOLDS, MATTHEW R MD**
Address LAHEY HOSPITAL & MED CTR/CARDIOLOGY, 41 MALL ROADBURLINGTON, MA, 01805
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED USA 1996
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1997
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7797
License Date 3/9/1988
Name **REYNOLDS, OWEN D MD**
Address 198 MASS AVE, N ANDOVER, MA, 01845-
Specialty D
Board Certified D
School and Year of Graduation UNIV OF PITTS SCH MED-PA USA 1980
Internship and Year HOSP UNIV HLTH CTR PITTS,PA 1981
Residency and Year CLEVELAND CLINIC FNDN-CLEVELAND ,OH 1986
License Expiration Date **6/30/2006**
Remarks

License Number 15849
License Date 9/5/2012
Name **REZVIN, EUGENE A MD**
Address 441 WILFRED TERR, CLIFFSIDE PARK, NJ, 07010
Specialty IM
Board Certified IM
School and Year of Graduation IRKUTSK STATE MEDICAL UNIVERSITY RUSSIA 1994
Internship and Year RICHMOND UNIVERSITY MEDICAL CENTER - STATEN ISLAND, NY 2003
Residency and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2005
License Expiration Date **6/30/2014**
Remarks

License Number 8418
License Date 8/8/1990
Name **RHODES, CHARLES H MD**
Address 144 SUNSET ROCK RD, LEBANON, NH, 03766
Specialty NP
Board Certified PTH
School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1982
Internship and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1983
Residency and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 7848
License Date 5/4/1988
Name **RHODES, DOUGLAS K MD**
Address PORTSMOUTH RADIOLOGICAL PA, PO BOX 1849, 40 EAST AVE., UNIT 7LEWISTON, ME, 04241
Specialty R
Board Certified DR
School and Year of Graduation UNIV OF TEXAS MED SCH SAN ANTONIO, TX USA 1983
Internship and Year MALDEN HOSPITAL - MALDEN, MA 1984
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 11605
License Date 5/1/2002
Name **RHODES, ERIK S MD**
Address FRANKLIN MED CTR-RADIOLOGY, 164 HIGH STGREENFIELD, MA, 01301
Specialty R
Board Certified R
School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1998
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003
License Expiration Date **6/30/2014**
Remarks

License Number 8668
License Date 12/4/1991
Name **RHODES, JONATHAN MD**
Address NEW ENGLAND MEDICAL CENTER, 750 WASHINGTON STBOSTON, MA, 02111-1533
Specialty PDC
Board Certified PDC
School and Year of Graduation HARVARD MEDICAL SCHOOL UNITED STATES 1982
Internship and Year MONTEFIORE HOSPITAL MEDICAL CENTER BRONX - NEW YORK 1983
Residency and Year BRONX MUNICIPAL HOSPITAL CENTER BRONX - NEW YORK 1986
License Expiration Date **6/30/1999**
Remarks

License Number 6257
License Date 5/13/1980
Name **RHODES, MARK A MD**
Address MEDICAL DOCTOR ASSOC, 145 TECHNOLOGY PKWYNORCROSS, CA, 30144
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF COLORADO SCH MED - DENVER, CO USA 1975
Internship and Year UNIV OREGON HLTH SCI CTR HOSPITAL - PORTLAND, OR 1976
Residency and Year UNIV OF COLORADO - DENVER, CO 1980
License Expiration Date **6/30/2003**
Remarks

License Number 17277
License Date 9/2/2015
Name **RHODES, MICHAEL A MD**
Address 4033 S HEMPSTEAD CIRCLE, SAN DIEGO, CA, 92116-2013
Specialty IM
Board Certified IM
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE, DURHAM, NC USA 2008
Internship and Year UNIVERSITY OF CALIFORNIA SAN DIEGO, SAN DIEGO, CA 2009
Residency and Year UNIVERSITY OF CALIFORNIA SAN DIEGO, SAN DIEGO, CA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 7002
License Date 11/1/1984
Name **RHODES, TORUNN T MD**
Address 31 LYME RD, HANOVER, NH, 03755-1406
Specialty NPM
Board Certified NPM
School and Year of Graduation MED FAK UNIV I BERGEN NORWAY 1978
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10371
License Date 8/5/1998
Name **RHOLL, MARK A MD**
Address HITCHCOCK CLINIC, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS,MN USA 1977
Internship and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1978
Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1980
License Expiration Date **6/30/2010**
Remarks

License Number 12512
License Date 10/6/2004
Name **RHYNHART, KURT K MD**
Address DARTMOUTH CLINIC-SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1996
Internship and Year WALTER REED ARMY MED CTR, WASHINGTON DC 1997
Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 16324
License Date 9/4/2013
Name **RIBLET, NATALIE B MD**
Address VA MEDICAL CENTER, 215 NORTH MAIN STREETWHITE RIVER JUNCTION, VT, 05009
Specialty P
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 2008
Internship and Year BRIGHAM & WOMENS HOSP/HARVARD MEDICAL SCHOOL - BOSTON, MA 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 5950
License Date 7/12/1978
Name **RIBNER, CAROL S MD**
Address 1780 PRESIDENTAL HWY, JEFFERSON, NH, 03583
Specialty ADM
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE OF UNION UNIV ALBANY, NY USA 1969
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1970
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 13354
License Date 12/6/2006
Name **RICCARDI, RICHARD R MD**
Address RIVERWALK, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty AN
Board Certified AN
School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 2000
Internship and Year SUNY HEALTH SCIENCE CTR - SYRACUSE, NY 2002
Residency and Year SUNY HEALTH SCIENCE CTR - SYRACUSE, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12317
License Date 5/5/2004
Name **RICCIO, CHRISTOPHER M MD**
Address MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST.NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 2000
Internship and Year MASS GENERAL HOSP, BOSTON MA 2001
Residency and Year MASS GENERAL HOSP, BOSTON MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15769
License Date 7/11/2012
Name **RICCIO, GIOIA J MD**
Address BRIDGEPORT HOSPITAL OUTPATIENT RADIOLOGY, 425 POST RDFAIRFIELD, CT, 06824
Specialty DR
Board Certified DR
School and Year of Graduation PONCE SCHOOL OF MEDICINE PUERTO RICO 1993
Internship and Year NORWALK HOSPITAL - NORWALK, CT 06856 1994
Residency and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 06606 1996
License Expiration Date **6/30/2016**
Remarks

License Number 16955
License Date 2/4/2015
Name **RICE, LAURA Z MD**
Address 76 TUPPER RD #2, SANDWICH, MA, 02563
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1988
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1989
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1994
License Expiration Date **6/30/2017**
Remarks

License Number 15391
License Date 9/7/2011
Name **RICH, DAVID L MD**
Address DOVER PEDIATRICS, 17 ROLLINSFORD RDDOVER, NH, 03820
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIVERSITY USA 2004
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2005
Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13687
License Date 9/5/2007
Name **RICHARD II, JEFFREY T DO**
Address SEACOAST EMERGENCY PHYSICIANS, 789 CENTRAL AVEDOVER, NH, 03820
Specialty EM
Board Certified EM
School and Year of Graduation NOVA SOUTHEASTERN UNIV USA 2002
Internship and Year NSUCOM/PALMETTO GENERAL HOSPITAL - HIALEAH, FL 2003
Residency and Year MOUNT SINAI MEDICAL CENTER - MIAMI BEACH, FL 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15233
License Date 5/4/2011
Name **RICHARD, GLENN R DO**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2000
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2001
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2003
License Expiration Date **6/30/2013**
Remarks

License Number 15937
License Date 11/7/2012
Name **RICHARD, KATHLEEN M MD**
Address MASS GENERAL HOSPITAL, 55 FRUIT ST - GR B 444BOSTON, MA, 01921
Specialty AN
Board Certified AN
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 8/7/14

License Number 9196
License Date 6/1/1994
Name **RICHARD, MARK B MD**
Address SO NO INTERNAL MEDICINE ASSOC, 6 TSIENNETO STE 300DERRY, NH, 03038-
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MA MEDICAL SCHOOL USA 1990
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1994
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10761
License Date 11/3/1999
Name **RICHARDS, CHARLES H MD**
Address LAWRENCE GENERAL HOSP, ONE GENERAL STLAWRENCE, MA, 01842
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY USA 1983
Internship and Year UNIVERSITY OF HEALTH CENTER OF PITTSBURGH, PITTSBURGH PA 1986
Residency and Year UNIVERSITY OF HEALTH CENTER OF PITTSBURGH, PITTSBURGH PA 1989
License Expiration Date **6/30/2003**
Remarks

License Number 13355
License Date 12/6/2006
Name **RICHARDS, ELIZABETH M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation TULANE UNIV SCHOOL OF MEDICINE USA 2002
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2004
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2005
License Expiration Date **6/30/2008**
Remarks

License Number 6187
License Date 4/21/1980
Name **RICHARDS, JOHN S MD**
Address SPEARE MEM HOSP, 16 HOSPITAL RDPLYMOUTH, NH, 03264-
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF COLORADO SCH OF MED DENVER,CO USA 1974
Internship and Year RIVERSIDE HOSP.NEWPORT NEWS,VA 1975
Residency and Year STRONG MEM HOSP.ROCHESTER,NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 5663
License Date 1/6/1977
Name **RICHARDS, PETER R MD**
Address 1 WEBB PLACE STE 10, DOVER, NH, 03820
Specialty FP
Board Certified
School and Year of Graduation UNIV COLLEGE OF LONDON USA 1959
Internship and Year BERNET GENERAL HOSPITAL 1960
Residency and Year HAMMERSMITH HOSP 1963
License Expiration Date **4/8/2008**
Remarks **DECEASED 04/08/08**

License Number 4816
License Date 8/20/1971
Name **RICHARDSON JR, JOHN R MD**
Address 97 DOGFORD RD, ETNA, NH, 03750
Specialty U
Board Certified U
School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1963
Internship and Year NEW YORK HOSPITAL - WHITE PLAINS,NY 1964
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1971
License Expiration Date **6/30/2007**
Remarks

License Number 12589
License Date 1/5/2005
Name **RICHARDSON, AUBREY T MD**
Address SENTIENT, 11011 MCCORMICK RD STE 200HUNT VALLEY, MD, 21031
Specialty N
Board Certified
School and Year of Graduation VANDERBILT UNIVERSITY, NASHVILLE TN US 1998
Internship and Year MILTON S HERSHEY MED CTR, HERSHEY PA 1999
Residency and Year PENNSYLVANIA STATE UNIVERSITY, HERSHEY PA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 12715
License Date 5/4/2005
Name **RICHARDSON, DAVID B MD**
Address 69 C ISLAND ST, KEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1995
Internship and Year VENTURA COUNTY MED CTR, VENTURA CA 1996
Residency and Year VENTURA COUNTY MED CTR, VENTURA CA 1998
License Expiration Date **6/30/2011**
Remarks

License Number 14094
License Date 7/9/2008
Name **RICHARDSON, DAWN M MD**
Address HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty EM
Board Certified EM
School and Year of Graduation BROWN UNIV USA 1988
Internship and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1989
Residency and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 3816
License Date 7/30/1965
Name **RICHARDSON, FRED C MD**
Address LAKES REGION OB-GYN, 96 HIGH STLACONIA, NH, 03246-3537
Specialty OBG
Board Certified OBG
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE - PHILA, PA USA 1956
Internship and Year U.S. NAVAL HOSPITAL - CHELSEA, MA 1957
Residency and Year U.S. NAVAL HOSPITAL - CHELSEA, MA 1960
License Expiration Date **6/30/2007**
Remarks

License Number 7206
License Date 9/10/1985
Name **RICHARDSON, ROBERT H MD**
Address 997 JOHNNIE DODDS BLVD APT 628, MT PLEASANT, SC, 29464
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF FLORIDA-GAINESVILLE, FL USA 1980
Internship and Year MEDICAL UNIVERSITY SOUTH CAROLINA TEACHING HOSPITALS - CHARLESTON, SC 1981
Residency and Year MEDICAL UNIVERSITY SOUTH CAROLINA TEACHING HOSPITALS - CHARLESTON, SC 1984
License Expiration Date **6/30/2007**
Remarks **7/12/10 - Settlement Agreement.**

License Number 14817
License Date 4/7/2010
Name **RICHARDSON, RORY D MD**
Address FAMILY HEALTH CENTER, 250 PLEASANTSTCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2007
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 7003
License Date 11/1/1984
Name **RICHARDSON, TRACY L MD**
Address 15 ROBERTA DR, BARRINGTON, RI, 02806
Specialty CHP
Board Certified
School and Year of Graduation HARVARD MED SCH- BOSTON,MA USA 1974
Internship and Year UNIV MICHIGAN HOSP-ANN ARBOR ,MI 1974
Residency and Year DETROIT PSYCHIATRIC INST-DETROIT,MI 1981
License Expiration Date **6/30/2014**
Remarks

License Number 13268
License Date 9/6/2006
Name **RICHER, LORI D MD**
Address RICHER WELLNESS MD, PLLC, 74 PLEASANT ST, STE 101NEW LONDON, NH, 03257
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 2003
Internship and Year CONCORD HOSPITAL, CONCORD NH 2005
Residency and Year CONCORD HOSPITAL, CONCORD NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10033
License Date 6/4/1997
Name **RICHERT JR, ALLEN C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation LOUISIANA STATE UNIVERSITY-LA USA 1993
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1996
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1997
License Expiration Date **6/30/1998**
Remarks

License Number 8455
License Date 11/7/1990
Name **RICHEY, JOHN M MD**
Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VERMONT COLL OF MED -BURLINGTON, VT USA 1981
Internship and Year ST MICHAEL HOSPITAL - MILWAUKEE, WI 1982
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 14939
License Date 7/7/2010
Name **RICHINS, JANEEN S MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF UTAH USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**
Remarks

License Number 13777
License Date 12/5/2007
Name **RICHMOND, JOHN A MD**
Address GREATER NASHUA MENTAL HEALTH CTR, 440 AMHERST ST NASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MIAMI USA 1981
Internship and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1982
Residency and Year WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 4712
License Date 6/12/1972
Name **RICHMOND, STEWART S MD**
Address HITCHCOCK CLINIC, 100 HITCHCOCK WAY MANCHESTER, NH, 03104-4125
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE, NY USA 1966
Internship and Year UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1967
Residency and Year UNIV OF CALIFORNIA HOPITAL - SAN FRANCISCO, CA 1968
License Expiration Date **6/30/2012**
Remarks

License Number 13053
License Date 4/5/2006
Name **RICHTER, FRANK MD**
Address PD DR MED FRANK RICHTER CHIEF UROLOGY, NUREMBERG/FURTH 90763EUROPA-ALLEE 1, , GER
Specialty U
Board Certified U
School and Year of Graduation OTTO-VON-GUERICKE UNIV-MAGDEBURG GERMANY GERMANY 1990
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL-NEWARK NJ 1996
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL-NEWARK NJ 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10507
License Date 2/3/1999
Name **RICKETTS, SARAH M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIV COLL PHYSICIANS - NEW YORK, NY USA 1993
Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1994
Residency and Year NEW YORK HOSPITAL - CORNELL MEDICAL CENTER - NEW YORK, NY 1995
License Expiration Date **6/30/2009**
Remarks

License Number 14640
License Date 10/7/2009
Name **RIDDELL, JOHN M MD**
Address DEPT OF ANESTHESIA & CRITICAL CARE/GRAY-BIGELOW 44, MASS GENERAL HOSPITAL - 55 FRUIT S
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1999
Internship and Year KAISER PERMANENTE MEDICAL CENTER - SANTA CLARA, CA 2000
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 6907
License Date 6/7/1984
Name **RIDDLE, PATRICK J MD**
Address NASHUA EYE ASSOCIATES PA, 5 COLISEUM AVENASHUA, NH, 03063-3206
Specialty OPH
Board Certified OPH
School and Year of Graduation CREIGHTON UNIV SCH MED -OMAHA,NE USA 1971
Internship and Year LETTERMAN ARMY MED CTR-SAN FRANCISCO 1972
Residency and Year MED COLL WI AFFIL HOSP-MILWAUKEE,WI 1977
License Expiration Date **6/30/2016**
Remarks

License Number 5171
License Date 4/30/1974
Name **RIDER, LYNN A MD**
Address 49 MOOSE WALK, WESTPORT ISLAND, ME, 04578
Specialty OBG
Board Certified OBG
School and Year of Graduation EMORY UNIV, GA USA 1967
Internship and Year UNIV OF OKLAHOMA HOSPITAL - OKLAHOMA CITY, OK 1968
Residency and Year UNIV OF OKLAHOMA HOSPITAL - OKLAHOMA CITY, OK 1974
License Expiration Date **6/30/2014**
Remarks

License Number 15092
License Date 12/1/2010
Name **RIDGWAY, EMILY B MD**
Address DARTMOUTH HITCHCOCK, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PS
Board Certified PS
School and Year of Graduation COLUMBIA UNIVERSITY USA 2000
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2001
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 16920
License Date 1/21/2015
Name **RIDYARD JR, HERBERT W MD**
Address 65 FIELDSTONE DR, STORRS MANSFIELD, CT, 06268
Specialty GS
Board Certified GS
School and Year of Graduation PENNSYLVANIA STATE UNIV COLLEGE OF MEDICINE USA 1980
Internship and Year HARTFORD HOSPITAL-UNIVERSITY OF CONNECTICUT SOM - HARTFORD, CT 1981
Residency and Year HARTFORD HOSPITAL-UNIVERSITY OF CONNECTICUT SOM - HARTFORD, CT 1985
License Expiration Date **6/30/2017**
Remarks

License Number 6746
License Date 7/7/1983
Name **RIEDEL, JOHN S MD**
Address EXETER EXECUTIVE PARK, 19 HAMPTON RDEXETER, NH, 03833-4816
Specialty IM
Board Certified IM
School and Year of Graduation FAC DI MED E CHIRURGIA DELL UNIV-BOLOGNA ITALY 1970
Internship and Year MISERICORDIA HOSP MED CTR-BRONX,NY 1971
Residency and Year MISERICORDIA HOSP MED CTR-BRONX,NY 1977
License Expiration Date **6/30/2017**
Remarks

License Number 11881
License Date 4/2/2003
Name **RIEKE, SUZANNE M MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIVERSITY MED COLL - NEW YORK, NY USA 1997
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1998
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date **6/30/2005**
Remarks

License Number 15970
License Date 12/5/2012
Name **RIELLY III, ALBERT F MD**
Address 54 DUTTON RD, PELHAM, NH, 03076
Specialty MPH
Board Certified MPD
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 2003
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10287
License Date 5/6/1998
Name **RIESTER, DAVID E MD**
Address NORTHEAST ALLERGY, 79 ERDMAN WAY SUITE 101LEOMINSTER, MA, 01453
Specialty AI
Board Certified AI
School and Year of Graduation UNIVERSITY OF TEXAS USA 1993
Internship and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1994
Residency and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1996
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/26/14**

License Number 6684
License Date 7/1/1983
Name **RIESTER, FRED H MD**
Address NASHUA RADIOLOGY PA, 172 KINSLEY STNASHUA, NH, 03061
Specialty R
Board Certified R
School and Year of Graduation PENN STATE UNIV MILTON S HERSEY MED CTR USA 1979
Internship and Year NEW ENGLAND MED CENTER HOSPITAL - BOSTON, MA 1980
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 4855
License Date 11/3/1971
Name **RIESTER, WALTER H MD**
Address 300 QUANNAPOWITT PKWY, WAKEFIELD, MA, 01880-
Specialty GS
Board Certified GS
School and Year of Graduation COLUMBIA COLLEGE OF P & S , NY USA 1953
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1954
Residency and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1954
License Expiration Date **6/30/2003**
Remarks

License Number 8565
License Date 6/5/1991
Name **RIFAAT, MONIRA K MD**
Address PO BOX 490, WASHINGTON, VA, 22747
Specialty PTH
Board Certified PTH
School and Year of Graduation FAC OFMED ALEXANDRIA UNIV - EGYPT EGYPT 1961
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year ALEXANDRIA HOSPITAL - ALEXANDRIA, VA 1971
License Expiration Date **6/30/2002**
Remarks

License Number 14641
License Date 10/7/2009
Name **RIFKIND, JOSHUA T MD**
Address NORRIS COTTON CANCER CENTER, 87 MCGREGOR STMANCHESTER, NH, 03102
Specialty HO
Board Certified HO
School and Year of Graduation SACKLER SCHOOL OF MEDICINE ISRAEL 2002
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2004
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2006
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13-reinstated 2/4/15**

License Number 9354
License Date 1/11/1995
Name **RIGAS, JAMES R MD**
Address 3 MULHERRIN FARM ROAD, HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF PA USA 1984
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1988
License Expiration Date **6/30/2017**
Remarks

License Number 6717
License Date 6/2/1983
Name **RIGBY, WILLIAM F C MD**
Address DHMC/RHEUMATOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty RHU
Board Certified RHU
School and Year of Graduation HARVARD MED SCH - BOSTON, MA USA 1979
Internship and Year NEW ENGLAND DEACONESS HOSP- BOSTON, MA 1980
Residency and Year DARTMOUTH- HITCHCOCK MED CTR - HANOVER, NH 1983
License Expiration Date **6/30/2017**
Remarks

License Number 5172
License Date 4/30/1974
Name **RIGGS, LAMAR W MD**
Address 59 OAKMONT DR, CONCORD, NH, 03301
Specialty OM
Board Certified IM
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MEDICINE, MD USA 1968
Internship and Year OHIO STATE UNIV - COLUMBUS, OH 1969
Residency and Year OHIO STATE UNIV - COLUMBUS, OH 1970
License Expiration Date **6/30/2006**
Remarks

License Number 15043
License Date 10/6/2010
Name **RIGHI, PAUL D MD**
Address CHESHIRE MEDICAL CENTER, 580-590 COURT STKEENE, NH, 03431
Specialty
Board Certified OTO
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1986
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1987
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
License Expiration Date **6/30/2016**
Remarks

License Number 10102
License Date 8/6/1997
Name **RILEY, DIANE C MD**
Address ALICE PECK DAY MEMORIAL HOSPIT, 205 BILLINGS FARM RD UNIT 3AWHITE RIVER JCT, VT, 05001
Specialty HSO
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICINE- HANOVER, NH USA 1989
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR - NH 1991
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14722
License Date 1/6/2010
Name **RILEY, GERALD T MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
License Expiration Date **6/30/2012**
Remarks

License Number 14851
License Date 5/5/2010
Name **RIMKUNOS, LINDA M MD**
Address 728 COLDBROOK RD, SOUTH GLASTONBURY, CT, 06073
Specialty EM
Board Certified EM
School and Year of Graduation NEW JERSEY MEDICAL SCHOOL USA 1981
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1982
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 13985
License Date 5/7/2008
Name **RINARD, JOHN P DO**
Address PORTSMOUTH REGIONAL HOSPITAL, 330 BORTHWICK AVE PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND USA 2002
Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2003
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 8276
License Date 2/7/1990
Name **RIND, JEFFREY D MD**
Address DERRY NEUROLOGICAL ASSOCIATES, 6 TSIENNETO RD STE 302 DERRY, NH, 03038
Specialty N
Board Certified N
School and Year of Graduation NEW YORK MED COLL -VALLHALLA,NY USA 1986
Internship and Year MT SINAI HOSP-NY 1987
Residency and Year MT SINAI HOSP-NY 1989
License Expiration Date **6/30/2016**
Remarks

License Number 8995
License Date 7/7/1993
Name **RINDER, CRAIG A MD**
Address 375 CANAL ST, BRATTLEBORO, VT, 05301
Specialty U
Board Certified U
School and Year of Graduation MC GILL UNIVERSITY FACILITY OF MEDICINE CANADA 1988
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD CT 1989
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE - CHARLESTOWN SC 1993
License Expiration Date **6/30/2017**
Remarks

License Number 11035
License Date 8/2/2000
Name **RINDFLEISCH GAVRIL, AMY MD**
Address WALTER REED MILITARY MED CTR, 8955 WOOD RD BETHESDA, MD, 20889-5628
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIVERSITY - BOSTON MA USA 1997
Internship and Year UNIVERSITY OF CONNECTICUT - FARMINGTON CT 2000
Residency and Year UNIVERSITY OF CONNECTICUT - FARMINGTON CT 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14668
License Date 11/4/2009
Name **RINEHART, HEIDI F MD**
Address DARTMOUTH HITCHCOCK-OB/GYN, 590 COURT STKEENE, NH, 03431
Specialty OBG
Board Certified OBG
School and Year of Graduation WASHINGTON UNIVERSITY USA 1988
Internship and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1990
Residency and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12077
License Date 9/3/2003
Name **RINI, JAMES M MD**
Address 47 DUCKS HEAD, PO BOX 2001NEW CASTLE, NH, 03854-2001
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1968
Internship and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1969
Residency and Year NEW YORK AND PRESBYTERIAN HOSP (CORNELL CAMPUS), NEW YORK NY 1972
License Expiration Date **6/30/2017**
Remarks **RETIRED FROM PRACTICE**

License Number 8261
License Date 12/6/1989
Name **RINTEL, THEODOR D MD**
Address 450 MITCHELL RD, CAPE ELIZABETH, ME, 04107-
Specialty AN
Board Certified AN
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED- DC USA 1978
Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1979
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1984
License Expiration Date **6/30/2003**
Remarks

License Number 15991
License Date 1/9/2013
Name **RINVIL, EDWINE MD**
Address SOUTHERN NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY USA 2005
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2007
Residency and Year JFK MEDICAL CENTER- ATLANTIS, FL 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11717
License Date 8/7/2002
Name **RIOS, JORGE MD**
Address AMERICAN RED CROSS BLD SVCS, 180 RUSTCRAFT RD SUITE 115DEDHAM, MA, 02026
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF PUERTO RICO SCH OF MED-SAN JUAN, PR PUERTO RICO 1993
Internship and Year STRONG MEMORIAL HOSPITAL-ROCHESTER,NY 1994
Residency and Year STRONG MEMORIAL HOSPITAL- ROCHESTER,NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 11933
License Date 5/7/2003
Name **RIPPLE, GREGORY H MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ON
Board Certified
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1991
Internship and Year UNIV OF WISCONSIN HOSPITAL AND CLINICS- MADISON, WI 1992
Residency and Year UNIV OF WISCONSIN HOSPITAL AND CLINICS- MADISON, WI 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16353
License Date 10/2/2013
Name **RISHEL, MEGAN E MD**
Address 204 MONTAG CIR NE, ATLANTA, GA, 30307
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2007
Residency and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 6547
License Date 6/24/1982
Name **RISS, DAVID C MD**
Address PRIMARY CARE MEMORIAL HOSPITAL, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation STNAFORD UNIV SCH MED -PALO ALTO,CA USA 1979
Internship and Year MED UNIV HOSP-CHARLESTON,SC 1980
Residency and Year MED UNIV HOSP-CHARLESTON,SC 1981
License Expiration Date **6/30/2016**
Remarks

License Number 10834
License Date 2/2/2000
Name **RITCHIE, JEANNINE K MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106-3266
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1993
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1994
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1998
License Expiration Date **6/30/2016**
Remarks

License Number 10312
License Date 6/3/1998
Name **RITENOUR, ANITA R MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ARKANSAS COLL OF MED LITTLE ROCK,AR USA 1995
Internship and Year GEORGETOWN UNIV HOSP - WASHINGTON, DC 1996
Residency and Year GEORGETOWN UNIV HOSP- WASHINGTON, DC 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9708
License Date 5/1/1996
Name **RITONDO, MICHAEL E MD**
Address THE WOMEN'S HEALTH CENTER, 29 RIDGEWOOD ROADSPRINGFIELD, VT, 05156
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MARYLAND-BALTIMORE MD USA 1992
Internship and Year UNIVERSITY OF MARYLAND-BALTIMORE,MD 1996
Residency and Year UNIVERSITY OF MARYLAND-BALTIMORE MD 1996
License Expiration Date **6/30/2016**
Remarks

License Number 2346
License Date 7/1/1943
Name **RITZMAN, THOMAS A MD**
Address 78660 VIA MELODIA, LA QUINTA, CA, 92253-
Specialty OBG
Board Certified OBG
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON, MA USA 1940
Internship and Year BOSTON CITY HOSPITAL BOSTON, MA 1942
Residency and Year CAMBRIDGE HOSPITAL CAMBRIDGE, MA 1943
License Expiration Date **6/30/1998**
Remarks **Deceased 2/5/2011**

License Number 14394
License Date 4/1/2009
Name **RIVAS, ENRIQUE J MD**
Address MAINE CARDIOLOGY ASSOC, 149 NORTH ST O MGMC THAYERWATERVILLE, ME, 04901
Specialty CD
Board Certified CD
School and Year of Graduation UNIV NACIONAL DE SAN AGUSTIN PERU 1991
Internship and Year UNIVERSITY OF MIAMI SOM/JACKSON MEMORIAL HOSPITAL-MIAMI, FL 1994
Residency and Year UNIVERSITY OF MIAMI SOM/JACKSON MEMORIAL HOSPITAL-MIAMI, FL 1996
License Expiration Date **6/30/2015**
Remarks

License Number 12815
License Date 7/6/2005
Name **RIVERA COLON, KEVIN Y MD**
Address X-RAY PROFESSIONAL ASSOC, 21/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF PUERTO RICO, SAN JUAN PUERTO RICO 1999
Internship and Year CAGUAS REGIONAL HOSPITAL, CAGUAS PR 2000
Residency and Year BRIDGEPORT HOSPITAL, BRIDGEPORT CT 2004
License Expiration Date **6/30/2017**
Remarks

License Number 12630
License Date 3/2/2005
Name **RIVERA, DAVID A MD**
Address COOS COUNTY FAMILY HEALTH, 133 PLEASANTBERLIN, NH, 03570
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 1979
Internship and Year ST MARYS MERCY MED CTR, GRAND RAPIDS MI 1980
Residency and Year GRAND RAPIDS MED ED & RESEARCH CTR, GRAND RAPIDS MI 1983
License Expiration Date **6/30/2007**
Remarks

License Number 17028
License Date 4/1/2015
Name **RIVERO GUTIERREZ, ANA S MD**
Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified
School and Year of Graduation UNIV DE CARABOBO FAC DE CIENCIAS DE LA SALUD VENEZUELA 2009
Internship and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 2013
Residency and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 2015
License Expiration Date **6/30/2017**
Remarks

License Number 5929
License Date 6/12/1978
Name **RIX, MARILYN D MD**
Address ASSOCIATED RADIOLOGISTS PA, 8 EAST PEARL STNASHUA, NH, 03060
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE ROCHESTER, NY USA 1973
Internship and Year MT AUBURN HOSPITAL CAMBRIDGE, MA 1974
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 15418
License Date 10/5/2011
Name **RIX, ROBERT D MD**
Address CONCORD EMERGENCY MED ASSOC, 250 PLEASANT STCONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2008
Residency and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2011
License Expiration Date **6/30/2017**
Remarks

License Number 5019
License Date 6/11/1973
Name **RIX, WILLIAM P MD**
Address NEW HAMPSHIRE ORTHOPAEDIC CENTER, 17 RIVERSIDE STNASHUA, NH, 03062
Specialty
Board Certified ORS
School and Year of Graduation UNIVERSITY OF ROCHESTER-ROCHESTER NY USA 1971
Internship and Year STRONG MEMORIAL HOSP-ROCHESTER NY 1972
Residency and Year STRONG MEMORIAL HOSP-ROCHESTER NY 1973
License Expiration Date **6/30/2017**
Remarks

License Number 10104
License Date 8/6/1997
Name **RIZKALLA-HANNA, MAGUED Y MD**
Address 288 LAFAYETTE PROFESSIONAL, BLDG APORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CAIRO FAC OF MED CAIRO, EQYPT EGYPT 1981
Internship and Year MEDICAL CENTER OF CENTRAL MA - MA 1993
Residency and Year FLETCHER ALLEN HEALTH CARE - VT 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10219
License Date 1/7/1998
Name **RIZOS, ANASTASIA L DO**
Address UNIVERSITY OF MASS MEDICAL CTR, 55 LAKE AVE NORTHWORCHESTER, MA, 01655
Specialty P
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED, ME USA 1992
Internship and Year UNIV OF MASS MEDICAL CENTER - MA 1996
Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1996
License Expiration Date **6/30/2002**
Remarks

License Number 16087
License Date 4/3/2013
Name **RIZOS, DEMETRIUS P DO**
Address SALEM, NH PHYSICIANS NETWORK, 411 MERRIMACK ST. #104METHUEN, MA, 01844
Specialty IM
Board Certified IM
School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY USA 1998
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1999
Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 16380
License Date 11/6/2013
Name **RIZVI, HIL MD**
Address PO BOX 173, FROSTBURG, MD, 21252
Specialty OS
Board Certified OS
School and Year of Graduation WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 1994
Residency and Year ALLEGHENY GENERAL HSOPITAL - PITTSBURGH, PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 7923
License Date 7/6/1988
Name **ROALSVIG, KNUT J MD**
Address GRANITE STATE GASTROINTESTINAL, 6 TSIENNETO RD STE 301DERRY, NH, 03038
Specialty GE
Board Certified GE
School and Year of Graduation ALBERT EINSTEIN COLL OF MED-BRONX,NY USA 1982
Internship and Year HARTFORD HOSP-HARTFORD,CT 1983
Residency and Year HARTFORD HOSP-HARTFORD,CT 1985
License Expiration Date **6/30/2016**
Remarks

License Number 9130
License Date 3/2/1994
Name **ROBB, CHRISTINE A MD**
Address 60 MESSENGER ST, PLAINVILLE, MA, 02762-
Specialty FP
Board Certified FP
School and Year of Graduation IN UNIVERSITY SCHOOL OF MEDICINE USA 1971
Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1972
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1973
License Expiration Date **6/30/2002**
Remarks

License Number 7100
License Date 5/2/1985
Name **ROBB, JOHN F MD**
Address DHMC - CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation INDIANA UNIVERSITY-INDIANAPOLIS, IN USA 1979
Internship and Year UNIVERSITY OF MINNESOTA HOSPITAL-MINNEAPOLIS, MN 1980
Residency and Year UNIVERSITY OF MINNESOTA HOSPITAL-MINNEAPOLIS, MN 1982
License Expiration Date **6/30/2017**
Remarks

License Number 4856
License Date 11/3/1971
Name **ROBBINS, ALAN H MD**
Address NE BAPTIST HOSPITAL, 125 PARKER HILL AVEBOSTON, MA, 02120-
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1963
Internship and Year NEW ENGLAND MED CTR-BOSTON MA 1964
Residency and Year NEW ENGLAND MED CTR-BOSTON MA 1967
License Expiration Date **6/30/2003**
Remarks

License Number 7390
License Date 7/3/1986
Name **ROBBINS, ARNOLD MD**
Address 116 HANCOCK ST, CAMBRIDGE, MA, 02139-2206
Specialty P
Board Certified P
School and Year of Graduation TULANE ULNIV SCH MED NEW ORLEANS LA USA 1957
Internship and Year PHILADEL GEN HOSP 1958
Residency and Year WEST ROX MNTL HLTH CTR BOSTON MA 1960
License Expiration Date **6/30/2016**
Remarks

License Number 2301
License Date 9/12/1941
Name **ROBBINS, HENRY J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks **DECEASED 3/7/99**

License Number 14476
License Date 6/3/2009
Name **ROBBINS, MARK I MD**
Address AMERICAN RADIOLOGIC TECH, 5770 SW 128TH STPINECREST, FL, 33156
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1983
Internship and Year UNIVERSITY OF CALIFORNIA(SAN DIEGO)MEDICAL CENTER - SAN DIEGO, CA 1984
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 6074
License Date 6/11/1979
Name **ROBBINS, MICHAEL B MD**
Address NE NEUROLOGICAL ASSOC, 354 MERRIMACK ST BLDG1LAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL MED BROOKLYN, NY USA 1973
Internship and Year LI JEWISH HILLSIDE MEDICAL CENTER - NEW HYDE PARK, NY 1974
Residency and Year BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1979
License Expiration Date **6/30/2009**
Remarks

License Number 8135
License Date 6/7/1989
Name **ROBBINS, SHELDON M MD**
Address LAWRENCE MEMORIAL HOSP, 365 MONTAUK AVENUE NEW LONDON, CT, 06320-
Specialty R
Board Certified R
School and Year of Graduation UNIV OF CT SCH OF MED FARMINGTON CT USA 1983
Internship and Year ST FRANCIS HOSP MED CTR HARTFORD CT 1984
Residency and Year EMORY UNIV AFFIL HOSPS ATLANTA GA 1988
License Expiration Date **6/30/1998**
Remarks

License Number 12007
License Date 7/2/2003
Name **ROBERSON, TOMMY P MD**
Address 1237 LAKE CHARLES DR, ROSWELL, GA, 30075
Specialty AN
Board Certified
School and Year of Graduation LOUISIANA STATE UNIV - NEW ORLEANS, LA USA 1964
Internship and Year BAPTIST HOSPITAL - NASHVILLE, TN 1965
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHEDSA, MD 1970
License Expiration Date **1/30/2007**
Remarks **DECEASED 1/30/07**

License Number 15392
License Date 9/7/2011
Name **ROBERT, ALINA M MD**
Address DHMC/ DEPT OF CARDIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty CD
Board Certified IM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 10969
License Date 6/7/2000
Name **ROBERTELLO, MICHAEL E MD**
Address GREEN MOUNTAIN CARDIOLOGY, 6 COMMON STRUTLAND, VT, 05701
Specialty CD
Board Certified CD
School and Year of Graduation ROSS UNIV - NEW YORK, NY USA 1984
Internship and Year ST ELIZABETH HOSPITAL - ELIZABETH, NJ 1985
Residency and Year ST ELIZABETH HOSPITAL - ELIZABETH, NJ 1988
License Expiration Date **6/30/2008**
Remarks

License Number 16956
License Date 2/4/2015
Name **ROBERTS, BEVERLY S DO**
Address STAFFCARE, 5001 STATESMAN DRIRVING, TX, 75063
Specialty IM
Board Certified IM
School and Year of Graduation MIDWESTERN UNIVERSITY DOWNERS GROVE USA 1994
Internship and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1995
Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 8327
License Date 5/9/1990
Name **ROBERTS, CINDEE S MD**
Address 143 HITCHING POST LN, BEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF OKLAHOMA COLL OF MED-OKLAHOMA,OK USA 1986
Internship and Year UNIV OKLAHOMA -TULSA MED COLL HOSPITAL - TULSA, OK 1987
Residency and Year UNIV OKLAHOMA-TULSA MED COLL HOSPITAL - TULSA, OK 1990
License Expiration Date **6/30/2010**
Remarks

License Number 6582
License Date 6/24/1982
Name **ROBERTS, DAVID W MD**
Address DHMC - NEUROSURGERY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NS
Board Certified NS
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1976
Internship and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY , UT 1976
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982
License Expiration Date **6/30/2016**
Remarks

License Number 11429
License Date 10/3/2001
Name **ROBERTS, KARI D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MINNESOTA - MINNEAPOLIS, MN USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2005**
Remarks

License Number 10452
License Date 11/4/1998
Name **ROBERTS, MARTIN S MD**
Address 615 N BONITA AVE, PANAMA CITY, FL, 32401
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE UNIV SCHOLL OF MED-NY USA 1994
Internship and Year FRANKLIN SQUARE HOSPITAL-MD 1995
Residency and Year ST JOSEPHS HOSPITAL MED CTR-NJ 1996
License Expiration Date **6/30/2016**
Remarks

License Number 16381
License Date 11/6/2013
Name **ROBERTS, MARY W MD**
Address MERIDIAN HEALTH PLAN, 777 WOODWARD AVE DETROIT, MI, 48226
Specialty CHP
Board Certified
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1992
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR, MI 1993
Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR, MI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 16684
License Date 7/2/2014
Name **ROBERTS, RICHARD L MD**
Address OPKO LAB LLC, 1450 ELM HILL PIKENASHVILLE, TN, 37210
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE USA 1987
Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1992
Residency and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11005
License Date 7/5/2000
Name **ROBERTSON, DOUGLAS J MD**
Address VA MEDICAL CTR, 215 NORTH MAIN ST (111 E) WHITE RIVER JCT, VT, 05009-0001
Specialty IM
Board Certified GE
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1992
Internship and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1993
Residency and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1996
License Expiration Date **6/30/2016**
Remarks

License Number 15264
License Date 6/1/2011
Name **ROBERTSON, HEATHER R MD**
Address VICTORIA GENERAL HOSPITAL, 1 HOSPITAL WAY VICTORIA BC CANADA, , V8Z 6R5
Specialty PD
Board Certified PD
School and Year of Graduation BEN-GURION UNIVERSITY OF THE NEGEV ISRAEL 2008
Internship and Year CHILDREN'S HOSPITAL AT DARTMOUTH - LEBANON, NH 2009
Residency and Year CHILDREN'S HOSPITAL AT DARTMOUTH - LEBANON, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 17186
License Date 7/1/2015
Name **ROBERTSON, MATTHEW D MD**
Address 117 NEWELL ST, WALLA WALLA, WA, 99362
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 2009
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2010
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2013
License Expiration Date **6/30/2017**
Remarks

License Number 10168
License Date 11/5/1997
Name **ROBERTSON, PATRICK A MD**
Address YORK HOSPITAL ORTHOPEDIC ASSOC, 15 HOSPITAL DR STE AYORK, ME, 03909
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCHOOL OF MED - BOSTON, MA USA 1988
Internship and Year LETTERMAN ARMY MEDICAL CENTER - CA 1989
Residency and Year UNIV CALIFORNIAL DAVIS MEDICAL CENTER - CA 1994
License Expiration Date **6/30/2013**
Remarks

License Number 7586
License Date 5/6/1987
Name **ROBEY, CAROL W MD**
Address MERRIMACK VALLEY PEDIATRICS, 387 E DUNSTABLE RDNASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1982
Internship and Year MA GENERAL HOSPITAL 1983
Residency and Year MA GENERAL HOSPITAL 1985
License Expiration Date **6/30/2017**
Remarks

License Number 7849
License Date 5/4/1988
Name **ROBINSON, ANDREW M MD**
Address 289 COUNTY RD, WINDSOR, VT, 05089
Specialty GE
Board Certified GE
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1983
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
License Expiration Date **5/20/2015**
Remarks **Requested inactive 5/20/2015.**

License Number 4011
License Date 3/14/1967
Name **ROBINSON, JAMES A MD**
Address HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF COLUMBIA COLLEGE OF PHYSICIANS - NY, NY USA 1961
Internship and Year STRONG MEMORIAL - ROCHESTER, NY 1962
Residency and Year STRONG MEMORIAL - ROCHESTER, NY 1967
License Expiration Date **6/30/1999**
Remarks **Deceased 2/25/2011**

License Number 6548
License Date 6/24/1982
Name **ROBINSON, JOHN H MD**
Address AETNA, 10 COTTAGE WAYKITTEY, ME, 03904
Specialty N
Board Certified N
School and Year of Graduation JEFFERSON MED COLL - PHILA, PA USA 1977
Internship and Year COOK COUNTY HOSPITAL - BURLINGTON, VT 1978
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1981
License Expiration Date **6/30/2016**
Remarks

License Number 12513
License Date 10/6/2004
Name **ROBINSON, JUNE K MD**
Address 132 E DELAWARE PLACE 5806, CHICAGO, IL, 60611
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF MARYLAND, BALTIMORE MD US 1974
Internship and Year GREATER BALTIMORE MED CTR, BALTIMORE MD 1974
Residency and Year TREATER BALTIMORE MED CTR, BALTIMORE MD 1975
License Expiration Date **6/30/2006**
Remarks

License Number 13411
License Date 2/7/2007
Name **ROBINSON, KEITH A MD**
Address PORTSMOUTH REGINAL HOSPITAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MARYLAND USA 2002
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2003
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11223
License Date 4/4/2001
Name **ROBINSON, SARAH M MD**
Address 56 KENNARD RD, MANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH - BOSTON, MA USA 1997
Internship and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 1999
Residency and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 2000
License Expiration Date **6/30/2007**
Remarks

License Number 8361
License Date 6/6/1990
Name **ROBINSON, SUSAN C MD**
Address COMPHEALTH, 4021 SOUTH 700 EAST STE 300SALT LAKE CITY, UT, 84107
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CALIFORNIA SAN DIEGO SCH OF MED USA 1978
Internship and Year UC-SAN DIEGO MEDICAL CENTER - DAN DIEGO, CA 1979
Residency and Year TUFTS UNIV HOSPITAL - BOSTON, MA 1982
License Expiration Date **6/30/1999**
Remarks

License Number 6678
License Date 4/7/1983
Name **ROCK, THOMAS W MD**
Address AVH SURGICAL ASSOCIATES, 7 PAGE HILL RDBERLIN, NH, 03570
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER,NH USA 1978
Internship and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1979
Residency and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1980
License Expiration Date **6/30/2017**
Remarks

License Number 15674
License Date 5/2/2012
Name **ROCKACY, MATTHEW J MD**
Address DHMC - GASTROENTEROLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2006
Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2007
Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2009
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 9/5/14

License Number 14744
License Date 2/3/2010
Name **ROCKE, ALICE F MD**
Address LITTLETON REGIONAL HEALTHCARE, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty GS
Board Certified GS
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1985
Internship and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1986
Residency and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 4422
License Date 4/22/1969
Name **ROCKENMACHER, SOL MD**
Address 25 ST ANDREWS DR, BEDFORD, NH, 03110
Specialty PDC
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1963
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1964
Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1966
License Expiration Date **6/30/2017**
Remarks **Retired**

License Number 9259
License Date 8/3/1994
Name **ROCKOFF, ALAN S MD**
Address 1101 BEACON ST, BROOKLINE, MA, 02146-
Specialty D
Board Certified D
School and Year of Graduation A EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIV USA 1972
Internship and Year BRONX MUNICIPAL HOSPITAL CENTER - BRONX NY 1973
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1979
License Expiration Date **6/30/1998**
Remarks

License Number 15811
License Date 8/1/2012
Name **ROCKWELL, JESSICA C MD**
Address MAINE MED PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty END
Board Certified END
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1982
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1983
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 6377
License Date 5/7/1981
Name **RODD, CAREY R MD**
Address MERRIMACK COUNTY NURSING HOME, 325 DANIEL WEBSTER HIGHWAYBOSCAWEN, NH, 03303
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED,CINCINNATI,OH USA 1978
Internship and Year BROWN UNIV MEM HOSP,PAWTUCKET,RI 1981
Residency and Year BROWN UNIV MEM HOSP - PAWTUCKET, RI 1981
License Expiration Date **6/30/2017**
Remarks

License Number 11116
License Date 11/1/2000
Name **RODI, SCOTT W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation CORNELL UNIV MED COLL - NEW YORK, NY USA 1992
Internship and Year SANTA BARBARA COTTAGE HOSPITAL - SANTA BARBARA , CA 1993
Residency and Year HOSPITAL FOR SPECIAL SURGERY - NEW YORK, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12817
License Date 7/6/2005
Name **RODRIGUEZ, CHRISTIAN C MD**
Address VA MAINE HEALTHCARE, 1 VA CENTER - 112PAUGUSTA, ME, 04330
Specialty GS
Board Certified GS
School and Year of Graduation PONCE SCHOOL OF MEDICINE, PONCE PUERTO RICO 1998
Internship and Year STAMFORD HOSPITAL, STAMFORD CT 1999
Residency and Year STAMFORD HOSPITAL, STAMFORD CT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13987
License Date 5/7/2008
Name **RODRIGUEZ, JOSEPH A MD**
Address SEACOAST GENERAL SURGERY, 750 CENTRAL AVE STE NDOVER, NH, 03820
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF THE EAST PHILIPPINES 1994
Internship and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2003
Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14044
License Date 6/4/2008
Name **RODRIGUEZ, MARIA L MD**
Address WENTWORTH DOUGLAS PHY CORP, 65 CALEF HWY STE 200LEE, NH, 03861
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF THE PHILIPPINES PHILIPPINES 1996
Internship and Year DUCOM/HUH FAMILY MEDICINE RESIDENCY - WARMINSTER, PA 2005
Residency and Year DUCOM/HUH FAMILY MEDICINE RESIDENCY - WARMINSTER, PA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16088
License Date 4/3/2013
Name **RODRIGUEZ, MARIE MD**
Address VA - MONTANA, 300 N WILLSONBOZEMAN, MT, 59718
Specialty IM
Board Certified
School and Year of Graduation ESCUELA AUTONOMA DE CIENCIAS MEDICAS DE CENTRO AME COSTA RICA 1999
Internship and Year ATLANTICARE REGIONAL MEDICAL CENTER - ATLANTIC CITY, NJ 1995
Residency and Year ATLANTICARE REGIONAL MEDICAL CENTER - ATLANTIC CITY, NJ 1998
License Expiration Date **6/30/2017**
Remarks

License Number 12404
License Date 7/7/2004
Name **ROELOFS, KEVIN J MD**
Address ALLERGY ASSOCIATES OF NH, 100 GRIFFIN RD STE APORTSMOUTH, NH, 03801
Specialty AI
Board Certified AI
School and Year of Graduation MCP HAHNEMANN SCH OF MED - PHILADELPHIA, PA USA 1999
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11640
License Date 6/5/2002
Name **ROEMMELT, MARNEY D MD**
Address 157 PORTSMOUTH AVE STE 13, STRATHAM, NH, 03885
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1999
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2001
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2002
License Expiration Date **6/30/2016**
Remarks

License Number 14477
License Date 6/3/2009
Name **ROENGVORAPHOJ, MONIC MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF COLOGNE GERMANY 2005
Internship and Year NORWALK HOSPITAL - NORWALK, CT 2007
Residency and Year NORWALK HOSPITAL - NORWALK, CT 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11606
License Date 5/1/2002
Name **ROEPKE, KENNETH R MD**
Address HEALTH INTERNATIONAL, 14770 N 78TH WAYSCOTTSDALE, AZ, 85260
Specialty FP
Board Certified FP
School and Year of Graduation RUSH UNIV - CHICAGO, IL USA 1978
Internship and Year UNIV OF IOWA HOSPITALS AND CLINICS - IOWA CITY, IA 1979
Residency and Year UNIV OF IOWA HOSPITALS AND CLINICS - IOWA CITY, IA 1981
License Expiration Date **6/30/2003**
Remarks

License Number 12008
License Date 7/2/2003
Name **ROGERS JR, WALLACE A MD**
Address PO BOX 315, CASTLETON, VT, 05735
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1965
Internship and Year WEST VIRGINIA UNIVERSITY HOSPITAL - MORGANTOWN, WV 1996
Residency and Year FLETCHER ALLEN HEALTHCARE - BURLINGTON, VT 1972
License Expiration Date **6/30/2005**
Remarks **Deceased-12/13/09**

License Number 7820
License Date 4/6/1988
Name **ROGERS, ALAN C DO**
Address VALLEY REGIONAL HOSP, 243 ELM STCLAREMONT, NH, 03743
Specialty EM
Board Certified FP
School and Year of Graduation UNIV NEW ENGLAND COLL OF OSTEO MED - ME USA 1985
Internship and Year WARREN HOSPITAL - PHILLIPSBURG, NJ 1987
Residency and Year WARREN HOSPITAL - PHILLIPSBURG, NJ 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10915
License Date 5/3/2000
Name **ROGERS, CHARLES C MD**
Address DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE-AK USA 1960
Internship and Year UNIVERSITY OF ARKANSAS SCHOOL OF MEDICINE-LITTLE ROCK, AR 1961
Residency and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE-OKLAHOMA-OK 1966
License Expiration Date **6/30/2006**
Remarks

License Number 7330
License Date 5/8/1986
Name **ROGERS, CLARE R MD**
Address , 188 BRAVE BOAT HARBOR RDKITTERY POINT, ME, 03905
Specialty P
Board Certified P
School and Year of Graduation GEORGE WASHINGTON UNIV SCH MED - DC USA 1978
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1979
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1982
License Expiration Date **6/30/2012**
Remarks

License Number 6865
License Date 4/10/1984
Name **ROGERS, WILLIAM D MD**
Address , , ,
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1979
Internship and Year
Residency and Year
License Expiration Date **7/27/1989**
Remarks

License Number 17278
License Date 9/2/2015
Name **ROGINSKI, MATTHEW A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty EM
Board Certified
School and Year of Graduation UB, SUNY SCHOOL OF MEDICINE, BUFFALO, NY USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 12204
License Date 1/7/2004
Name **ROGOSIN, SHAHNA G MD**
Address CHILDREN'S HOSPITAL, 300 LONGWOOD AVE FEGAN 8BOSTON, MA, 02115
Specialty CHP
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA GRENADA 1998
Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 2002
Residency and Year CHILDRENS HOSPITAL, BOSTON MA 2003
License Expiration Date **6/30/2006**
Remarks

License Number 14208
License Date 10/1/2008
Name **ROHE, RONALD A MD**
Address TAMC, 140 ACADEMY STPRESQUE ISLE, ME, 04769
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK USA 1965
Internship and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1966
Residency and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1969
License Expiration Date **6/30/2016**
Remarks

License Number 13327
License Date 11/1/2006
Name **ROHRBACHER, JAYNE MD**
Address 4 BIRCH DR, PEPPERELL, MA, 01463
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year CHILDRENS HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1985
Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1988
License Expiration Date **6/30/2010**
Remarks

License Number 16843
License Date 11/6/2014
Name **ROJAS SOTO, DIANA M MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty N
Board Certified N
School and Year of Graduation UNIVERSIDAD EL BOSQUE COLOMBIA 2001
Internship and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2009
Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16089
License Date 4/3/2013
Name **ROLAND, ROBIN E MD**
Address 3241 WASHINGTON ST, SAN FRANCISCO, CA, 94115
Specialty EM
Board Certified EM
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2008
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2010
License Expiration Date **6/30/2015**
Remarks

License Number 5751
License Date 6/13/1977
Name **ROLETT, ELLIS L MD**
Address DARTMOUTH MEDICAL SCHOOL, HINMAN BOX 7999HANOVER, NH, 03755
Specialty CD
Board Certified CD
School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON USA 1955
Internship and Year MASS GENERAL HOSPITAL,BOSTON 1956
Residency and Year PETER B BRIGHAM HOSPITAL - BOSTON, MA 1962
License Expiration Date **6/30/2011**
Remarks

License Number 16492
License Date 2/5/2014
Name **ROLFES JR, ROBERT J MD**
Address DOVER VETERANS ADM CLINIC - CBOC, 1198 S GOVERNORS AVE., STE 201DOVER, DE, 19904
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI COLLEGE OF MEDICINE USA 1983
Internship and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1984
Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 12676
License Date 4/6/2005
Name **ROLFES, RICHARD J MD**
Address 5400 KENNEDY AVE, CINCINNATI, OH, 45213
Specialty R
Board Certified R
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1986
Internship and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1988
Residency and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1990
License Expiration Date **6/30/2017**
Remarks

License Number 14597
License Date 9/2/2009
Name **ROMANO, JOSEPH JORDAN DO**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON NH 2009
License Expiration Date **6/30/2013**
Remarks

License Number 12947
License Date 11/2/2005
Name **ROMANOW, JOHN H MD**
Address LAHEY CLINIC: DEPT OF OTOLARYNGOLOGY, 41 MALL RDBURLINGTON, MA, 01805
Specialty OTO
Board Certified OTO
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1988
Internship and Year BROOKE ARMY MED CTR, FORT SAM HOUSTON TX 1989
Residency and Year BROOKE ARMY MED CTR, FORT SAM HOUSTON TX 1994
License Expiration Date **6/30/2011**
Remarks **LAPSED FOR NON-RENEWAL ON 6/30/07
REINSTATED ON 5/7/08**

License Number 16023
License Date 2/6/2013
Name **ROMANOWICZ, MAGDALENA MD**
Address 445 CYPRESS ST, UNIT 8MANCHESTER, NH, 03103
Specialty CHP
Board Certified
School and Year of Graduation AKADEMIA MEDYCZNA POLAND 2007
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2009
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2011
License Expiration Date **6/30/2017**
Remarks

License Number 7549
License Date 4/1/1987
Name **ROMANOWSKY, MICHAEL P MD**
Address 159 N BROADWAY, SALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation ESCUELA DE MED UNIV DEL NORESTE TAMPCO MEXICO 1983
Internship and Year ST FRANCIS HOSPITAL - WILMINGTON, DE 1985
Residency and Year ST FRANCIS HOSPITAL - WILMINGTON, DE 1987
License Expiration Date **6/30/2017**
Remarks

License Number 15234
License Date 5/4/2011
Name **ROMEROCACES, GLORIA M MD**
Address PLUS DIAGNOSTICS, 825 RAHWAY AVE UNION, NJ, 07083
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1979
Internship and Year SAINT BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1988
Residency and Year SAINT BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1991
License Expiration Date **6/30/2017**
Remarks

License Number 15938
License Date 11/7/2012
Name **RONAN, LARA K MD**
Address DHMC - DEPT OF NEUROLOGY, ONE MED CTR DR LEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1994
Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1995
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13269
License Date 9/6/2006
Name **RONDEL, IRINA MD**
Address BROOKLYN HOSPITAL CTR-RADIOLOG, 121 DEKALB AVE BROOKLYN, NY, 11201
Specialty R
Board Certified R
School and Year of Graduation MOSCOW STATE UNIVERSITY, RUSSIA RUSSIA 1983
Internship and Year BROOKLYN HOSPITAL CTR, BROOKLYN NY 1998
Residency and Year MAIMONIDES MED CTR, BROOKLYN NY 2002
License Expiration Date **6/30/2010**
Remarks

License Number 14095
License Date 7/9/2008
Name **RONDON VIDAL, MICHEL J MD**
Address FURTHER CARE PA, 330 BORTHWICK AVE., SUITE 111 PORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation UNIV AUTONOMA DE SANTO DOMINGO DOMINICAN REPUBLIC 1998
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2004
Residency and Year MT SINAI SCHOOL OF MEDICINE-ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9820
License Date 8/7/1996
Name **ROOFEH, ROSA MD**
Address 9804 S MILITARY TRAIL, STE E1 AND E2BOYNTON BEACH, FL, 33436
Specialty IM
Board Certified
School and Year of Graduation UNIV OF THE CARIBBEAN SCH OF MED MONTSERRAT 1985
Internship and Year STAMFORD HOSPITAL - STAMFORD, CT 1996
Residency and Year STAMFORD HOSPITAL - STAMFORD, CT 1996
License Expiration Date **6/30/2016**
Remarks **1/8/02 - Final Decision and Order**

License Number 17078
License Date 5/6/2015
Name **ROONEY, JOHN E MD**
Address 8717 E MONTECITO AVE, SCOTTSDALE, AZ, 85251
Specialty FP
Board Certified FP
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN ST MAARTEN 2003
Internship and Year SCOTTSDALE HEALTHCARE-OSBORN - SCOTTSDALE, AZ 2005
Residency and Year SCOTTSDALE HEALTHCARE-OSBORN - SCOTTSDALE, AZ 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15636
License Date 4/4/2012
Name **ROONEY, TIMOTHY B MD**
Address NORTH STATE RADIOLOGY, 1720 EXPLANADECHICO, CA, 95926
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2002
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6487
License Date 1/7/1982
Name **ROOT, HEIDI MD**
Address SACO MED GROUP, 7 GREENWOOD AVECONWAY, NH, 03818
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIV SCH MED NEW YORK,NY USA 1977
Internship and Year MED CTR HOSP-BURLINGTON,VT 1978
Residency and Year MED CTR HOSP-BURLINGTON,VT 1981
License Expiration Date **6/30/2016**
Remarks

License Number 13757
License Date 11/7/2007
Name **RORDORF, GUY A MD**
Address PARTNERS TELESTROKE, 55 FRUIT ST BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation UNIV DE GENEVE SWITZERLAND 1988
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1993
License Expiration Date **6/30/2017**

Remarks

License Number 7305
License Date 4/3/1986
Name **RORK, DENNIS G MD**
Address LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK RD STE 200 LONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER, NY USA 1979
Internship and Year NAVAL HOSPITAL - CHARLESTON, SC 1980
Residency and Year NAVAL HOSPITAL - CHARLESTON, SC 1982
License Expiration Date **6/30/2016**

Remarks

License Number 13328
License Date 11/1/2006
Name **ROSAK, ATENA M MD**
Address O'DEA MEDICAL ART BUILDING, 7505 OSLER DR STE 308 TOWNSON, MD, 21204
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV USA 2002
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2016**

Remarks

License Number 15889
License Date 10/3/2012
Name **ROSALES, ANA MARIA MD**
Address MASS GEN HOSP, 175 CAMBRIDGE ST 5TH FL BOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation UNIV CENTRAL DE VENEZUELA-LUIS RAZETTI VENEZUELA 1993
Internship and Year MIAMI CHILDRENS HOSPITAL - MIAMI, FL 1996
Residency and Year MIAMI CHILDRENS HOSPITAL - MIAMI, FL 1998
License Expiration Date **6/30/2016**

Remarks

License Number 14096
License Date 7/9/2008
Name **ROSAND, JONATHAN M MD**
Address MASS GEN HOSP, 15 PARKMAN ST WAC 729 JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation COLUMBIA UNIV USA 1994
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12677
License Date 4/6/2005
Name **ROSCOE, MELANIE A MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PDT
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1991
Internship and Year DAVIS GRANT MEDICAL CENTER, TRAVIS AFB CA 1992
Residency and Year DAVIS GRANT MED CTR, TRAVIS AFB CA 1994
License Expiration Date **6/30/2009**
Remarks

License Number 11718
License Date 8/7/2002
Name **ROSE JR, DONALD R MD**
Address ALTON FAMILY PRACTICE, 8 MAIN ST PO BOX 1380ALTON, NH, 03809
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NY UPSTATE MED UNIV- SYRACUSE, NY USA 1999
Internship and Year IDAHO STATE UNIV-POCATELLO,IDAHO 2000
Residency and Year IDAHO STATE UNIV-POCATELLO,IDAHO 2001
License Expiration Date **6/30/2016**
Remarks

License Number 4284
License Date 8/21/1968
Name **ROSE JR, WALTER C MD**
Address KEENE CLINIC, 590 COURT STKEENE, NH, 03431
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks **DECEASED - 06/30/96**

License Number 6090
License Date 7/26/1979
Name **ROSE, BRUCE A MD**
Address FRANKLIN REGIONAL HOSP, 15 AIKEN AVEFRANKLIN, NH, 03235-
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF HAWAII SCH MEDICINE - HONOLULU, HI USA 1976
Internship and Year ST MARY MEDICAL CENTER - LONG BEACH, CA 1977
Residency and Year ST MARY MEDICAL CENTER - LONG BEACH, CA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 10345
License Date 7/1/1998
Name **ROSE, DOUGLAS J MD**
Address 201 CASSEL DR, KINGSPORT, TN, 37660
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MED COLL THOMAS JEFFERSON UNIV USA PHILA, PA 1995
Internship and Year NEW HAMPSHIRE - DARTMOUTH FAMILY PRACTICE PROGRAM- CONCORD, NH 1996
Residency and Year NEW HAMPSHIRE - DARTMOUTH FAMILY PRACITCE PROGRAM- CONCORD, NH 1997
License Expiration Date **6/30/2003**
Remarks

License Number 15458
License Date 11/2/2011
Name **ROSE, GREGORY H MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF TEXAS MEDICAL SCHOOL USA 1993
Internship and Year BAYLOR UNIVERSTIY MEDICAL CENTER - DALLAS, TX 1994
Residency and Year BAYLOR UNIVERSTIY MEDICAL CENTER - DALLAS, TX 1997
License Expiration Date **6/30/2017**
Remarks

License Number 7160
License Date 7/10/1985
Name **ROSE, ROBERT J MD**
Address UPPER CONNECTICUT VALLEY HOSPITAL, 181 CORLISS LANECOLEBROOK, NH, 03576
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF MINNESOTA-MINNEAPOLIS, MN USA 1972
Internship and Year ST MARYS HOSPITAL - DULUTH, MN 1973
Residency and Year ST MARYS HOSPITAL - DULUTH, MN 1973
License Expiration Date **6/30/2017**
Remarks

License Number 4497
License Date 10/14/1969
Name **ROSE, ROBERT J MD**
Address 111 DARTMOUTH COLLEGE HIGHWAY, HAVERHILL, NH, 03765
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF WISCONSIN - MADISON, WI USA 1968
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1969
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1969
License Expiration Date **1/1/2015**
Remarks **RETIRED - REQUESTED INACTIVE 1/1/15**

License Number 11607
License Date 5/1/2002
Name **ROSEBERRY, CHRISTOPHER A MD**
Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 201EXETER, NH, 03833
Specialty GS
Board Certified GS
School and Year of Graduation GEORGETOWN UNIV SCH- WASHINGTON, DC USA 1993
Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1994
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1998
License Expiration Date **6/30/2016**
Remarks

License Number 10034
License Date 6/4/1997
Name **ROSEN, ALAN E MD**
Address MID-STATE HEALTH CENTER, 101 BOULDER POINT DR STE 1PLYMOUTH, NH, 03264
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1994
Internship and Year VALLEY MENTAL HEALTH - UT 1997
Residency and Year VALLEY MENTAL HEALTH - UT 1997
License Expiration Date **6/30/2017**
Remarks

License Number 11036
License Date 8/2/2000
Name **ROSEN, ANDREW R MD**
Address ELLIOT PRIMARY CARE LONDONDERR, 40 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty PD
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER - ROCHESTER NY USA 1996
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1997
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 6526
License Date 4/1/1982
Name **ROSEN, BARRY L MD**
Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1977
Internship and Year UNIV OF MARYLANDF HOSP-BALTIMORE,MD 1978
Residency and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1981
License Expiration Date **1/2/2006**
Remarks **DECEASED 1/2/06**

License Number 9071
License Date 10/6/1993
Name **ROSEN, BERNARD A MD**
Address VALLEY FAMILY PHYSICIANS PLLC, 5 DUNNING STCLAREMONT, NH, 03743
Specialty FP
Board Certified FP
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year HAMOT MEDICAL CENTER - ERIE PA 1987
Residency and Year HAMOT MEDICAL CENTER - ERIE PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 14695
License Date 12/2/2009
Name **ROSEN, JEFFREY D MD**
Address PO BOX 558, LUDLOW, VT, 05149
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEW JERSEY USA 1973
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1974
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1977
License Expiration Date **5/3/2013**
Remarks **5/3/13 - Voluntary Surrender of License**

License Number 8476
License Date 1/9/1991
Name **ROSEN, JOSEPH M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR PLASTICLEBANON, NH, 03756-
Specialty PS
Board Certified PS
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD CA 1979
Residency and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD CA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 14940
License Date 7/7/2010
Name **ROSEN, LESLIE B MD**
Address DERM PATH DIAGNOSTICS, 895 SW 30TH AVE #101POMPANO BEACH, FL, 33069
Specialty DMP
Board Certified DMP
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1979
Internship and Year MT SINAI MEDICAL CENTER OF FLORIDA INC - MIAMI, FL 1980
Residency and Year MT SINAI MEDICAL CENTER OF FLORIDA INC - MIAMI, FL 1983
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/28/14

License Number 16874
License Date 12/3/2014
Name **ROSEN, NOAH A MD**
Address COASTAL VASCULAR SURGERY, 3 TERRASCAPE PKWYSOMERSWORTH, NH, 03878
Specialty VS
Board Certified VS
School and Year of Graduation UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1998
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1999
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 9197
License Date 6/1/1994
Name **ROSEN, WILLIAM J MD**
Address DHMC-OPH, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF CALIFORNIA, DAVIS SCHOOL OF MEDICINE USA 1989
Internship and Year ST MARY'S MEDICAL CENTER- LONG BEACH CA 1990
Residency and Year UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER 1994
License Expiration Date **6/30/2016**
Remarks

License Number 11072
License Date 9/6/2000
Name **ROSENBAUM, DANIEL J MD**
Address 25 S RIVER RD BLDG 3, BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MED & DENISTRY OF NJ- NEWARK, NJ USA 1997
Internship and Year FAIRFAX FAMILY PRACTICE CTR - FAIRFAX, VA 1998
Residency and Year FAIRFAX FAMILY PRACTICE CTR - FAIRFAX, VA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11073
License Date 9/6/2000
Name **ROSENBERG, NAOMI MD**
Address SALEM MEDICAL CENTER, 4 ORCHARD VIEW DRLONDONDERRY, NH, 03053
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1991
Internship and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1992
Residency and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1995
License Expiration Date **6/30/2008**
Remarks

License Number 11543
License Date 3/6/2002
Name **ROSENBLATT, HAROLD R MD**
Address 125 N ELM ST 3RD FLR, WESTFIELD, MA, 01089
Specialty IM
Board Certified IM
School and Year of Graduation TULANE UNIV - NEW ORLEANS, LA USA 1973
Internship and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1974
Residency and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1975
License Expiration Date **6/30/2014**
Remarks

License Number 10508
License Date 2/3/1999
Name **ROSENBLATT, JEFFREY A MD**
Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1987
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1988
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 16875
License Date 12/3/2014
Name **ROSENBLATT, KEVIN P MD**
Address 10301 STELLA LINK RD STE C, HOUSTON, TX, 77025
Specialty PTH
Board Certified
School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MED CENTER USA 2000
Internship and Year NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER - BETHESDA, MD 2001
Residency and Year NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER - BETHESDA, MD 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13561
License Date 6/6/2007
Name **ROSENBLATT, PETER L MD**
Address BOSTON UROGYNECOLOGY ASSOC, 725 CONCORD AVE STE 1200CAMBRIDGE, MA, 02138
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV USA 1989
Internship and Year UNIV OF MASSACHUSETTS MEMORIAL HEALTH CARE - WORCESTER, MA 1990
Residency and Year UNIV OF MASSACHUSETTS MEMORIAL HEALTH CARE - WORCHESTER, MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 14436
License Date 5/6/2009
Name **ROSENBLEETH, ROBIN B MD**
Address PORTSMOUTH ANESTHESIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty AN
Board Certified AN
School and Year of Graduation WAKE FOREST UNIVERSITY USA 2004
Internship and Year WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON SALEM, NC 2005
Residency and Year WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON SALEM, NC 2008
License Expiration Date **6/30/2017**
Remarks

License Number 5191
License Date 6/19/1974
Name **ROSENBLOOM, CARL F MD**
Address PMA, 1 PARKWAYHAVERHILL, MA, 01830-6220
Specialty ADL
Board Certified PD
School and Year of Graduation UNIV OF VERMONT USA 1967
Internship and Year MONTEFIORE HOSPITAL - BRONX, NY 1968
Residency and Year MONTEFIORE HOSPITAL - BRONX, NY 1970
License Expiration Date **6/30/2014**
Remarks

License Number 10372
License Date 8/5/1998
Name **ROSENE-MONTELLA, KAREN A MD**
Address RHODE ISLAND HOSP, 593 EDDY ST APC BLDG RM 424PROVIDENCE, RI, 02903
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1977
Internship and Year FAMILY MEDICINE-SPOKANE - WASHINGTON 1978
Residency and Year SACRED HEART MEDICAL CENTER - WASHINGTON 1979
License Expiration Date **6/30/2016**
Remarks

License Number 7101
License Date 5/2/1985
Name **ROSENFELD, ALAN S MD**
Address CARDIAC ASSOCIATES OF NH, 85 SPRING ST LACONIA, NH, 03246-2742
Specialty CD
Board Certified CD
School and Year of Graduation ALBERT EINSTEIN COLL OF MED-BRONX, NY USA 1980
Internship and Year U OF CONNECTICUT-FARMINGTON, CT 1981
Residency and Year U OF CONNECTICUT - FARMINGTON, CT 1981
License Expiration Date **6/30/2017**
Remarks

License Number 6199
License Date 5/8/1980
Name **ROSENFELD, MICHAEL MD**
Address 444 NASHUA ST, MILFORD, NH, 03055
Specialty PD
Board Certified PD
School and Year of Graduation MED COLLEGE OF WISCONSIN - MILWAUKEE, WI USA 1976
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1977
Residency and Year MT SINAI HOSPITAL - NEW YORK, NY 1980
License Expiration Date **6/30/2016**
Remarks

License Number 5642
License Date 11/4/1976
Name **ROSENFELD, RONALD S MD**
Address 281 BIRCH POINT RD, PO BOX 208PERRY, ME, 04667
Specialty CD
Board Certified CD
School and Year of Graduation STATE UNIV OF NY UPSTATE MED - SYRACUSE, NY USA 1967
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1968
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1970
License Expiration Date **6/30/2016**
Remarks

License Number 7999
License Date 11/9/1988
Name **ROSENGARD, DAVID E MD**
Address ROSENGARD CLINIC MED CTR, 380 W BROADWAY BOSTON, MA, 02127
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE USA 1945
Internship and Year LYNN HOSPITAL - LYNN MA 1946
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1972
License Expiration Date **6/30/2000**
Remarks **DECEASED 9/13/2009**

License Number 11489
License Date 1/2/2002
Name **ROSENKRANZ, KARI M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation ALBANY MEDICAL COLLEGE- ALBANY, NY USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9338
License Date 12/7/1994
Name **ROENSON, MALCOLM D MD**
Address WENTWORTH - DOUGLAS HOSPITAL, MED STAFF OFF 789 CENTRAL STDOVER, NH, 03820
Specialty ID
Board Certified IM
School and Year of Graduation LA STATE UNIV SCHOOL OF MEDICINE IN NEW ORLEANS USA 1981
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1982
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 13778
License Date 12/5/2007
Name **ROSENSTEIN, SIMON D MD**
Address INGENIX INC, 12125 TECHNOLOGY DREDEN PRAIRE, MN, 55440
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NJ USA 1982
Internship and Year UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1983
Residency and Year UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1985
License Expiration Date **6/30/2011**
Remarks

License Number 5607
License Date 9/2/1976
Name **ROSENTHAL, DAVID S MD**
Address 3102 GREAT MEADOW RP, DEDHAM, MA, 02026
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MED BOSTON USA 1963
Internship and Year BOSTON CITY HOSPITAL BOSTON 1964
Residency and Year BOSTON CITY HOSPITAL BOSTON MA 1967
License Expiration Date **6/30/2014**
Remarks

License Number 15265
License Date 6/1/2011
Name **ROSENTHAL, ERIC S MD**
Address PARTNERS TELESTROKE, 55 FRUIT ST., BIGELOW 1206 BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2004
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 12175
License Date 12/3/2003
Name **ROSENTHAL, HARRY M MD**
Address ASHFORD PEDIATRICS ASSOCIATES, 14730 BARRYKNOLL HOUSTON, TX, 77079
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TEXAS, GALVESTON TX US 1967
Internship and Year GEORGETOWN MED, WASHINGTON DC 1968
Residency and Year BAYLOR COLLEGE, HOUSTON TX 1970
License Expiration Date **6/30/2009**
Remarks

License Number 6605
License Date 8/12/1982
Name **ROSENTHAL, JEAN L MD**
Address 663 RTE 137, HARRISVILLE, NH, 03450
Specialty PD
Board Certified PD
School and Year of Graduation YALE UNIV SCHOOL MED - NEW HAVEN, CT USA 1979
Internship and Year CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER - WASHINGTON, DC 1980
Residency and Year CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER - WASHINGTON, DC 1982
License Expiration Date **6/30/2006**
Remarks

License Number 13880
License Date 3/5/2008
Name **ROSENTHAL, SETH I MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 320 NEWTON, MA, 02464
Specialty DMP
Board Certified DMP
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1996
Internship and Year UNIV OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 1997
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 5567
License Date 7/28/1976
Name **ROSENTHALL, LOUIS E MD**
Address ACTIVE AMBULATORY STAFF CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIVERSITY USA 1971
Internship and Year MAINE MEDICAL CENTER-PORTLAND ME 1972
Residency and Year MAINE MEDICAL CENTER-PORTLAND ME 1974
License Expiration Date **6/30/2016**
Remarks

License Number 10664
License Date 8/4/1999
Name **ROSENWASSER, CHRISTINE K MD**
Address DARTMOUTH HITCHCOCK MEDICAL, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIV OF NY HLTH SCI CTR-BROOKLYN,NY USA 1996
Internship and Year CHILDRENS HOSPITAL OF LOS ANGELES - LOS ANGELES, CA 1997
Residency and Year CHILDRENS HOSPITAL OF LOS ANGELES - LOS ANGELES, CA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 12116
License Date 10/1/2003
Name **ROSENWASSER, TAMZIN A MD**
Address 5846 VENISOTA RD, VENICE, FL, 34293
Specialty IM
Board Certified IM
School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1982
Internship and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1983
Residency and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1985
License Expiration Date **6/30/2017**
Remarks

License Number 12678
License Date 4/6/2005
Name **ROSENZWEIG, MARTIN H MD**
Address UNITED BEHAVIORAL HEALTH, 100 EAST PENN SQ STE 400PHILADELPHIA, PA, 19107
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF WITWATERSRAND SOUTH AFRICA 1985
Internship and Year PENNSYLVANIA HOSPITAL, PHILADELPHIA PA 1988
Residency and Year PENNSYLVANIA HOSPITAL, PHILADELPHIA PA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 5439
License Date 11/3/1975
Name **ROSMAN, LOWELL J MD**
Address 51 SCHOOL ST, ANDOVER, MA, 01810
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF VIRGINIA USA 1964
Internship and Year ST LUKES HOSPITAL - NY, NY 1964
Residency and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1972
License Expiration Date **6/30/2011**
Remarks

License Number 14525
License Date 7/1/2009
Name **ROSNER, JOEL L MD**
Address AMERICAN RADIOLOGIC TECH PC, 5770 SW 128TH STPINECREST, FL, 33156
Specialty R
Board Certified R
School and Year of Graduation TEMPLE UNIVERSITY USA 1997
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1998
Residency and Year UNIVERSITY OF MIAMI JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2002
License Expiration Date **6/30/2017**
Remarks

License Number 5192
License Date 6/10/1974
Name **ROSS, DAVID S MD**
Address TEEN HEALTH CLINIC, 72 CONCORD STMANCHESTER, NH, 03101
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PITTSBURGH, PA USA 1969
Internship and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1970
Residency and Year TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1973
License Expiration Date **6/30/2006**
Remarks

License Number 13077
License Date 5/3/2006
Name **ROSS, DONALD G MD**
Address HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN, MA, 01844
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1986
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS-BOSTON MA 1987
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS- BOSTON MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 12552
License Date 12/1/2004
Name **ROSS, GUY W MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CAPE TOWN, S AFRICA AFRICA 1991
Internship and Year ALBERT EINSTEIN MED CTR, PHILADELPHIA PA 1995
Residency and Year CORNELL CAMPUS, NEW YORK NY 2001
License Expiration Date **6/30/2014**
Remarks

License Number 10401
License Date 9/2/1998
Name **ROSS, JONATHAN MD**
Address NEW ENGLAND NEUROLOGY ASSO, 354 MERRIMACK STLAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation ROYAL COLL OF SUSSRGEONS IN IRELAND IRELAND 1991
Internship and Year BOSTON UNIV SCH OF MED - BOSTON, MA 1993
Residency and Year BOSTON UNIV SCH OF MED - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 6679
License Date 4/7/1983
Name **ROSS, JONATHAN M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL MED USA 1975
Internship and Year NY UNIV MEDICAL CENTER - NY, NY 1976
Residency and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NH 1979
License Expiration Date **6/30/2017**
Remarks **4/7/00 - SETTLEMENT AGREEMENT**

License Number 14975
License Date 8/4/2010
Name **ROSS, MARTIN MD**
Address ST JOSEPH MEDICAL GROUP, 2494 BERNVILLE RD - SUITE 205READING, PA, 19605
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1984
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1985
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1989
License Expiration Date **6/30/2016**
Remarks

License Number 10246
License Date 3/4/1998
Name **ROSS, ROBIN D MD**
Address CONCORD OPHTHALMOLOGIC ASSOC, 9 SOUTH SPRING STCONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation CORNELL UNIV OF NEW YORK USA 1990
Internship and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1991
Residency and Year UNIV OF IOWA HOSPITAL AND CLINICS - IOWA CITY, IA 1995
License Expiration Date **6/30/1999**
Remarks

License Number 14177
License Date 9/3/2008
Name **ROSS, SYNTHIA J DO**
Address 76 SOUTH RD, BRENTWOOD, NH, 03833
Specialty AN
Board Certified AN
School and Year of Graduation WESTERN UNIV USA 1993
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1994
Residency and Year UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2001
License Expiration Date **6/30/2010**
Remarks

License Number 15093
License Date 12/1/2010
Name **ROSSI, ANA P MD**
Address MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty IM
Board Certified
School and Year of Graduation UNIVERSIDAD DE BUENOS AIRES ARGENTINA 2006
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010
License Expiration Date **6/30/2012**
Remarks

License Number 16096
License Date 5/1/2013
Name **ROSSI, PAUL C DO**
Address CIGNA, 1777 SENTRY PARK WEST DUBLIN HALL 4TH FLBLUE BELL, PA, 19422
Specialty EM
Board Certified EM
School and Year of Graduation DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER USA 1978
Internship and Year SAINT BARNABAS MEDICAL CENTER, LIVINGSTON, NJ 1979
Residency and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC EMDICINE, PHILADELPHIA, PA 1982
License Expiration Date **6/30/2017**
Remarks **ADMINISTRATIVE LICENSE**

License Number 10880
License Date 4/5/2000
Name **ROSSIGNOL, MOLLY E DO**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND-BIDDEFORD,ME USA 1996
Internship and Year CENTRAL MAINE MEDICAL CENTER-LEWISTON,ME 1997
Residency and Year EASTERN MAINE MEDICAL CTR-BANGOR,ME 2000
License Expiration Date **6/30/2016**
Remarks

License Number 13779
License Date 12/5/2007
Name **ROST, NATALIA S MD**
Address PARTNERS TELESTROKE, 55 FRUIT ST, BIGELOW 1206BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation BOSTON UNIV USA 2002
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10060
License Date 7/2/1997
Name **ROSTAN, GARY A DO**
Address 11390 E VIA LINDA STE 100, SCOTTSDALE, AZ, 85259
Specialty GP
Board Certified
School and Year of Graduation UNIV OSTEO MED HLTH SCI COLL OSTEO MED - IA USA 1984
Internship and Year JACKSONVILLE HLTH ED PROGRAM - FL 1985
Residency and Year PHOENIX GENERAL HOSPITAL OSTEO - AR 1986
License Expiration Date **6/30/1998**
Remarks

License Number 7851
License Date 5/4/1988
Name **ROSTON, DIANE M MD**
Address 2456 CHRISTIAN ST, STE 206WHITE RIVER JCT, VT, 05001
Specialty P
Board Certified P
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1986
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 7588
License Date 5/6/1987
Name **ROTELLA, JOSEPH D MD**
Address PLYMOUTH INTERNAL MEDICINE, 19 AVERY STPLYMOUTH, NH, 03264-1130
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CINCINNATI - CINCINNATI, OH USA 1984
Internship and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 1985
Residency and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 1987
License Expiration Date **6/30/1999**
Remarks

License Number 10493
License Date 1/16/1999
Name **ROTELLA, RICHARD C MD**
Address 515 161 ST AVE, REDINGTON BEACH, FL, 33708
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF SO CALIFORNIA SCH OF MED-LOS ANGELES, CA USA 1960
Internship and Year LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER - TORRANCE, CA 1961 1961
Residency and Year ALBERT EINSTEIN COLL OF MED - BRONX, NY 1963
License Expiration Date **6/30/2001**
Remarks

License Number 5631
License Date 10/7/1976
Name **ROTH, BARRY H MD**
Address 320 WASHINGTON ST 4TH FLOOR, BROOKLINE, MA, 02445
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MED & DENTISTRY USA 1973
Internship and Year HIGHLAND GENERAL HOSPITAL - OAKLAND, CA 1974
Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1978
License Expiration Date **6/30/2014**
Remarks **LAPSED FOR NON-RENEWAL DECEMBER 1978. REINSTATED ON 10/5/2011.**

License Number 14144
License Date 8/6/2008
Name **ROTH, CATHERINE M DO**
Address WE CARE PEDIATRICS, 25 PELHAM RD STE 103SALEM, NH, 03079
Specialty PD
Board Certified PDT
School and Year of Graduation UNIV OF NEW ENGLAND USA 2005
Internship and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 2006
Residency and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 2007
License Expiration Date **6/30/2016**
Remarks

License Number 7331
License Date 5/8/1986
Name **ROTH, STEVEN R MD**
Address , 2 BARTLETT RDSTRATHAM, NH, 03885
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIV OF NY-DOWNSTATE-BROOKLYN USA 1980
Internship and Year UNIVERSITY OF MA HOSPITAL - WORCESTER 1981
Residency and Year UNIVERSITY OF MA HOSPITAL -WORCESTER 1982
License Expiration Date **6/30/2004**
Remarks

License Number 15971
License Date 12/5/2012
Name **ROTHBERG, CHARLES S MD**
Address 2016 N GRANDVIEW LN, BISMARCK, ND, 58503
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1972
Internship and Year CALGARY GENERAL HOSPITAL - ALBERTA, CANADA 1973
Residency and Year UNIVERSITY OF ALBERTA - EDMONTON, CANADA 1979
License Expiration Date **6/30/2014**
Remarks

License Number 5145
License Date 2/11/1974
Name **ROTHEMUND, MAX W K MD**
Address 578 SHORE DR, LACONIA, NH, 03246
Specialty OPH
Board Certified OPH
School and Year of Graduation OHIO STATE UNIVERSITY-COLUMBUS OH USA 1966
Internship and Year LOS ANGELES COUNTY GENERAL HOSP-LOS ANGELES CA 1967
Residency and Year OHIO STATE UNIVERSITY-COLUMBUS OH 1973
License Expiration Date **6/30/2016**
Remarks

License Number 9308
License Date 10/5/1994
Name **ROTHFLEISCH, RICHARD MD**
Address 168 KINSLEY ST STE 10, NASHUA, NH, 03060-
Specialty CCM
Board Certified CCM
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1985
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH VA 1990
Residency and Year OVERLOOK HOSPITAL - SUMMIT NJ 1991
License Expiration Date **6/30/2003**
Remarks

License Number 9554
License Date 9/6/1995
Name **ROTHMAN, GREG W MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIV SCHOOL OF MEDICAL NEW YORK, NY USA 1979
Internship and Year LENOX HILL HOSPITAL NEW YORK,NY 1980
Residency and Year LENOX HILL HOSPITAL NEW YORK, NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 6020
License Date 3/6/1979
Name **ROTHMAN, MICHAEL MD**
Address 37 GRAYSON LN, NEWTON, MA, 02462
Specialty P
Board Certified
School and Year of Graduation BOSTON UNIV SCH MED - BOSTON, MA USA 1972
Internship and Year UNIV HOSPITAL - BOSTON, MA 1973
Residency and Year UNIV HOSPITAL - BOSTON, MA 1975
License Expiration Date **6/30/2009**
Remarks

License Number 12009
License Date 7/2/2003
Name **ROTHSTEIN, JAMES H MD**
Address COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 3 TERRASCAPE PKWYSOMERSWORTH, NH, 03
Specialty VS
Board Certified VS
School and Year of Graduation NEW JERSEY RW JOHNSON MED SCH- PISCATAWAY, NJ USA 1990
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1991
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1996
License Expiration Date **6/30/2017**
Remarks

License Number 6836
License Date 1/5/1984
Name **ROTHSTEIN, RICHARD I MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GE
Board Certified GE
School and Year of Graduation BOSTON UNVI SCH MED -BOSTON,MA USA 1980
Internship and Year UNIV MA HOSPITAL COORD PROG-WORCESTER,MA 1981
Residency and Year UNIV MA HOSPITAL MED CTR-WORCESTER,MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 10220
License Date 1/7/1998
Name **ROTHWANGL, JOHANN MD**
Address 279 NORTH RD, CANDIA, NH, 03036
Specialty IM
Board Certified IM
School and Year of Graduation UNIV GRAZ MED FAK GRAZ GRAZ 1971
Internship and Year UNIVMO KC AFFILIATED HOSPITAL - MO 1973
Residency and Year UNIV MO KC AFFILIATED HOSPITAL - MO 1979
License Expiration Date **6/30/2016**
Remarks

License Number 7455
License Date 11/5/1986
Name **ROTNER, KENNETH A MD**
Address WOODBURY FAMILY PRACTICE, 101 SHATTUCK WAY STE 6NEWINGTON, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation STATE U OF NY AT STONYBROOK - STONY BROOK, NY USA 1979
Internship and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1980
Residency and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1982
License Expiration Date **6/30/2016**
Remarks

License Number 5362
License Date 7/9/1975
Name **ROTTA, JAMES R MD**
Address LAHEY UROLOGY OF NASHUA, 17 RIVERSIDE ST #201NASHUA, NH, 03062
Specialty U
Board Certified U
School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1965
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1966
Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1973
License Expiration Date **6/30/2017**
Remarks

License Number 15890
License Date 10/3/2012
Name **ROUMIANTSEV, SERGUEI MD**
Address MASS GEN HOSP, 55 FRUIT ST FOUNDERS 5-526ABOSTON, MA, 02114
Specialty NPM
Board Certified NPM
School and Year of Graduation RUSSIAN STATE MEDICAL UNIVERSITY MOSCOW 1994
Internship and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2003
Residency and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 7627
License Date 6/3/1987
Name **ROUNDS, POLYXENI S MD**
Address BEDFORD COMMONS OB-GYN, 201 RIVERWAY PLBEDFORD, NH, 03110-6741
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ROCHESTER AND DENISTRY - NJ USA 1983
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1984
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 7780
License Date 2/3/1988
Name **ROUS, STEPHEN N MD**
Address 421 BELLEVUE AVE #2A, NEWPORT, RI, 02840
Specialty U
Board Certified U
School and Year of Graduation NEW YORK MED COLL-NY USA 1956
Internship and Year PHIL GEN HOSP-PHIL,PA 1957
Residency and Year NY MED COLL/MET HOSP CTR-NY 1959
License Expiration Date **6/30/2016**
Remarks

License Number 15675
License Date 5/2/2012
Name **ROUSOU, LAKI J MD**
Address MEMORIAL MEDICAL OFFICE BUILDING, 246 PLEASEANT STREET SUITE 103CONCORD, NH, 03301
Specialty TS
Board Certified TS
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2004
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10494
License Date 1/6/1999
Name **ROUSSEAU, MARC J MD**
Address 2805 N SUSQUEHANA TRAIL, YORK, PA, 17402-9704
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MONTREAL FAC OF MED - MONTREAL CANADA 1981
Internship and Year UNIV OF MONTREAL FAC OF MEDICINE - MONTREAL, CANADA 1982
Residency and Year UNIV OF MONTREAL FAC OF MEDICINE - MONTREAL, CANADA 1983
License Expiration Date **6/30/1999**
Remarks

License Number 13688
License Date 9/5/2007
Name **ROUTETSKA, LILIA MD**
Address WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation TERNOPOL MEDICAL INSTITUTE UKRAINE 2000
Internship and Year HOSPITAL OF SAINT RAPHAEL-NEW HAVEN, CT 2005
Residency and Year HOSPITAL OF SAINT RAPHAEL-NEW HAVEN, CT 2007
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/09...**
Reinstated 3/2/11

License Number 9434
License Date 5/3/1995
Name **ROVNER, RONALD N MD**
Address 1685 CONGRESS ST, PORTLAND, ME, 04102-
Specialty D
Board Certified D
School and Year of Graduation PENN STATE UNIVERSITY USA 1981
Internship and Year MAINE MEDICAL CENTER, PORTLAND ME 1982
Residency and Year PENN STATE UNIVERSITY, HERSHEY PA 1986
License Expiration Date **6/30/1999**
Remarks

License Number 13179
License Date 7/5/2006
Name **ROW, PETER L MD**
Address SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation ST LOUIS UNIV USA 1998
Internship and Year BARNES-JEWISH HOSPITAL-ST LOUIS, MO 1999
Residency and Year BARNES-JEWISH HOSPITAL-ST LOUIS, MO 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12037
License Date 8/6/2003
Name **ROWAN, CHERISE A MD**
Address THOMAS HOUSE, 23 RINGS END RDDARIEN, CT, 06820
Specialty PD
Board Certified PD
School and Year of Graduation U OF VERMONT, BURLINGTON VT US 1997
Internship and Year U OF VERMONT, BURLINGTON VT 1998
Residency and Year U OF VERMONT, BURLINGTON VT 2000
License Expiration Date **6/30/2007**
Remarks

License Number 4635
License Date 12/1/1970
Name **ROWAN, EDWARD L MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks **11/8/95 - Privilege to become re-licensed suspended for one year or until he agrees to cooperate with board investigation of allegations of sexual misconduct.**

License Number 15594
License Date 3/7/2012
Name **ROWE, BRYAN P MD**
Address ELLIOT REGIONAL CANCER CENTER, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty RO
Board Certified RO
School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 2007
Internship and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 2008
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2012
License Expiration Date **6/30/2016**
Remarks

License Number 2531
License Date 11/2/1946
Name **ROWE, HARRY M MD**
Address WELLS RIVER CLINIC, PO BOX 755WELLS RIVER, VT, 05081
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 1943
Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1944
Residency and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1944
License Expiration Date **6/30/2002**
Remarks **Deceased 8/3/2012**

License Number 9501
License Date 7/5/1995
Name **ROWE, MICHAEL B MD**
Address 928 COLUSA AVE, BERKELEY, CA, 94707
Specialty IM
Board Certified IM
School and Year of Graduation SUNY AT STONY BROOK HLTH SCIENCE CENTER USA 1992
Internship and Year UCSF SCHOOL OF MEDICINE - SAN FRANCISCO CA 1993
Residency and Year UCSF SCHOOL OF MEDICINE - SAN FRANCISCO CA 1993
License Expiration Date **6/30/2000**
Remarks

License Number 6366
License Date 4/2/1981
Name **ROWE, STEPHEN F MD**
Address 185 QUEEN CITY AVE, MANCHESTER, NH, 03101
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIV OF VT COLL OF MED-BURLINGTON,VT USA 1975
Internship and Year UNIV OF VIRGINA HOSP-CHARLOTTESVILLE,VA 1976
Residency and Year UNIV OF VIRGINA HOSP 1978
License Expiration Date **6/30/2017**
Remarks

License Number 11789
License Date 11/6/2002
Name **ROWELL, ERIN E MD**
Address DARTMOUTH-HITCOCK MED CTR, ONE MEDICAL CTR DR DEPT OF SURLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIV OF SOUTH CAROLINA - CHARLESTON, SC USA 2000
Internship and Year DARTMOUTH -HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001
Residency and Year DARTMOUTH -HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date **6/30/2008**
Remarks

License Number 14696
License Date 12/2/2009
Name **ROWER, JEREMY A MD**
Address EXPRESS SCRIPTS, 2255 CRESTVIEW DRWEST LINN, OR, 97068
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1997
Internship and Year WASHINGTON UNIVERSITY-ST LOUIS, MO 1998
Residency and Year WASHINGTON UNIVERSITY-ST LOUIS, MO 2000
License Expiration Date **6/30/2017**
Remarks

License Number 8761
License Date 7/1/1992
Name **ROWLAND JR, EDMUND B MD**
Address ATLANTIC ORTHOPEDICS, 3787 SHIPYARD BLVDWILMINGTON, NC, 28403
Specialty ORS
Board Certified ORS
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year TEMPLE UNIVERSITY HOSPITAL PHILADELPHIA - PENNSYLVANIA 1987
Residency and Year TEMPLE UNIVERSITY HOSPITAL PHILADELPHIA - PENNSYLVANIA 1991
License Expiration Date **6/30/2008**
Remarks

License Number 15770
License Date 7/11/2012
Name **ROWLAND, HALEY C MD**
Address 5121 S COTTONWOOD STREET, MURRAY, UT, 84107
Specialty IM
Board Certified
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE MED USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 03756 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 03756 2011
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/30/14**

License Number 15459
License Date 11/2/2011
Name **ROWLAND, TIMOTHY M MD**
Address TIMOTHY M. ROWLAND, 4 FINCHLITTLETON, CO, 80127
Specialty DR
Board Certified DR
School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2003
Internship and Year BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2004
Residency and Year UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 2008
License Expiration Date **6/30/2015**
Remarks

License Number 7706
License Date 8/5/1987
Name **ROWLAND, TIMOTHY N MD**
Address ANNA MARSH LANE, BRATTLEBORO, VT, 05301
Specialty P
Board Certified P
School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1974
Internship and Year ST LUKES HOSP-FARGO CLINIC-FARGO,ND 1975
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER 1988
License Expiration Date **6/30/2015**
Remarks

License Number 5846
License Date 12/5/1977
Name **ROWLES, ANDREW B MD**
Address 516 ULMAN RD, THETFORD CENTER, VT, 05075
Specialty FP
Board Certified
School and Year of Graduation UNIV OF WASHINGTON SCHOOL OF MEDICINE SEATTLE, WA USA 1974
Internship and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1975
Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1977
License Expiration Date **6/30/2000**
Remarks

License Number 12143
License Date 11/5/2003
Name **ROY CHOWDHURY, SHARMILA MD**
Address STAFFCARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty GS
Board Certified
School and Year of Graduation JAWAHARLAI INSTITUTE, PONDICHERRY INDIA INDIA 1991
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL, STATEN ISLAND NY 1997
Residency and Year STATEN ISLAND UNIVERSITY HOSP, STATEN ISLAND NY 2000
License Expiration Date **6/30/2005**
Remarks

License Number 14437
License Date 5/6/2009
Name **ROY, AMY D MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PEM
School and Year of Graduation UNIVERSITY OF VERMONT USA 2000
Internship and Year YALE NEW HAVEN CHILDREN'S HOSPITAL - NEW HAVEN, CT 2001
Residency and Year YALE NEW HAVEN CHILDREN'S HOSPITAL - NEW HAVEN, CT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 14358
License Date 3/4/2009
Name **ROY, MARC N MD**
Address MERRI VALLEY EMERGENCY ASSOC LOWELL GEN HOSP, 295 VARNUM AVENUELOWELL, MA, 0185
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT USA 1999
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2000
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 3272
License Date 9/10/1958
Name **ROY, RICHARD R MD**
Address 3413 PENNYROYAL RD, PORT CHARLOTTE, FL, 33953-4604
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MONTREAL QUEBEC USA 1958
Internship and Year UNIV OF MONTREAL - CANADA 1959
Residency and Year UNIV OF MONTREAL - CANADA 1959
License Expiration Date **6/30/2003**
Remarks **Deceased 8/2/13**

License Number 12010
License Date 7/2/2003
Name **ROY, ROBERT J MD**
Address ANTHEM BC/BS OF NH, 3000 GOFFS FALLS RDMANCHESTER, NH, 03111
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF OTTAWA SCH - OTTOWA ONTRAI0 CANADA 1969
Internship and Year JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1970
Residency and Year JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1972
License Expiration Date **6/30/2005**
Remarks

License Number 16608
License Date 5/7/2014
Name **ROY, SOUMEN MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation ARMED FORCES MEDICAL COLLEGE INDIA 2003
Internship and Year CARILION FAMILY MEDICINE - ROANOKE, VA 2006
Residency and Year CARILION FAMILY MEDICINE - ROANOKE, VA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 2803
License Date 3/8/1950
Name **ROZEK, LOUIS M MD**
Address 1 LOVETT ST, BERLIN, NH, 03570-
Specialty GP
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 1946
Internship and Year VASSAR BROTHERS HOSPITAL - POUGHKEEPSIE, NY 1947
Residency and Year VASSAR BROTHERS HOSPITAL - POUGHKEEPSIE, NY 1947
License Expiration Date **6/30/2006**
Remarks **Deceased 4/30/2013**

License Number 16685
License Date 7/2/2014
Name **ROZMIJ, ELZBIETA A MD**
Address MERIDIAN HEALTH PLAN, 777 WOODWARD AVE STE 600DETROIT, MI, 48226
Specialty PD
Board Certified PD
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1982
Internship and Year ST JOHN HOSPITAL & MEDICAL CENTER - DETROIT, MI 1983
Residency and Year ST JOHN HOSPITAL & MEDICAL CENTER - DETROIT, MI 1985
License Expiration Date **6/30/2016**
Remarks

License Number 4685
License Date 5/31/1972
Name **ROZYCKI, ALAN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR PEDIATRICSLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL, MA USA 1965
Internship and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1966
Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON,MA 1968
License Expiration Date **6/30/2016**
Remarks

License Number 7289
License Date 3/26/1986
Name **RUBEN, ROBERT A MD**
Address 21 CLARK WAY, SOMERSWORTH, NH, 03878
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF VT BURLINGTON VT USA 1981
Internship and Year UNIV CO SCH OF MED AFFL HOS DENVER CO 1982
Residency and Year UNIV CO SCH OF MED AFFIL HOSP DENVER CO 1984
License Expiration Date **6/30/2016**
Remarks

License Number 7332
License Date 5/8/1986
Name **RUBENSON, MARC S MD**
Address MANCHESTER VETERANS HOSP, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MIAMI SCH MED - MIAMI, FL USA 1981
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1982
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 10373
License Date 8/5/1998
Name **RUBIN, GERALDINE MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty PD
Board Certified PD
School and Year of Graduation SUNY BUFFALO SCH OF MED , BIOMEDICAL SCI, NY USA 1992
Internship and Year UNIV OF UTAH CTR FOR HLTH SCI - SALT LAKE CITY, UT 1993
Residency and Year UNIV OF UTAH CTR FOR HLTH SCI - SALT LAKE CITY, UT 1994
License Expiration Date **6/30/2016**
Remarks

License Number 16135
License Date 5/1/2013
Name **RUBIN, GERARD L DO**
Address ROCHESTER PEDIATRICS ASSOC, 245 ROCHESTER HILL RD UNIT 2 ROCHESTER, NH, 03867
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2010
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2011
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2013
License Expiration Date **6/30/2015**
Remarks

License Number 17187
License Date 7/1/2015
Name **RUBIN, MARK N MD**
Address MAYO CLINIC, 5777 E MAYO BLVD SCOTTSDALE, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 2009
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2010
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2013
License Expiration Date **6/30/2017**
Remarks

License Number 9502
License Date 7/5/1995
Name **RUBIN, RICHARD D MD**
Address CONCORD OB/GYN ASSOC, 59 ORNAC STE 1 CONCORD, MA, 01742
Specialty OBG
Board Certified OBG
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1991
Internship and Year UNIVERSITY COLORADO HEALTH SCIENCE CENTER - DENVER CO 1995
Residency and Year UNIVERSITY COLORADO HEALTH SCIENCE CENTER - DENVER CO 1995
License Expiration Date **6/30/2017**
Remarks

License Number 12553
License Date 12/1/2004
Name **RUBINOVICH, ROBERT M MD**
Address ROME MEDICAL PRACTICE, 107 EAST CHESTNUT ST STE 102 ROME, NY, 13440
Specialty ORS
Board Certified ORS
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA CANADA 1978
Internship and Year MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1979
Residency and Year MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1983
License Expiration Date **6/30/2012**
Remarks

License Number 9932
License Date 2/11/1997
Name **RUBINSTEIN, JOEL F MD**
Address HARVARD PILGRIM HLTHCARE, 93 WORESTERST/MEDICAL MNGMNTWELLESLEY, MA, 02481
Specialty P
Board Certified P
School and Year of Graduation YALE UNIV SCHOOL OF MED NEW HAVEN, CT USA 1970
Internship and Year MAINE MEDICAL CENTER - ME 1971
Residency and Year MASS GENERAL HOSPITAL - MA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 14776
License Date 3/3/2010
Name **RUCH, STUART W MD**
Address LACONIA CARDIOLOGY, 369 HOUNSELL AVE STE 5GILFORD, NH, 03249
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF ARKANSAS USA 1991
Internship and Year UNIVERSITY OF MISSOURI HOSPITALS & CLINICS - COLUMBIA, MO 1992
Residency and Year UNIVERSITY OF MISSOURI HOSPITALS & CLINICS - COLUMBIA, MO 1993
License Expiration Date **6/30/2012**
Remarks

License Number 16189
License Date 6/5/2013
Name **RUCHMAN, MARK C MD**
Address OCULOFACIAL ASSOC OF CT LLC, 1449 OLD WATERBURY RD, STE 203SOUTHBURY, CT, 06488
Specialty OPH
Board Certified OPH
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1976
Internship and Year WATERBURY HOSPITAL - WATERBURY, CT 1977
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 15514
License Date 1/4/2012
Name **RUDD II, KENNETH W MD**
Address DARTMOUTH HITCHCOCK MED CTR AT HEATER RD, 18 OLD ETNA RD LEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1998
Internship and Year IN HIS IMAGE @ HILLCREST MEDICAL CENTER - TULSA, OK 1999
Residency and Year IN HIS IMAGE @ HILLCREST MEDICAL CENTER - TULSA, OK 2001
License Expiration Date **6/30/2016**
Remarks

License Number 16190
License Date 6/5/2013
Name **RUDIS, STEVEN P MD**
Address EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1989
Internship and Year SCOTT USAF MEDICAL CENTER - SCOTT AFB, IL 1990
Residency and Year ORLANDO REGIONAL MEDICAL CENTER - ORLANDO, FL 1996
License Expiration Date **6/30/2017**
Remarks

License Number 7449
License Date 10/2/1986
Name **RUDOLF, LEONARD M MD**
Address 129 MASCOMA ST, LEBANON, NH, 03766-1130
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY DE BESANCON - FRANCE FRANCE 1980
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1982
Residency and Year COLUMBIA-PRESBY MEDICAL CENTER - NEW YORK, NY 1986
License Expiration Date **6/30/2016**
Remarks

License Number 7554
License Date 5/6/1987
Name **RUDOLF, SYLVIE C MD**
Address 17 ALICE PECK DAY DRIVE, LEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation FACULTE DE MEDECINE - UNIV DE BESANCON, FRANCE FRANCE 1983
Internship and Year SOUTH NASSAU COMMUNITY HOSPITAL - OCEANSIDE, NY 1985
Residency and Year SOUTH NASSAU COMMUNITY HOSPITAL - OCEANSIDE, NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 13514
License Date 5/9/2007
Name **RUDOLPH, WILLIAM G MD**
Address PIKES PEAK CENTER, 559 E PIKES PEAK AVE #300COLORADO SPRINGS, CO, 80903
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF CALIFORNIA USA 1995
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1996
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2000
License Expiration Date **6/30/2009**
Remarks

License Number 3137
License Date 9/12/1956
Name **RUECKERT, FREDERIC MD**
Address 18 BERRILL FARM LN, HANOVER, NH, 03755-3213
Specialty PS
Board Certified PS
School and Year of Graduation COLUMBIA UNIVERSITY USA 1947
Internship and Year BELLEVUE HOSPITAL - NEW YORK - NEW YORK 1948
Residency and Year BELLEVUE HOSPITAL - NY, NY 1948
License Expiration Date **6/30/2006**
Remarks

License Number 11037
License Date 8/2/2000
Name **RUEDIGER, ARTHUR A DO**
Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation U OF HLTH SCIENCES COLL OF OSTEOPATHIC MED USA 1995
Internship and Year SPRINGFIELD HOSPITAL - SPRINGFIELD PA 1996
Residency and Year LANKENAU HOSPITAL - WYNNEWOOD PA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 8566
License Date 6/5/1991
Name **RUEL, THEODORE A MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1975
Internship and Year NAVAL HOSPITAL - BETHESDA 1976
Residency and Year NAVAL HOSPITAL - BETHESDA 1979
License Expiration Date **6/30/2015**
Remarks

License Number 5570
License Date 8/3/1976
Name **RUFFLE, THOMAS M MD**
Address CHILDREN WITH SPECIAL NEEDS, PO BOX 70 108 CHERRY STBURLINGTON, VT, 05401
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MED NY USA 1971
Internship and Year UNIVERSITY HOSPITAL MADISON 1972
Residency and Year UNIVERSITY HOSPITAL MADISON 1974
License Expiration Date **6/30/1998**
Remarks

License Number 6747
License Date 7/7/1983
Name **RUFVOLD JR, ROBERT M MD**
Address 139 GRAFTON TURNPIKE, PO BOX 70LYME, NH, 03768
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MED SCHOOL HANOVER, NH USA 1979
Internship and Year KAISER FOUNDATION HOSPITAL - LOS ANGELES, CA 1980
Residency and Year KAISER FOUNDATION HOSPITAL - LOS ANGELES, CA 1982
License Expiration Date **6/30/2013**
Remarks

License Number 12144
License Date 11/5/2003
Name **RUHOY, MICHAEL K MD**
Address N E BAPTIST HOSP RADIOLOGY, 125 PARKER HILL AVE BOSTON, MA, 02120
Specialty R
Board Certified R
School and Year of Graduation SUNY, BROOKLYN NY US 1990
Internship and Year STATEN ISLAND UNIVERSITY HOSP, STATEN ISLAND NY 1991
Residency and Year TUFTS UNIVERSITY, BOSTON MA 1995
License Expiration Date **6/30/2015**
Remarks

License Number 12011
License Date 7/2/2003
Name **RULE, JOHN B MD**
Address , 252 CHAPMAN RD STE 250 NEWARD, DE, 19701
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE - PHILADELPHIA, PA USA 1975
Internship and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 1975
Residency and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 1978
License Expiration Date **6/30/2009**
Remarks

License Number 13601
License Date 7/11/2007
Name **RULNICK, ADAM D MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation TECHNION ISRAEL INSTITUTE ISRAEL 2001
Internship and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 2002
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11389
License Date 9/5/2001
Name **RUMMO, PAUL J DO**
Address LITTLETON ORTHOPEDICS, 81 BETHLEHEM RD LITTLETON, NH, 03561
Specialty OSM
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO- BIDDEFORD, ME USA 1994
Internship and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1995
Residency and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1997
License Expiration Date **6/30/2005**
Remarks

License Number 9662
License Date 3/6/1996
Name **RUPP HODGE, IRENE P MD**
Address ROCHESTER INFECTIOUS DISEASE, 21 WHITEHALL RD ROCHESTER, NH, 03867
Specialty ID
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER- ROCHESTER NY USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR- LEBANON NH 1992
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR- LEBANON NH 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5434
License Date 10/14/1975
Name **RUSESKI, PETER P MD**
Address ST JOSEPH'S HOSP, 172 KINSLEY ST NASHUA, NH, 03060-2013
Specialty EM
Board Certified EM
School and Year of Graduation TEMPLE UNIV - PA USA 1956
Internship and Year ST VINCENTS HOSPITAL - BRIDGEPORT, CT 1957
Residency and Year ST VINCENTS HOSPITAL - BRIDGEPORT, CT 1966
License Expiration Date **6/30/2015**
Remarks

License Number 11490
License Date 1/2/2002
Name **RUSH IV, WALTER K MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 2000
License Expiration Date **6/30/2003**
Remarks

License Number 8287
License Date 3/7/1990
Name **RUSH, LAWRENCE MD**
Address LACONIA CLINIC, 724 MAIN ST LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MARYLAND SCH OF MED-BALTIMORE,MD USA 1987
Internship and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1988
Residency and Year UNIV OF MARYLAND-BALTIMORE,MD 1990
License Expiration Date **6/30/2016**
Remarks

License Number 8288
License Date 3/7/1990
Name **RUSH, MICHELE G MD**
Address HILLSIDE MED PK/SLEEP CTR, 14 MAPLE ST STE 200 GILFORD, NH, 03249
Specialty N
Board Certified N
School and Year of Graduation UNIV OF MIAMI SCH OF MED -MIAMI,FL USA 1986
Internship and Year UNIV OF MARYLAND HOSP-MIAMI,FL 1987
Residency and Year UNIV OF MARYLAND HOSP-MIAMI,FL 1990
License Expiration Date **6/30/2016**
Remarks

License Number 13382
License Date 1/3/2007
Name **RUSK, SCOTT F MD**
Address PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation STANFORD UNIV SCHOOL OF MEDICINE USA 1992
Internship and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER-SACRAMENTO, CA 1993
Residency and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER-SACRAMENTO, CA 1995
License Expiration Date **6/30/2011**
Remarks

License Number 12276
License Date 4/7/2004
Name **RUSNACK, DOUGLAS W MD**
Address , 12 EDGEWOOD RD ST LOUIS, MO, 63124
Specialty R
Board Certified DR
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 1998
Internship and Year MT SINAI MEDICAL CTR, NEW YORK NY 1999
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 2003
License Expiration Date **6/30/2012**
Remarks

License Number 12760
License Date 6/1/2005
Name **RUSSELL, GEORGE H MD**
Address PEDIATRIC GASTROENTEROLOGY, 175 CAMBRIDGE ST CPZ S5BOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1999
Internship and Year NEW ENGLAND MED CTR, BOSTON MA 2000
Residency and Year NEW ENGLAND MED CTR, BOSTON MA 2002
License Expiration Date **6/30/2015**
Remarks

License Number 7528
License Date 3/4/1987
Name **RUSSELL, JEFFREY MD**
Address WENTWORTH-DOUGLASS PHYS CORP, 10 MEMBERS WAY STE 203DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation LOYOLA UNIVERSITY-CHICAGO USA 1977
Internship and Year LOYOLA UNIV MED CTR 1978
Residency and Year MIDDLESEX HOSPITAL-CT 1987
License Expiration Date **6/30/2017**
Remarks

License Number 7893
License Date 6/8/1988
Name **RUSSELL, JOHN C MD**
Address VALLEY REGIONAL UROLOGY, 5 DUNNING STCLAREMONT, NH, 03743
Specialty U
Board Certified U
School and Year of Graduation UNIV OF WASHINGTON SCH MED-SEATTLE WA USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1988
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/03 - reinstated 3/5/14**

License Number 14264
License Date 12/3/2008
Name **RUSSELL, MARIE A MD**
Address UNIV OF SO CALIF MED CTR, 1200 NORTH STATE STLOS ANGELES, CA, 90033
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1987
Internship and Year LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1988
Residency and Year LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1991
License Expiration Date **6/30/2010**
Remarks

License Number 12816
License Date 7/6/2005
Name **RUSSELL, MICHELLE A MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA USA 1994
Internship and Year NEW ENGLAND MEDICAL CENTER, BOSTON MA 1995
Residency and Year NEW ENGLAND MEDICAL CENTER, BOSTON MA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 9709
License Date 5/1/1996
Name **RUSSELL, ROY P MD**
Address CENTRAL NH KIDNEY CTR, 87 SPRING STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 1956
Internship and Year OSLER MEDICAL SERVICE JOHNS HOPKINS HOSPITAL 1957
Residency and Year OSLER MEDICAL SERVICE JOHNS HOPKINS HOSPITAL 1959
License Expiration Date **6/30/2016**
Remarks

License Number 11790
License Date 11/6/2002
Name **RUSSIN, VICTORIA L MD**
Address SPECTRUM MEDICAL GROUP, 300 PROFESSIONAL DRSCARBOROUGH, ME, 04074
Specialty P
Board Certified P
School and Year of Graduation MED COLL OF PENNSYLVANIA - PHILADELPHIA, PA USA 1983
Internship and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1984
Residency and Year TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 1987
License Expiration Date **6/30/2004**
Remarks

License Number 14895
License Date 6/2/2010
Name **RUSSO, CHRISTOPHER J MD**
Address WHITE MTN EYE CARE, 16 HOSPITAL RDPLYMOUTH, NH, 03266
Specialty OPH
Board Certified OPH
School and Year of Graduation DREXEL UNIVERSITY USA 2006
Internship and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 2007
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16325
License Date 9/4/2013
Name **RUSSO, CHRISTOPHER R MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 2010
Internship and Year NEW YORK PRESBYTERIAN HOSP - NY, NY 2011
Residency and Year NEW YORK PRESBYTERIAN HOSP - NY, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 5370
License Date 7/15/1975
Name **RUSSO, DAVID P MD**
Address MT ASCUTNEY PHYSICIANS PRACTIC, 289 COUNTY RDWINDSOR, VT, 05089
Specialty IM
Board Certified IM
School and Year of Graduation UUNY STATE MEDICAL COLLEGE - CA USA 1972
Internship and Year UNIV OF KINGS HOSPITAL - BROOKLYN, NY 1973
Residency and Year STATE UNIV KINGS HOSPITAL - BROOKLYN, NY 1974
License Expiration Date **6/30/2017**
Remarks

License Number 17279
License Date 9/2/2015
Name **RUSSO, GREGORY A MD**
Address 696 TREMONT ST APT 3, BOSTON, MA, 02118-3181
Specialty RO
Board Certified RO
School and Year of Graduation U OF MED AND DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 2003
Internship and Year ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY, NEW YORK, NY 2004
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL, PHILADELPHIA, PA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15727
License Date 6/6/2012
Name **RUSSO, GREGORY J MD**
Address BRIDGEPORT HOSPITAL OUTPATIENT RADIO LOGY, 2909 MAIN STSTRATFORD, CT, 06615
Specialty DR
Board Certified DR
School and Year of Graduation PONCE SCHOOL OF MEDICINE PUERTO RICO 2001
Internship and Year NY HOSPITAL MEDICAL CENTER OF QUEENS, FLUSHING, NY 2002
Residency and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11186
License Date 2/7/2001
Name **RUSSO, RONALD F MD**
Address 1530 COUNTY LINE RD, ROSEMONT, PA, 19010
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1958
Internship and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 1959
Residency and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 1959
License Expiration Date **6/30/2001**
Remarks

License Number 4839
License Date 9/14/1971
Name **RUSSO, VINCENT J MD**
Address 16 SEA VIEW LN, NEWBURY, MA, 01951
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1964
Internship and Year EDWARD J MEYER MEMORIAL HOSPITAL - BUFFALO, NY 1965
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1969
License Expiration Date **6/30/2005**
Remarks

License Number 16686
License Date 7/2/2014
Name **RUST, STEPHEN T MD**
Address PROVIDENCE ALASKA MED CTR, 3200 PROVIDENCE DRANCHORAGE, AK, 99508
Specialty PLM
Board Certified PLM
School and Year of Graduation INDIANA UNIV SCHOOL OF MEDICINE USA 1984
Internship and Year INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL - MUNCIE, IN 1985
Residency and Year INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL - MUNCIE, IN 1988
License Expiration Date **6/30/2016**
Remarks

License Number 12205
License Date 1/7/2004
Name **RUSU, JOHN MD**
Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03304
Specialty R
Board Certified R
School and Year of Graduation IULIU HATIEGANU UNIVERSITY, CLUJ-NAPOCA ROMANIA ROMANIA 1965
Internship and Year ATLANTIC CITY MEDICAL CTR, ATLANTIC CITY NJ 1973
Residency and Year LAWRENCE & MEMORIAL HOSPITAL, NEW LONDON CT 1974
License Expiration Date **6/30/2008**
Remarks

License Number 11006
License Date 7/5/2000
Name **RUTH, WILLIAM J MD**
Address YORK HOSPITAL, 15 HOSPITAL DR EM DEPT YORK, ME, 03909
Specialty EM
Board Certified EM
School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1997
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **6/30/2010**
Remarks

License Number 9914
License Date 1/8/1997
Name **RUTKOWSKI, MARK G MD**
Address , PO BOX 894 CHARLESTOWN, NH, 03603
Specialty AN
Board Certified
School and Year of Graduation HAHNEMANN UNIV SCHOOL OF MED PHILA, PA USA 1985
Internship and Year HAHNEMANN UNIV HOSPITAL - PHILA, PA 1986
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1989
License Expiration Date **6/30/1998**
Remarks **7/11/96 - ORDER OF CONDITIONAL APPROVAL**

License Number 13562
License Date 6/6/2007
Name **RUTMAN, MAIA S MD**
Address DHMC-EMERGENCY DEPT, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2001
Internship and Year BOSTON MEDICAL CENTER - ROXBURY, MA 2002
Residency and Year BOSTON MEDICAL CENTER - ROXBURY, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 14359
License Date 3/4/2009
Name **RUZEK, MARTIN MD**
Address HOSP MED OF EXETER, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation MASARYKOVA UNIV V BRNE CZECH REPUBLIC 1995
Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2001
Residency and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 9710
License Date 5/1/1996
Name **RYAN, ANNA S MD**
Address ADULT & PEDIATRIC DERMATOLOGY, 1650 ELM ST STE 101MANCHESTER, NH, 03101
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS-WORCESTER MA USA 1992
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH 1993
Residency and Year STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1996
License Expiration Date **6/30/2016**
Remarks

License Number 6115
License Date 9/6/1979
Name **RYAN, EDWARD A MD**
Address 92 MONTVALE AVE, SUITE 3650STONEHAM, MA, 02180
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1969
Internship and Year LOS ANGELES COUNTY USC MED CENTER - LOS ANGELES, CA 1970
Residency and Year MANHATTAN EET HOSPITAL - NEW YORK, NY 1973
License Expiration Date **6/30/2015**
Remarks

License Number 13302
License Date 10/4/2006
Name **RYAN, HELEN F MD**
Address MAINE CTR FOR CANCER MEDICINE, 100 CAMPUS DRSCARBOROUGH, ME, 04074
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV USA 1998
Internship and Year NEW ENGLAND MEDICAL CTR-BOSTON, MA 1999
Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON, MA 2001
License Expiration Date **6/30/2010**
Remarks

License Number 10061
License Date 7/2/1997
Name **RYAN, JEAN C MD**
Address HARBOUR WOMENS HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801
Specialty OBG
Board Certified OBG
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1979
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - MA 1981
Residency and Year BRIGHAM & WOMEN'S HSOPITAL - MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 10434
License Date 10/7/1998
Name **RYAN, JOSEPH M MD**
Address MONROE COMMUNITY HOSP, 435 E HENRIETTA RD ROCHESTER, NY, 14620
Specialty P
Board Certified P
School and Year of Graduation MED UNIV OF SC COLL OF MED -CHARLESTON, SC USA 1993
Internship and Year UNIV OF UTAH HOSPITALS - SALT LAKE CITY, UT 1994
Residency and Year UNIV OF UTAH HLTH SCIENCE CENTER - SALT LAKE CITY, UT 1997
License Expiration Date **6/30/2000**
Remarks

License Number 10035
License Date 6/4/1997
Name **RYAN, LINDA A MD**
Address NH HOSP APS UNIT C, 36 CLINTON ST CONCORD, NH, 03301
Specialty P
Board Certified
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA-SC USA 1993
Internship and Year UNIVERSITY OF UTAH-UT 1997
Residency and Year UNIV OF UTAH-UT 1997
License Expiration Date **6/30/2000**
Remarks

License Number 9406
License Date 4/5/1995
Name **RYAN, LISA D DO**
Address LONDONDERRY PEDIATRICS, 184 MAMMOTH RD STE 3 LONDONDERRY, NH, 03053-
Specialty PD
Board Certified PD
School and Year of Graduation NY COLLEGE OF OSTEO MEDICINE USA 1991
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1995
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1995
License Expiration Date **6/30/1998**
Remarks

License Number 10692
License Date 9/1/1999
Name **RYAN, MICHAEL E MD**
Address 2400 RIOGRANDE NW, STE 517 ALBUQUERQUE, NM, 87104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KANSAS SCH OF MED - KANSAS CITY, KS USA 1966
Internship and Year UNIV OF NEW MEXICO SCH OF MED - ALBUQUERQUE, NM 1967
Residency and Year UNIV OF NEW MEXICO SCH OF MED - ALBUQUERQUE, NM 1969
License Expiration Date **6/30/1999**
Remarks

License Number 10728
License Date 10/6/1999
Name **RYAN-PHILPOTT, KAREN A MD**
Address CHIEF, OP CLIN QLTY, AIR FORCE MED OPER AG, 2261 HUGHES AVE., STE 153JBSA LACKLAND, TX, 7
Specialty PD
Board Certified PD
School and Year of Graduation F. EDWARD HEBERT SCHOOL OF MED-BETHESDA MD USA 1997
Internship and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB CA 1998
Residency and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB CA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12514
License Date 10/6/2004
Name **RYDER, CHRISTOPHER J MD**
Address CONNECTICUT VALLEY ENT, 9 DUNNING STCLAREMONT, NH, 03743
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1985
Internship and Year GOOD SAMARITAN HOSPITAL, CINCINNATI OH 1986
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13469
License Date 4/4/2007
Name **RYDER, HILARY F MD**
Address DHMC - HOSPITAL MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 8000
License Date 11/9/1988
Name **RYDER, MARY T MD**
Address SO PRINCE GEORGE'S COUNTY COMM CLINIC, 5801 ALLENTOWN RDCAMP SPRINGS, MD, 20746
Specialty FP
Board Certified FP
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNI USA 1985
Internship and Year BROWN UNIVERSITY AFFIL HOSPITALS - PROVIDENCE RI 1986
Residency and Year BROWN UNIVERSITY AFFIL HOSPITALS - PROVIDENCE RI 1988
License Expiration Date **6/30/2016**
Remarks

License Number 13383
License Date 1/3/2007
Name **RYON, DAVID L MD**
Address 519 HARRIET ST, EVANSVILLE, IN, 47710
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MIAMI USA 1988
Internship and Year NEW YORK UNIV SCHOOL OF MEDICINE - NEW YORK, NY 1989
Residency and Year NEW YORK UNIV SCHOOL OF MEDICINE - NEW YORK, NY 1991
License Expiration Date **6/30/2013**
Remarks

License Number 17029
License Date 4/1/2015
Name **RYZEWSKI, MATTHEW DO**
Address ELLIOT HOSPITAL - NEWBORN INTS. CARE UNIT, 1 ELLIOT WAYMANCHESTER, NH, 01303
Specialty NPM
Board Certified PD
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY, SYRACUSE, NY 2010
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY, SYRACUSE, NY 2012
License Expiration Date **6/30/2017**
Remarks

License Number 13602
License Date 7/11/2007
Name **RZEPKA, ROBERT W MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation JAGIELLONIAN UNIV POLAND 2003
Internship and Year JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 2005
Residency and Year JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11719
License Date 8/7/2002
Name **RZUCIDLO, EVA M MD**
Address DHMC-DEPT OF VASCULAR SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty VS
Board Certified VS
School and Year of Graduation NJ ROBERT WOOD JOHNSON MED SCH - PISCATAWAY USA 1993
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1994
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 15489
License Date 12/7/2011
Name **SAAD, DANIEL F MD**
Address 112 STRATHMORE DRIVE, GREER, SC, 29650
Specialty GS
Board Certified GS
School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 1998
Internship and Year LOUISIANA STATE UNIVERSITY HOSPITAL - SHREVEPORT, LA 1999
Residency and Year LOUISIANA STATE UNIVERSITY HOSPITAL - SHREVEPORT, LA 2004
License Expiration Date **6/30/2015**
Remarks

License Number 15891
License Date 10/3/2012
Name **SAADI, JAMES A MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF CAIRO EGYPT 1967
Internship and Year SINAI-GRACE HOSPITAL - DETROIT, MI 1972
Residency and Year SINAI-GRACE HOSPITAL - DETROIT, MI 1975
License Expiration Date **6/30/2016**
Remarks

License Number 16382
License Date 11/6/2013
Name **SABATINI, PETER R MD**
Address 414 CACHEMONT COVE, BILOXI, MS, 39531
Specialty OTO
Board Certified
School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE USA 2004
Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2005
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2009
License Expiration Date **6/30/2015**
Remarks

License Number 6797
License Date 9/8/1983
Name **SABATO JR, JOSEPH MD**
Address DEPARTMENT OF EMERG MEDICINE, 655 WEST 8TH STJACKSONVILLE, FL, 32209
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASS-WORCESTER,MA USA 1979
Internship and Year ROCHESTER GEN HOSPITAL-ROCHESTER,MA 1980
Residency and Year ROCHESTER GEN HOSPITAL-ROCHESTER,MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 15071
License Date 11/3/2010
Name **SABER, CAMERON R MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DRS PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation MICHIGAN STATE UNIV USA 2003
Internship and Year ST JOSEPH MERCY OAKLAND - PONTIAC, MI 2004
Residency and Year ST JOSEPH MERCY OAKLAND - PONTIAC, MI 2008
License Expiration Date **6/30/2014**
Remarks

License Number 15460
License Date 11/2/2011
Name **SABHARWAL, SABINA MD**
Address 1 LEIGHTON ST, UNIT 2006CAMBRIDGE, MA, 02141-1875
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2003
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 2004
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 2006
License Expiration Date **6/30/2013**
Remarks

License Number 12318
License Date 5/5/2004
Name **SABIR, AISHA MD**
Address CLIFTON T PERKINS HOSP CTR, PO BOX 1000JESSUP, MD, 20794
Specialty P
Board Certified P
School and Year of Graduation ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA GRANADA 2000
Internship and Year MED COLLEGE OF VIRGINIA, RICHMOND VA 2001
Residency and Year MED COLLEGE OF VIRGINIA, RICHMOND VA 2004
License Expiration Date **6/30/2008**
Remarks

License Number 11203
License Date 3/7/2001
Name **SABLOFF, MITCHELL MD**
Address 501 SMYTH RD, RM 7209OTTAWA ONT CANADA, , K1H 8L6
Specialty IM
Board Certified IM
School and Year of Graduation MCGILL UNIV FAC OF MED - MONTREAL QC, CANADA CANADA 1995
Internship and Year QUEENS UNIV FAC OF HLTH SCI - KINGSTON ONTARIO, CANADA 1996
Residency and Year QUEENS UNIV FAC OF HLTH SCI - KINGSTON ONTRIO, CANADA 1997
License Expiration Date **6/30/2002**
Remarks

License Number 15419
License Date 10/5/2011
Name **SACCHETTI, PETER J MD**
Address SO. MAINE HEALTH CARE INTERNAL MEDICINE, 72 MAIN STKENNEBUNK, ME, 04043
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2003
Internship and Year NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2007
Residency and Year NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 15850
License Date 9/5/2012
Name **SACCO, CYNTHIA M MD**
Address 25 MAURA DR, STOW, MA, 01775
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1984
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 7366
License Date 6/12/1986
Name **SACHERE, ANDREW B MD**
Address 87 BRUNSWICK WOODS DR, E BRUNSWICK, NJ, 08816-5601
Specialty FP
Board Certified FP
School and Year of Graduation UMDNJ-RUTGERS USA 1983
Internship and Year UMDNJ RUTGERS HOSPITAL 1984
Residency and Year UMDNJ RUTGERS HOSPITAL 1986
License Expiration Date **6/30/1998**
Remarks

License Number 7467
License Date 11/12/1986
Name **SACHS, BARTON L MD**
Address MED UNIV OF SC, 169 ASHLEY AVECHARLESTON, SC, 29425
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIVERSITY OF NY-UPSTATE - SYRACUSE, NY USA 1977
Internship and Year UNIVERSITY HOSPITALS - CLEVELAND, OH 1978
Residency and Year UNIVERSITY HOSPITALS - CLEVELAND, OH 1983
License Expiration Date **6/30/2010**
Remarks

License Number 5992
License Date 10/12/1978
Name **SACHS, MARLENE A MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date **6/30/2016**
Remarks

License Number 14598
License Date 9/2/2009
Name **SACHS, SHARONA MD**
Address DHMC-PALLIATIVE MEDICINE DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty PLM
Board Certified PLM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1988
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1989
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1991
License Expiration Date **6/30/2017**
Remarks

License Number 6017
License Date 2/12/1979
Name **SACK, JOSEPH H MD**
Address 79 GALE AVE, LACONIA, NH, 03246
Specialty P
Board Certified P
School and Year of Graduation JOHNS HOPKINS UNIV SHOOOL MEDICINE - BALTIMORE, MD USA 1971
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1975
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1975
License Expiration Date **6/30/2013**
Remarks

License Number 12012
License Date 7/2/2003
Name **SACK, ROBERT I MD**
Address 8801 CLEWERWALL DR, BETHESDA, MD, 20817
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CINCINNATI - CINCINNATI, OH USA 1982
Internship and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1983
Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1985
License Expiration Date **6/30/2011**
Remarks

License Number 10402
License Date 9/2/1998
Name **SADHUJAN, PRABHASADANAM G MD**
Address 1225E COOLSPRING AVE, MICHIGAN CITY, IN, 46360
Specialty IM
Board Certified IM
School and Year of Graduation KOTTAYANMED COOO UNIV OF KERALA INDIA 1987
Internship and Year ST VINCENT MEDICAL CENTER - BRIDGEPORT, CT 1997
Residency and Year ST VINCENT MEDICAL CENTER - BRIDGEPORT, CT 1998
License Expiration Date **6/30/2004**
Remarks

License Number 8176
License Date 7/12/1989
Name **SADOWSKY, MARC M MD**
Address 168 KINSLEY ST STE 1, NASHUA, NH, 03061-
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year GREENWICH HOSPITAL - GREENWICH, CT 1986
Residency and Year YALE UNIV HOSPITAL - NEW HAVEN, CT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9821
License Date 8/7/1996
Name **SADR, IRAN M MD**
Address 12003 HOLLY CREST CT, GREAT FALLS, VA, 22066
Specialty PD
Board Certified PD
School and Year of Graduation IRAN UNIV OF MEDICINE SCIENCE - TEHERAN IRAN 1992
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date **6/30/2016**
Remarks

License Number 8701
License Date 4/1/1992
Name **SADRNOORI, BIJAN MD**
Address 411 MERRIMACK ST STE 101, METHUEN, MA, 01844-5821
Specialty IM
Board Certified OS
School and Year of Graduation UNIVERSITY OF TEHERAN IRAN 1967
Internship and Year OHIO VALLEY HOSPITAL STEUBENVILLE - OHIO 1972
Residency and Year TUCSON HOSPITAL TUCSON - ARIZONA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 15551
License Date 2/1/2012
Name **SAEMI, ARASH M MD**
Address THE MEDFORD RADIOLOGICAL GRP, 842 E MAIN STMEDFORD, OR, 97504
Specialty SCI
Board Certified DR
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2009
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16191
License Date 6/5/2013
Name **SAENZ, REBECCA L C MD**
Address 4535 DRESSLER RD NW, CANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2008
Internship and Year UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE, FL 2009
Residency and Year UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE, FL 2011
License Expiration Date **6/30/2017**
Remarks

License Number 13054
License Date 4/5/2006
Name **SAFIIA, MUHAMMAD ADEEB MD**
Address 3777 LONE PINE DR, APT 8HOLT, MI, 48842
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ALEPPO-ALEPPO SYRIA SYRIA 2000
Internship and Year JOHN H STROGER JR HOSPITAL -CHICAGO IL 2004
Residency and Year JOHN H STROGER JR HOSPITAL-CHICAGO IL 2006
License Expiration Date **6/30/2016**
Remarks

License Number 13640
License Date 8/1/2007
Name **SAGGAR, SHAGUN MD**
Address 360 W WASHINGTON AVE, UNIT 202MADISON, WI, 53703
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIV DOMINICA 2002
Internship and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2003
Residency and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2005
License Expiration Date **6/30/2015**
Remarks

License Number 11720
License Date 8/7/2002
Name **SAGHIR, FAISAL MD**
Address COOS COUNTY FAMILY HEALTH, 133 PLEASANT STBERLIIN, NH, 03570
Specialty IM
Board Certified IM
School and Year of Graduation QUAID-E-AZAM UNIV-RAWALPINDI, PAKISTAN PAKISTAN 1995
Internship and Year FINCH UNIV OF HEALTH SCIENCES-NORTH CHICAGO,ILLINOIS 2000
Residency and Year FINCH UNIV OF HEALTH SCIENCES-NORTH CHICAGO,ILLINOIS 2002
License Expiration Date **6/30/2008**
Remarks

License Number 12716
License Date 5/4/2005
Name **SAHADULLA, SHERIFF M MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1996
Internship and Year UNIVERSITY O MICHIGAN, ANN ARBOR MI 1997
Residency and Year UNIVERSITY OF MICHIGAN, AN ARBOR MI 1999
License Expiration Date **6/30/2017**
Remarks

License Number 13641
License Date 8/1/2007
Name **SAHARAN, RAMAN MD**
Address LA STATE UNIV/EA CONWAY MD CTR, 4864 JACKSON STMONROE, LA, 71210
Specialty IM
Board Certified IM
School and Year of Graduation MANIPAL UNIV INDIA 2000
Internship and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2005
Residency and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11517
License Date 2/6/2002
Name **SAHLIN, PETER B MD**
Address 24571 WOODSAGE DR, BONITA SPRINGS, FL, 34134
Specialty R
Board Certified
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1971
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1972
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2014**
Remarks **Deceased 5/12/14**

License Number 13126
License Date 6/7/2006
Name **SAHNI, GAGAN D MD**
Address METROPOLITAN HOSPITAL, 1901 FIRST AVENUE NEW YORK, NY, 10029
Specialty IM
Board Certified IM
School and Year of Graduation JAWAHARLAL NEHRU MEDICAL COLLEGE, INDIA INDI 1998
Internship and Year LONG ISLAND COLLEGE HOSP, BROOKLYN NY 2000
Residency and Year LONG ISLAND COLLEGE HOSP, BROOKLYN NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 14265
License Date 12/3/2008
Name **SAICH, ELIZABETH D MD**
Address ELLIOT PRIMARY CARE, 40 BUTTRICK RD LONDONDERRY, NH, 03053
Specialty MPH
Board Certified MPH
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2000
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2001
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 10738
License Date 10/20/1999
Name **SAIDEL, MICHELLE S MD**
Address C/O JUVENILE JUSTICE SERVICES, 1056 N RIVER RD. MANCHESTER, NH, 03104
Specialty P
Board Certified P
School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1993
Internship and Year FAIRFAX HOSPITAL - FALLS CHURCH, VA 1994
Residency and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5397
License Date 8/7/1975
Name **SAILER, ERIC A MD**
Address BOX 118, FLINT HILL RD LYME CENTER, NH, 03769
Specialty OBG
Board Certified OBG
School and Year of Graduation MCGILL MEDICAL SCHOOL CANADA 1963
Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL, CANADA 1964
Residency and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1965
License Expiration Date **6/30/2005**
Remarks

License Number 13988
License Date 5/7/2008
Name **SAINATH, PADMAVATHI MD**
Address PERMANENTE MEDICAL GROUP, 1150 VETERANS BLVDREDWOOD CITY, CA, 94063
Specialty IM
Board Certified IM
School and Year of Graduation CHENGALPATTU MEDICAL COLLEGE INDIA 1999
Internship and Year SOUTHERN ILLINOIS UNIV SCHOOL OF MED - SPRINGFIELD, IL 2003
Residency and Year SOUTHERN ILLINOIS UNIV SCHOOL OF MEDICINE-SPRINGFIELD, IL 2005
License Expiration Date **6/30/2010**
Remarks

License Number 16876
License Date 12/3/2014
Name **SAITTA, PATRICK V MD**
Address 113 NASSAU ST #29A, NEW YORK, NY, 10038
Specialty IM
Board Certified IM
School and Year of Graduation LOUISIANA STATE UNIVERSITY MEDICAL CENTER USA 2005
Internship and Year MOUNT SINAI HOSPITAL - NY, NY 2006
Residency and Year MOUNT SINAI HOSPITAL - NY, NY 2008
License Expiration Date **6/30/2016**
Remarks

License Number 14896
License Date 6/2/2010
Name **SAIYED, SHAMILA M MD**
Address BEVERLY HOSPITAL, MEMBER OF LAHEY HEALTH, 85 HERRICK STBEVERLY, MA, 01915
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MUMBAI INDIA 2001
Internship and Year NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL - SALEM, MA 2008
Residency and Year NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL - SALEM, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 15112
License Date 1/5/2011
Name **SAJOUS, MARIE-HELENE MD**
Address DARTMOUTH- HITCHCOCK, 14 TSIENNETO ROAD STE 200DERRY, NH, 03038
Specialty AI
Board Certified AI
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2000
Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL-NY,NY 2001
Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL-NY,NY 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10814
License Date 1/5/2000
Name **SAKELLARIS, LEANDER D MD**
Address NEWARK BETH ISREAL MEDICAL CTR, 201 LYONS AVENEWARK, NJ, 07112
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF INNSBRUCK - INNSBRUCK, AUSTRIA AUSTRIA 1986
Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1989
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1992
License Expiration Date **6/30/2003**
Remarks

License Number 12761
License Date 6/1/2005
Name **SAKKINEN, PAMELA A MD**
Address DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MINNESOTA, ST PAUL MN US 1994
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1996
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2000
License Expiration Date **6/30/2009**
Remarks

License Number 6762
License Date 8/4/1983
Name **SAKR, OSSAMA E MD**
Address NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
Specialty U
Board Certified U
School and Year of Graduation FAC MED ALEXANDRIA UNIV ALEXANDER EGYPT 1974
Internship and Year MONMOUTH MED CTR-LONG BRANCH,NJ 1978
Residency and Year BOSTON CITY HOSPITAL- BOSTON,MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 11390
License Date 9/5/2001
Name **SAKS, ELISE E MD**
Address ANDOVER OB/GYN, 323 LOWELL STREETANDOVER, MA, 01810
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED- PHILIA, PA USA 1997
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1998
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 13180
License Date 7/5/2006
Name **SAKSENA, SACHIN D MD**
Address FRISBIE MEDICAL BUILDING, 21 WHITEHALL RD STE 301 ROCHESTER, NH, 03867
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF MUMBAI USA 1999
Internship and Year CARITAS ST ELIZABETHS MED CTR-BOSTON, MA 2003
Residency and Year CARITAS ST ELIZABETHS MED CTR-BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 16844
License Date 11/6/2014
Name **SALAS, STEPHANIE A MD**
Address 2859 MIDDLETOWN RD, BRONX, NY, 10461
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 1999
Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 2000
Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 2002
License Expiration Date **6/30/2016**
Remarks

License Number 7782
License Date 2/3/1988
Name **SALCHUNAS, RICHARD S MD**
Address CONCORD OB/GYN, 189 N MAIN ST CONCORD, NH, 03301-5047
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MED SCHOOL HANOVER NH USA 1984
Internship and Year MAINE MED CTR PORTLAND ME 1985
Residency and Year MAINE MED CTR PORTLAND ME 1988
License Expiration Date **6/30/2016**
Remarks

License Number 14941
License Date 7/7/2010
Name **SALCONE, ERIN M MD**
Address DHMC-OPHTHALMOLOGY DEPT, 1 MED CTR DR LEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14599
License Date 9/2/2009
Name **SALDIN, KAMALDEEN R MD**
Address 1108 ST CHARLES ST, CHARLOTTESVILLE, VA, 22901
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF SZEGED HUNGARY 1998
Internship and Year CLEVELAND CLINIC FOUNDATION-WESTON, FL 2005
Residency and Year CLEVELAND CLINIC FOUNDATION-WESTON, FL 2006
License Expiration Date **6/30/2011**
Remarks

License Number 5617
License Date 9/21/1976
Name **SALEEM, SHUJA U MD**
Address 23 STILES RD STE 217, SALEM, NH, 03079-2854
Specialty OBG
Board Certified OBG
School and Year of Graduation NISHTAR MEDICAL COLLEGE PAKISTAN 1967
Internship and Year NASSAU COLLEGE MEDICAL CENTER - EAST MEADOW, NY 1969
Residency and Year PONDVILLE HOSPITAL - NORFOLK,MA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 17188
License Date 7/1/2015
Name **SALEH, FABIAN M MD**
Address 125 MOUNT AUBURN ST, CAMBRIDGE, MA, 02238
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITA DI FIRENZE ITALY 1994
Internship and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER-CLEVELAND, OH 1997
Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 17232
License Date 8/5/2015
Name **SALEH, OMAR M MD**
Address 463 BENITO ST, EAST MEADOW, NY, 11554-3806
Specialty IM
Board Certified
School and Year of Graduation ROSS UNIV SCH OF MED - ROSEAU DOMINICA 2012
Internship and Year NASSAU UNIV MED CTR -EAST MEADOW, NY 2013
Residency and Year NASSAU UNIV MED CTR -EAST MEADOW, NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 14600
License Date 9/2/2009
Name **SALEM, ARAM N MD**
Address REMOTE IMAGING SOLUTIONS, PO BOX 133005SPRING, TX, 77393
Specialty R
Board Certified R
School and Year of Graduation RUSH UNIVERSITY USA 2000
Internship and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER - CHICAGO, IL 2001
Residency and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER - CHICAGO, IL 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15595
License Date 3/7/2012
Name **SALEM, ELIE MD**
Address PORTSMOUTH HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2007
Internship and Year ST MICHAELS HOSPITAL - NEWARK, NJ 2008
Residency and Year ST MICHAELS HOSPITAL - NEWARK, NJ 2010
License Expiration Date **6/30/2016**
Remarks

License Number 8177
License Date 7/12/1989
Name **SALERNI, ANTHONY A MD**
Address ORTHOPEADIC PROF PA, 14 MAPLE ST STE 100GILFORD, NH, 03249
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF VT COLL OF MED BURLINGTON VT USA 1982
Internship and Year FRAMINGHAM UNION HOSP- FRAMINGHAM, MA 1983
Residency and Year MED CTR HOSP VT- BURLINGTON, VT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 15201
License Date 4/6/2011
Name **SALESKY, JOEL S MD**
Address GEISINGER WYOMING VALLEY MED CENTER, 1000 E MOUNTAIN BLVDWILKES BARRE, PA, 18711
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF MED & DENTISTRY NEW JERSEY USA 2005
Internship and Year ST PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2006
Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15490
License Date 12/7/2011
Name **SALHAB, ALADIN F MD**
Address PORTSMOUTH REG HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2007
Internship and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2008
Residency and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2010
License Expiration Date **6/30/2017**
Remarks

License Number 14897
License Date 6/2/2010
Name **SALINAS, PEDRO D MD**
Address DHMC-HOSPITAL MED - 3B, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE MONTERREY, FACULTAD DE MEDICINA MEXICO 2002
Internship and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2005
Residency and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2007
License Expiration Date **6/30/2016**
Remarks

License Number 17030
License Date 4/1/2015
Name **SALIS, ARI I MD**
Address 7 CHAMPAGNE TERR, BEDFORD, NH, 03110
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 1995
Internship and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1996
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10881
License Date 4/5/2000
Name **SALISBURY, PATRICIA A MD**
Address CAPITAL REGION FAMILY HEALTH, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE-VT USA 1997
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999
License Expiration Date **6/30/2002**
Remarks

License Number 11137
License Date 12/6/2000
Name **SALMAN, ROBERT M MD**
Address 29 RIVERWAY PLACE BLDG 7, BEDFORD, NH, 03110-6745
Specialty R
Board Certified R
School and Year of Graduation ALBANY MED COLL - ALBANY, NY USA 1987
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1988
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1992
License Expiration Date **6/30/2002**
Remarks

License Number 16050
License Date 3/6/2013
Name **SALMANULLAH, MUHAMMAD MD**
Address 1200 ELM ST, APT #916MANCHESTER, NH, 03101
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF KARACHI PAKISTAN 1994
Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 2002
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 6912
License Date 7/2/1984
Name **SALMON, RICHARD B MD**
Address 900 COTTAGE GROVE RD, B227HARTFORD, CT, 06152
Specialty FP
Board Certified FP
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1982
Residency and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1982
License Expiration Date **6/30/2008**
Remarks

License Number 15637
License Date 4/4/2012
Name **SALTER, BENJAMIN S MD**
Address DHMC/DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year UNIVERSITY OF WISCONSIN - MADISON, WI 2006
Residency and Year UNIVERSITY OF WISCONSIN - MADISON, WI 2008
License Expiration Date **6/30/2016**
Remarks

License Number 13303
License Date 10/4/2006
Name **SALTER, BRENDA H MD**
Address 120 INTERNAT'L PKWY, STE 216LAKE MARY, FL, 32746
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF KENTUCKY USA 1986
Internship and Year JOHN HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 1987
Residency and Year JOHN HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 1989
License Expiration Date **6/30/2010**
Remarks

License Number 2548
License Date 1/31/1947
Name **SALTONSTALL, HENRY MD**
Address 7 RIVERWOODS DR #F119, EXETER, NH, 03833-4376
Specialty GS
Board Certified GS
School and Year of Graduation COLUMBIA UNIVERSITY USA 1939
Internship and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1941
Residency and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1943
License Expiration Date **6/30/1999**
Remarks **DECEASED 2/24/2008**

License Number 12131
License Date 11/5/2003
Name **SALUJA, LAURA A MD**
Address 30 TANGLEWOOD DR, NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation MCP HAHNEMANN SCHOOL OF MED, PHILADELPHIA PA US 1999
Internship and Year YALE-NEW HAVEN HOSPITAL, NEW HAVEN CT 2000
Residency and Year YALE-NEW HAVEN HOSPITAL, NEW HAVEN CT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15676
License Date 5/2/2012
Name **SALVANI, JEROME KEITH T MD**
Address SUNY DOWNSTATE MED CTR, 450 CLARKSON AVE BOX 50BROOKLYN, NY, 11203
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES PHILIPPINES 2001
Internship and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN DOWNSTATE - BROOKLYN, NY 2005
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN DOWNSTATE - BROOKLYN, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9171
License Date 5/4/1994
Name **SALVATORE, DONALD E MD**
Address DOCTORS PARK PEDIATRICS, 275 MAMMOTH RD STE 2MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation SUNY-HLTH SCIENCE CENTER AT BROOKLYN USA 1990
Internship and Year ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1994
Residency and Year ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 9630
License Date 1/3/1996
Name **SALVO, ANTHONY F MD**
Address 74 GRANDVIEW DR, WESTBROOK, ME, 04092
Specialty DR
Board Certified R
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE -BOSTON, MA USA 1967
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1968
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1974
License Expiration Date **6/30/2014**
Remarks

License Number 10970
License Date 6/7/2000
Name **SALYAPONGSE, AIMEE W MD**
Address 47 SEA MARSH RD, CENTERVILLE, MA, 02632
Specialty PD
Board Certified PD
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12891
License Date 9/7/2005
Name **SAMALE, JILL M MD**
Address WOMEN'S CARE CENTER, 141 MASCOMA STLEBANON, NH, 03755
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 2000
Internship and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2001
Residency and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2004
License Expiration Date **6/30/2007**
Remarks

License Number 11391
License Date 9/5/2001
Name **SAMELSON, RENEE MD**
Address CENTER FOR REPRODUCTIVE CARE, 118 PORTSMOUTH AVE STE102STRATHAM, NH, 03885
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1976
Internship and Year SUNY -BUFFALO - BUFFALO, NY 1977
Residency and Year SOUTHERN ILLINOIS UNIV SCH OF MED - SPRINGFIELD, IL 1987
License Expiration Date **6/30/2003**
Remarks

License Number 11544
License Date 3/6/2002
Name **SAMET, LAURENCE M MD**
Address 93 UNION ST STE 303B, NEWTON CENTRE, MA, 02481
Specialty P
Board Certified P
School and Year of Graduation WAYNE STATE UNIV - DETROIT, MI USA 1976
Internship and Year MASSACHUSETTS MENTAL HLTH CTR - BOSTON, MA 1977
Residency and Year MASSACHUSETTS MENTAL HLTH CTR - BOSTON, MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 14976
License Date 8/4/2010
Name **SAMI, FAISAL A MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation ST GEORGE'S UNIVERSITY WEST INDIES 1997
Internship and Year ST JOSEPH MERCY OAKLAND - PONTIAC, MI 1998
Residency and Year MICHAEL REESE HOSPITAL - EULESS, TX 2002
License Expiration Date **6/30/2012**
Remarks

License Number 15491
License Date 12/7/2011
Name **SAMIE, FARAMARZ H MD**
Address DHMC/DERMATOLOGY SECTION, 1 MED CTR DRLEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation STATE UNIVERSITY OF NY UPSTATE MED UNIV USA 2002
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2003
Residency and Year UNIVERSITY OF ROCHESTER- ROCHESTER, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11430
License Date 10/3/2001
Name **SAMNOTRA, VIVEK MD**
Address 40 HIGHLAND ST, CONCORD, MA, 01742
Specialty ON
Board Certified ON
School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC CANADA 1989
Internship and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1992
Residency and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12537
License Date 11/3/2004
Name **SAMPSON JR, ROBERT C MD**
Address HKD TREATMENT OPTIONS, 21 GEORGE ST FIRST FLOORLOWELL, MA, 01852
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1974
Internship and Year BRYN MAWR HOSPITAL, BRYN MAWR PA 1975
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS, ANN ARBOR MI 1977
License Expiration Date **6/30/2016**
Remarks

License Number 16136
License Date 5/1/2013
Name **SAMSON, GREGORY MD**
Address 6175 SW 192ND AVE, PEMBROKE PINES, FL, 33332
Specialty PM
Board Certified PM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2002
Internship and Year UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2003
Residency and Year UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2006
License Expiration Date **6/30/2015**
Remarks

License Number 16383
License Date 11/6/2013
Name **SAMUEL, ERIC B MD**
Address FAMILIES FIRST HEALTH & SUPPORT CTR, 100 CAMPUS DR, SUITE 2PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation MEHARRY MEDICAL COLLEGE SCHOOL OF MEDICINE USA 1998
Internship and Year BAYFRONT MEDICAL CENTER - ST PETERSBURG, FL 1999
Residency and Year BAYFRONT MEDICAL CENTER - ST PETERSBURG, FL 2001
License Expiration Date **6/30/2017**
Remarks

License Number 5432
License Date 9/11/1975
Name **SAMUELS, BRUCE S MD**
Address SEACOAST ARTHRITIS&OSTEOPORSIS, 10 MEMBERS WAY STE 403DOVER, NH, 03820-5933
Specialty RHU
Board Certified IM
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1967
Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1968
Residency and Year JEFFERSON MEDICAL COLLEGE - PHILA, PA 1972
License Expiration Date **6/30/2015**

Remarks

License Number 10004
License Date 5/7/1997
Name **SAMUELS, JESSE D MD**
Address MEDICAL DIRECTOR OXFORD ON-CAL, 48 MONROE TURNPIKETRUMBULL, CT, 06611
Specialty EM
Board Certified EM
School and Year of Graduation DUKE UNIV SCH MED-DURHAM,NC USA 1967
Internship and Year UNIV OF NC HOSP-NC 1968
Residency and Year U CONN HEALTH CTR-CT 1972
License Expiration Date **6/30/2000**

Remarks

License Number 10762
License Date 11/3/1999
Name **SAN VICENTE, JOSHUA G MD**
Address HITCHCOCK CLINIC-INDIAN STREAM, 141 CORLISS LNCOLEBROOK, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER PHILIPPINES 1990
Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT CT 1996
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT CT 1998
License Expiration Date **6/30/2005**

Remarks

License Number 13412
License Date 2/7/2007
Name **SANA, WAJEEH MD**
Address 4413 WINDING CREEK RD, MANLIUS, NY, 13104
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PUNJAB PAKISTAN 1996
Internship and Year MERCY HEALTH PARTNERS ST VINCENT MERCY MEDICAL CTR - TOLEDO, OH 2005
Residency and Year MERCY HEALTH PARTNERS ST VINCENT MERCY MEDICAL CTR - TOLEDO, OH 2006
License Expiration Date **6/30/2017**

Remarks

License Number 13055
License Date 4/5/2006
Name **SANCHEZ, ANA C MD**
Address LACONIA CLINIC, 724 MAIN ST LACONIA, NH, 03246
Specialty PD
Board Certified PD
School and Year of Graduation UNIV DE COSTA RICA-SAN JOSE, COSTA RICA COSTA RICA 1993
Internship and Year UNIV OF KANSAS MEDICAL CTR-KANSAS CITY KS 2001
Residency and Year UNIV OF KANSAS MEDICAL CTR-KANSAS CITY KS 2003
License Expiration Date **6/30/2014**
Remarks

License Number 8136
License Date 6/7/1989
Name **SANCHEZ, MANUEL G MD**
Address INTERVENTIONAL SPINE MEDICINE, 944 CALEF HWY BARRINGTON, NH, 03825
Specialty AN
Board Certified AN
School and Year of Graduation NATL AUTONOMUS UNIV AT MEXICO CITY MEXICO 1969
Internship and Year NORTHWESTERN GEN HOSP TORONTO ONT CANADA 1967
Residency and Year NORTHWESTERN GENERAL HOSPITAL - TORONTO ONTARIO, CANADA 1967
License Expiration Date **6/30/2017**
Remarks

License Number 16524
License Date 3/5/2014
Name **SANCHEZ, WILLIAM MD**
Address 200 1ST ST SW, ROCHESTER, MN, 55905
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ USA 1999
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION- ROCHESTER, MN 2000
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION- ROCHESTER, MN 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11666
License Date 7/3/2002
Name **SANDBERG, BETSY B MD**
Address MG FOR CHILDREN AT N SHORE MED CTR, 57 HIGHLAND AVESALEM, MA, 01970
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 2000
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 9503
License Date 7/5/1995
Name **SANDERS JR, JOHN H MD**
Address JOHN H SANDERS JR MD, 96 FRANKLIN HILL RDLYME, NH, 03768
Specialty CDS
Board Certified TS
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1963
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON MA 1968
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON MA 1973
License Expiration Date **6/30/2017**
Remarks

License Number D0014
License Date
Name **SANDERS, CHARLENE G MD**
Address NY PRESBYTERIAN HOSPITAL, 168TH AND BROADWAYNEW YORK, NY, 10032
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDIICNE USA 1984
Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 1985
Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 1986
License Expiration Date
Remarks

License Number 9102
License Date 1/5/1994
Name **SANDERS, ELIZABETH A MD**
Address SANDERS FAMILY MEDICINE, 2 PILLSBURY ST STE 401CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MINNESOTA USA 1985
Internship and Year UNIVERSITY OF NEW YORK AT BUFFALO - BUFFALO NY 1986
Residency and Year UNIVERSITY OF NEW YORK AT BUFFALO - BUFFALO NY 1990
License Expiration Date **6/30/2016**
Remarks

License Number 15324
License Date 7/6/2011
Name **SANDERS, HEATHER A MD**
Address PO BOX 1574, PORTSMOUTH, NH, 03802
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 2007
Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2008
Residency and Year RAINBOW BABIES & CHILDRENS HOSPITAL - CLEVELAND, OH 2010
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 14209
License Date 10/1/2008
Name **SANDERS, JILL DO**
Address COLONY MILL, 222 WEST ST - STE 23KEENE, NH, 03431
Specialty OMM
Board Certified OMM
School and Year of Graduation NEW YORK COLLEGE USA 1991
Internship and Year NYCOM-ST BARNABAS HOSPITAL - BRONX, NY 1992
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 6132
License Date 10/26/1979
Name **SANDERS, LAWRENCE T MD**
Address RIVERSIDE REST HOME, COUNTY FARM RDDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIV. OF COLORADO SCH OF MED. DENVER, CO USA 1966
Internship and Year WILFORD HALL USAF MED. CTR LACKLAND AFB, TX 1967
Residency and Year WILFORD HALL USAF MED. CTR. LACKLAND AFB, TX 1970
License Expiration Date **6/30/2017**
Remarks

License Number 12986
License Date 1/4/2006
Name **SANDICK, JUDITH E MD**
Address MILES INTERNAL MEDICINE ASSOC, 5 MILES WAYDAMARISCOTTA, ME, 04543
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1982
Internship and Year ALBANY MEDICAL CTR, ALBANY NY 1983
Residency and Year PENNSYLVANIA HOSPITAL, PHILADELPHIA PA 1984
License Expiration Date **6/30/2008**
Remarks

License Number 8328
License Date 5/9/1990
Name **SANDLAND, HELEN MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation MEMORIAL UNIVERSITY IN NEWFOUDLAND CANADA 1984
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 6991
License Date 10/4/1984
Name **SANDLER, LUCY ANN W MD**
Address NASHUA MEDICAL GROUP, 173 DW HIGHWAY SOUTH NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MED COLL OF UNION UNIV- ALBANY, NY USA 1967
Internship and Year ALBERT EINSTEIN MED CTR-PHIL, PA 1968
Residency and Year ALBERT EINSTEIN MED CTR-PHIL, PA 1971
License Expiration Date **6/30/2006**
Remarks

License Number 5752
License Date 6/13/1977
Name **SANDLER, MICHAEL F MD**
Address 1079 VANCE TRAIL, THE VILLEGES, FL, 32162
Specialty IM
Board Certified
School and Year of Graduation NEW YORK UNIVERSITY-NEW YORK CITY NY USA 1965
Internship and Year BELLEVUE HOSPITAL-NEW YORK NY 1966
Residency and Year PASSAVANT MEMORIAL HOSPITAL-CHICAGO IL 1967
License Expiration Date **6/30/2007**
Remarks

License Number 10591
License Date 6/2/1999
Name **SAND-LOUD, NINA MD**
Address DHMC/PEDIATRICS, 1 MED CTR DR LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation MCGILL UNIV FAC OF MED - MONTREAL QUEBEC CANADA 1996
Internship and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2017**
Remarks **lapsed for non-renewal 6/30/05
reinstated 9/1/10**

License Number 9229
License Date 7/6/1994
Name **SANDS, PETER J MD**
Address HITCHCOCK CLINIC, 253 PLEASANT ST CONCORD, NH, 03301-
Specialty D
Board Certified D
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year YALE NEW HAVEN CHILDREN CENTER - NEW HAVEN CT 1991
Residency and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA GA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10288
License Date 5/6/1998
Name **SANFORD, WELDON W MD**
Address PATHOLOGY SPECIALISTS OF NE, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation ST LOUIS UNIVERSITY USA 1994
Internship and Year WILLIAM BEAUMONT HOSPITAL-ROYAL OAKS MI 1998
Residency and Year WILLIAM BEAUMONT HOSPITAL, ROYAL OAK MI 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13642
License Date 8/1/2007
Name **SANGHA, RAJBIR S MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty ICE
Board Certified ICE
School and Year of Graduation UNIV OF EDINBURGH UNITED KINGDOM 1993
Internship and Year KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO, CA 2000
Residency and Year KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO, CA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 15728
License Date 6/6/2012
Name **SANGHVI, AMIT N MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2001
Residency and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 14898
License Date 6/2/2010
Name **SANGKHARAT, ANINCHANA DO**
Address HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN, MA, 01844
Specialty R
Board Certified R
School and Year of Graduation WESTERN UNIVERSITY OF HEALTH SCIENCES USA 1997
Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1998
Residency and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2002
License Expiration Date **6/30/2012**
Remarks

License Number 11545
License Date 3/6/2002
Name **SANSONE, PAUL MD**
Address ALICE PECK DAY MEMORIAL HOSPITAL, 17 ALICE PECK DAY DRIVELEBANON, NH, 03766
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIV OF NEW YORK- BUFFALO, NY USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 15677
License Date 5/2/2012
Name **SANTA MARIA, JED A MD**
Address VIRTUAL RADIOLOGIC PROF LLC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF CALIFORNIA LOS ANGELES USA 2006
Internship and Year KAISER PERMANENTE MEDICAL CENTER - SANTA CLARA, CA 2007
Residency and Year UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 12474
License Date 9/1/2004
Name **SANTANGELO, STEVEN F DO**
Address 807 HADDON AVE, STE 206HADDONFIELD, NJ, 08033
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year UMDNJ/SOM/KENNEDY MEM HOSP, STRATFORD NJ 2002
Residency and Year UMDNJ/SOM/KENNEDY MEM HOSP, STRATFORD NJ 2004
License Expiration Date **6/30/2010**
Remarks

License Number 14045
License Date 6/4/2008
Name **SANTARSIERI, VITO A MD**
Address CBL PATH INC, 760 WESTCHESTER AVERYE BROOK, NY, 10573
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV DI ROMA LA SAPIENZA ITALY 1983
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1988
Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 13780
License Date 12/5/2007
Name **SANTERRE, DEAN H MD**
Address 11 WHITEHALL RD, ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2005
Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 2006
Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 2007
License Expiration Date **6/30/2017**
Remarks

License Number 7693
License Date 8/5/1987
Name **SANTIAGO, MARCOSA J MD**
Address 376 STINSON LAKE RD, PO BOX 95RUMNEY, NH, 03266-0095
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF SANTO TOMAS MANILA 1965
Internship and Year MT SINAI HOSPITAL - WALTHAM MA 1968
Residency and Year GAEBLER CHILDRENS CENTER - WALTHAM MA 1975
License Expiration Date **6/30/2009**
Remarks

License Number 11934
License Date 5/7/2003
Name **SANTIAGO, MARLENE A MD**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty AN
Board Certified AN
School and Year of Graduation SABA UNIV SCH OF MED - SABA NETHERLANDS ANTILLES NETHERLANDS 1999
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2000
Residency and Year UNIV OF CONNECTICUT SCH OF MEDICINE - FARMINGTON, CT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15638
License Date 4/4/2012
Name **SANTIAGO, PATRICK MD**
Address 38 SHORELAND DR, BELFAST, ME, 04915
Specialty CD
Board Certified CD
School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 1985
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1988
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1990
License Expiration Date **6/30/2014**
Remarks

License Number 10882
License Date 4/5/2000
Name **SANTIS, WILLIAM F MD**
Address CONCORD HOSP CNTR FOR UROLOGIC, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty U
Board Certified U
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE-BOSTON,MA USA 1994
Internship and Year BRIGHAM AND WOMENS HOSPITAL-BOSTON,MA 1996
Residency and Year BRIGHAM AND WOMENS HOSPITAL-BOSTON,MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 8207
License Date 8/9/1989
Name **SANTORA, PHILIP J MD**
Address RIVERBEND MENTAL HEALTH CENTER, 40 PLEASANT STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1970
Internship and Year SAN JOAQUIN GENERAL HOSPITAL - STOCKTON, CA 1971
Residency and Year GEORGE WASHINGTON HOSPITAL - WASHINGTON, DC 1976
License Expiration Date **6/30/2017**
Remarks

License Number 16137
License Date 5/1/2013
Name **SANTOS ALEMAN, BYRON F MD**
Address VA MEDICAL CENTER, 215 N MAIN STREETWHITE RIVER JUNCTION, VT, 05009
Specialty GS
Board Certified
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2006
Internship and Year NORTHWESTERN UNIVERSITY FEINBERG SCHOOL MEDICAL - CHICAGO, IL 2007
Residency and Year NORTHWESTERN UNIVERSITY FEINBERG SCHOOL MEDICAL - CHICAGO, IL 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16326
License Date 9/4/2013
Name **SANTOS, AMELIA L MD**
Address HANOVER PSYCHIATRY, 23 MAIN STREET 2BHANOVER, NH, 03755
Specialty P
Board Certified P
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2008
Internship and Year NORTHWESTERN UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2009
Residency and Year NORTHWESTERN UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2012
License Expiration Date **6/30/2017**
Remarks

License Number 15939
License Date 11/7/2012
Name **SANTOS, JOSE RAMIL O MD**
Address 835 LENOX AVE #308, MIAMI BEACH, FL, 33139
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF THE EAST RAMON MAGSAYSAY MEMORIAL MED CTR PHILIPPINES 2003
Internship and Year TRUMAN MEDICAL CENTER - KANSAS CITY, MO 2009
Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2012
License Expiration Date **6/30/2014**
Remarks

License Number 16983
License Date 3/4/2015
Name **SANTOS-PINHEIRO, FERNANDO MD**
Address DHMC - NEUROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty N
Board Certified
School and Year of Graduation FUNDACAO UNIVERSITARIA DO ABC BRAZIL 2010
Internship and Year THE CLEVELAND CLINIC - CLEVELAND, OH 2012
Residency and Year THE CLEVELAND CLINIC - CLEVELAND, OH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 8289
License Date 3/7/1990
Name **SANTULLI, ROBERT B MD**
Address DHMC - DEPT OF PSYCHIATRY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1973
Internship and Year NY STATE PSYCHATRIC INSTITUTE - NE, NY 1976
Residency and Year NY HOSPITAL =COARNELL MC WESTCESTER - WHITE PLAINS, NY 1977
License Expiration Date **6/30/2016**
Remarks

License Number 10238
License Date 2/4/1998
Name **SANZ-ALTAMIRA, PEDRO M MD**
Address DANA FARBER COMMUNITY CANCER CARE, 25 MARSTON ST STE 301LAWRENCE, MA, 01841
Specialty HO
Board Certified IM
School and Year of Graduation UNIV DE CADIZ FAC DE MED-SPAIN SPAIN 1988
Internship and Year NEWTON WESLEY HOSP-MASS 1995
Residency and Year NEW ENGLAND DEACONESS HOSP-MASS 1998
License Expiration Date **6/30/2016**
Remarks

License Number 5808
License Date 8/15/1977
Name **SANZENBACHER, KARL E MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation LOYOLA UNIVERSITY CANADA 1964
Internship and Year
Residency and Year
License Expiration Date **5/2/1990**
Remarks

License Number 3664
License Date 10/23/1963
Name **SAPIR, PAUL E MD**
Address 112 PROSPECT ST, PROVIDENCE, RI, 02906-1445
Specialty P
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1960
Residency and Year MASS MENTAL HEALTH CENTER - BOSTON, MA 1962
License Expiration Date **6/30/2017**
Remarks

License Number 7756
License Date 12/2/1987
Name **SARACINO, ANTHONY MD**
Address 802 SANDERLING DR, INDIALANTIC, FL, 32903-4760
Specialty U
Board Certified U
School and Year of Graduation FAC DI MED E CHIRURGIA UNIV DI ROMA ITALY 1984
Internship and Year NEW ROCHELLE HOSP-MED CTR-NEW ROCHELLE,NY 1986
Residency and Year NEW ROCHELLE HOSP MED CTR-NEW ROCHELLE,NY 1990
License Expiration Date **6/30/1998**
Remarks

License Number 12176
License Date 12/3/2003
Name **SARANGLAO JR, ALEJANDRO S MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty PUD
Board Certified IM
School and Year of Graduation UNIVERSITY OF PHILIPPINES, MANILA PHILIPPINES PHILIPPINES 1996
Internship and Year SUNY, BROOKLYN NY 1999
Residency and Year SUNY, BROOKLYN NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 13758
 License Date 11/7/2007
 Name **SARDELLA, GERALD L MD**
 Address 246 PLEASANT ST STE 103, CONCORD, NH, 03301
 Specialty GS
 Board Certified GS
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989
 Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 1990
 Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 1993
 License Expiration Date **6/30/2017**
 Remarks

License Number 16090
 License Date 4/3/2013
 Name **SARETT, RENEE M MD**
 Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03903
 Specialty EM
 Board Certified EM
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 2006
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
 License Expiration Date **6/30/2017**
 Remarks **Lapsed for non renewal 6/30/2015 and renewed 8/19/15.**

License Number 8178
 License Date 7/12/1989
 Name **SARGENT, JAMES D MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty PD
 Board Certified PD
 School and Year of Graduation TUFTS UNIV SCH OF MED-BOSTON,MA USA 1984
 Internship and Year BOSTON CITY HOSP-BOSTON,MA 1985
 Residency and Year BOSTON CITY HOSP-BOSTON,MA 1989
 License Expiration Date **6/30/2015**
 Remarks

License Number 14899
 License Date 6/2/2010
 Name **SARGENT, PATRICIA L DO**
 Address NICU/ SNHMC, 8 PROSPECT STNASHUA, NH, 03060
 Specialty PD
 Board Certified PD
 School and Year of Graduation NEW YORK COLLEGE USA 2003
 Internship and Year WINTHROP UNIVERSITY HOSPITAL, MINEOLA,NY 2008
 Residency and Year WINTHROP UNIVERSITY HOSPITAL, MINEOLA,NY 2010
 License Expiration Date **6/30/2016**
 Remarks

License Number 6718
License Date 6/2/1983
Name **SARGENT, STEVEN K MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWNWASHINGTON UNIV SCH MED USA 1980
Internship and Year MED CTR HOSP-BURLINGTON,VT 1981
Residency and Year MED CTR HOSP-BURLINGTON,VT 1981
License Expiration Date **6/30/2017**
Remarks

License Number 9072
License Date 10/6/1993
Name **SARGENT, WILLIAM A MD**
Address NORTHEASTERN VT REGIONAL HOSP, ST JOHNSBURY, VT, 05819
Specialty EM
Board Certified
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1974
Internship and Year FLETCHER ALLEN HEALTH CARE - VT 1975
Residency and Year FLETCHER ALLEN HEALTH CARE - VT 1979
License Expiration Date **6/30/2017**
Remarks

License Number 10665
License Date 8/4/1999
Name **SARKIS, MARLENE S MD**
Address 79 SWIFTWATER RD STE 2, WOODSVILLE, NH, 03785
Specialty IM
Board Certified IM
School and Year of Graduation FAC OF MED AMERICAN UNIV OF BEIRUT - NY, NY USA 1996
Internship and Year UNIV OF CONNECTICUT HLTH CTR - FARMINGTON, CT 1997
Residency and Year UNIV OF CONNECTICUT HLTH CTR - FARMINGTON,CT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 13515
License Date 5/9/2007
Name **SARMA, UMESH C MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation UNIV OF EDINBURGH UNITED KINGDOM 1989
Internship and Year BERSHIRE MEDICAL CENTER - PITTSFIELD, MA 1998
Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 10221
License Date 1/7/1998
Name **SARNI, JAMES L MD**
Address NEW ENGLAND MED CTR, 750 WASHINGTON ST BOSTON, MA, 02111
Specialty PM
Board Certified PM
School and Year of Graduation MT SINAI SCH OF MED UNIV OF NY, NY USA 1986
Internship and Year MT SINAI MEDICAL CENTER - NY 1987
Residency and Year MONTEFIORE M C H & L MOSES DIVISION - NY 1990
License Expiration Date **6/30/1999**
Remarks

License Number 14097
License Date 7/9/2008
Name **SARNO, CHRISTOPHER M MD**
Address FAMILY EAR, NOSE & THROAT LLC, 35 WALKER ST SUITE 200 KITTERY, ME, 03904
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF IOWA USA 2003
Internship and Year UNIV OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2004
Residency and Year UNIV OF FLORIDA HEALTH SCIENCES CENTER - GAINESVILLE, FL 2008
License Expiration Date **6/30/2016**
Remarks

License Number 16051
License Date 3/6/2013
Name **SAROYAN, JOHN M MD**
Address BAYADA HOSPICE, PO BOX 1590, 316 MAIN ST NORWICH, VT, 05055
Specialty PD
Board Certified PD
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year CHILDRENS HOSPITAL-CENTRAL CALIFORNIA - MADERA, CA 2000
Residency and Year CHILDRENS HOSPITAL-CENTRAL CALIFORNIA - MADERA, CA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 8329
License Date 5/9/1990
Name **SARSON, MICHAEL F MD**
Address 36 NIMS RD, KEENE, NH, 03431-
Specialty DR
Board Certified DR
School and Year of Graduation HAHNEMANN UNIV SCH OF MED-PHIL, PA USA 1984
Internship and Year MT CARMEL MERCY HOSP-DETROIT, MI 1985
Residency and Year MT CARMEL MERCY HOSP-DETROIT, MI 1986
License Expiration Date **6/30/2016**
Remarks

License Number 16024
License Date 2/6/2013
Name **SARVER, RUSSELL G MD**
Address UROLOGICAL ASSOCIATES, 580 ST JOHNSBURY ROADLITTLETON, NH, 03561
Specialty U
Board Certified U
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY NEW JERSEY USA 1990
Internship and Year ARIZONA HEALTH SCIENCE CENTER - TUCSON, AZ 1992
Residency and Year ARIZONA HEALTH SCIENCE CENTER - TUCSON, AZ 1996
License Expiration Date **6/30/2017**
Remarks

License Number 8370
License Date 6/6/1990
Name **SASMOR, MICHELE T MD**
Address RIVER SONG PLASTIC SURG, 21 HIGHLAND AVE STE 3-4ANEWBURYPORT, MA, 01950
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF UTAH SCH OF MED-SALT LAKE CITY,UT USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1989
Residency and Year DARTMOUTH-HITCHCOCK MED SCH-HANOVER,NH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 11459
License Date 11/7/2001
Name **SASSMANNSHAUSEN, GREGORY M MD**
Address DARTMOUTH-HITHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation INDIANA UNIV SCH OF MED- INDIANAPOLIS, IN USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 8298
License Date 4/4/1990
Name **SASSO, ROBERT A MD**
Address 630 US HWY 1 STE 500, N BRUNSWICK, NJ, 08902
Specialty OBG
Board Certified OBG
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1982
Internship and Year UNIV UTRAH MEDICAL CENTER - SALT LAKE CITY, UT 1983
Residency and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1986
License Expiration Date **6/30/2012**
Remarks

License Number 14818
License Date 4/7/2010
Name **SASTRY, AKHILESH MD**
Address SPORT MEDICINE ALANTIC ORTHO, 150 US HWY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty ORS
Board Certified ORS
School and Year of Graduation NORTHEASTERN OHIO UNIVERSITY USA 2003
Internship and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2004
Residency and Year DREXEL UNIV COLLEGE OF MEDICINE/HAHNEMANN UNIV-PHILADELPHIA, PA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15044
License Date 10/6/2010
Name **SASTRY, DEEPTHA N MD**
Address HARBOUR WOMENS HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801
Specialty OBG
Board Certified OBG
School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 2003
Internship and Year SANTA BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2004
Residency and Year COOPER UNIVERSITY HOSPITAL - CAMDEN, NJ 2007
License Expiration Date **6/30/2016**
Remarks

License Number 6080
License Date 6/26/1979
Name **SATEIA, MICHAEL J MD**
Address 5 BRADLEY HILL RD, NORWICH, VT, 05055
Specialty P
Board Certified P
School and Year of Graduation DUKE UNIV SCHOOL MEDICINE - DURHAM, NC USA 1974
Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITALS - HANOVER, NH 1975
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITALS - HANOVER, NH 1979
License Expiration Date **6/30/2017**
Remarks

License Number 11138
License Date 12/6/2000
Name **SATERIALE, MARK MD**
Address 258 REA ST, N ANDOVER, MA, 01845
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1984
Internship and Year UNIV OF MASS MED SCH - WORCESTER, MA 1985
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 12818
License Date 7/6/2005
Name **SATHYAMOORTHY, MADHANKUMAR MD**
Address GRANITE STATE ANESTHESIA, 168 KINSLEY ST STE 4NASHUA, NH, 03060
Specialty AN
Board Certified
School and Year of Graduation KILPAUK MEDICAL COLLEGE, CHENNAI INDIA 1999
Internship and Year GRACE HOSPITAL OF WAYNE STATE/DETROIT MEDICAL CENTER, DETROIT MI 2002
Residency and Year BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER, BROOKLYN NY 2005
License Expiration Date **6/30/2013**
Remarks

License Number 15771
License Date 7/11/2012
Name **SATHYANARAYANAGOWDA, RAVI G MD**
Address DARTMOUTH HITCHCOCK - HUDSON, 208 ROBINSON RDHUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation ADICHUNCHANAGIRI INSTITUED OFF MEDICAL SCIENCES INDIA 1997
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 04240 2011
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 04240 2012
License Expiration Date **6/30/2016**
Remarks

License Number 15639
License Date 4/4/2012
Name **SATTAR, ABDUL MD**
Address LRGHEALTHCARE - HOSPITALIST PROGRAM, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation CHANDKA MEDICAL COLLEGE-UNIVERSITY OF SIND PAKISTAN 2005
Internship and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2010
Residency and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 11140
License Date 12/6/2000
Name **SATTERFIELD, SHARON B MD**
Address MIDCOAST MENTAL HLTH-PENBAY OUTPATIENT PSYCHIATRY, 15 MIDCOAST DRBELFAST, ME, 0491
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1970
Internship and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1971
Residency and Year UNIV OF MARYLAND - BALTIMORE, MD 1973
License Expiration Date **6/30/2012**
Remarks **Deceased 9/15/2012**

License Number 17189
License Date 7/1/2015
Name **SATUR, NANCY M MD**
Address 6020 CORNERSTONE CT W STE 340, SAN DIEGO, CA, 92121
Specialty D
Board Certified D
School and Year of Graduation JEFFERSON MED COLLEGE OF THOMAS JEFFERSON UNIV USA 1976
Internship and Year THE ALLENTOWN HOSPITAL - ALLENTOWN, PA 1977
Residency and Year UNIVERSITY OF ILLINOIS @ CHICAGO - CHICAGO, IL 1979
License Expiration Date **6/30/2017**
Remarks

License Number L1800
License Date 1/6/2003
Name **SAUER, CURTIS M MD**
Address FOUNDATION NEUROLOGY, 19 TYLER ST STE 303 NASHUA, NH, 03060
Specialty N
Board Certified
School and Year of Graduation TUFTS UNIVERSITY- BOSTON, MA USA 1968
Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1970
Residency and Year UNIVERSITY HOSPITAL OF CLEVELAND, OH 1975
License Expiration Date **4/15/2003**
Remarks

License Number 13881
License Date 3/5/2008
Name **SAUNDERS, JAMES E MD**
Address DHMC - OTOLARYNGOLOGY, ONE MED CTR DR , CLINIC 4 FLEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF OKLAHOMA OK 1987
Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1989
Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1993
License Expiration Date **6/30/2016**
Remarks

License Number 13989
License Date 5/7/2008
Name **SAUNDERS, KRISTI M MD**
Address 107 NEWPORT RD, NEW LONDON, NH, 03257
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CALIFORNIA USA 1989
Internship and Year UNIV OF CALIFORNIA IRVINE MEDICAL CENTER-ORANGE, CA 1990
Residency and Year UNIV OF CALIFORNIA IRVINE MEDICAL CENTER-ORANGE, CA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 9555
License Date 9/6/1995
Name **SAUNDERS, LISA M MD**
Address SNHMC, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON, VT USA 1990
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1991
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994
License Expiration Date **6/30/2017**
Remarks

License Number 3931
License Date 8/17/1966
Name **SAUNDERS, RICHARD L MD**
Address UPPER VALLEY NEUROLOGY, 106 HANOVER STLEBANON, NH, 03766
Specialty NS
Board Certified NS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1962
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1963
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1964
License Expiration Date **6/30/2016**
Remarks

License Number 12948
License Date 11/2/2005
Name **SAURBORN, DANIEL P MD**
Address 1770 IOWA AVE STE 280, RIVERSIDE, CA, 92507
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 1998
Internship and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1999
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2003
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 10763
License Date 11/3/1999
Name **SAURIS, EDWARD V MD**
Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIVERSITY USA 1988
Internship and Year GEISINGER MEDICAL CENTER - DANVILLE PA 1989
Residency and Year MANHATTAN EYE, EAR AND THROAT HOSPITAL - NEW YORK NY 1992
License Expiration Date **6/30/2011**
Remarks

License Number 6103
License Date 8/9/1979
Name **SAUTER, JOHN P MD**
Address 188 COTTAGE ST, LITTLETON, NH, 03561-4204
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NY UPSTATE COLL MED,SYRACUSE,NY USA 1974
Internship and Year MARY I BASSETT HOSPITAL - COOPERSTOWN, NY 1975
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1979
License Expiration Date **6/30/2017**
Remarks

License Number 5489
License Date 3/4/1976
Name **SAUVIGNE, ARTHUR E MD**
Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV. COLLAGE OF PHYSICIAN AND SURGEONS USA 1972
Internship and Year DARTMOUTH MED SCH AFFIL HOSPS 1973
Residency and Year DARTMOUTH MED SCH ALLIL HOSPITAL 1973
License Expiration Date **6/30/2016**
Remarks

License Number 6425
License Date 7/2/1981
Name **SAVAGE, JOSEPH B MD**
Address 35 KOSCIUSKO ST, MANCHESTER, NH, 03101
Specialty IM
Board Certified
School and Year of Graduation LOYOLA UNIV STRITCH SCH OF MED-MAYWOOD,IL USA 1975
Internship and Year CARNEY HOSP- BOSTON,MA 1977
Residency and Year CARNEY HOSP-BOSTON,MA 1979
License Expiration Date **6/30/2017**
Remarks **9/21/12 - Order of Emergency License Suspension & Notice of Hearing.**
10/11/12- Order
2/12/14 - Settlement Agreement. 6/4/14 - License Reinstated.

License Number 7219
License Date 10/3/1985
Name **SAVAGE, SEDDON R MD**
Address DCARE, 37 DEWEY FIELD RD RM 448HANOVER, NH, 03255
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1980
Internship and Year VA MEDICAL CENTER - BOSTON, MA 1981
Residency and Year DARTMOUTH-HITHCOCK MEDICAL CENTER - HANOVER, NH 1985
License Expiration Date **6/30/2017**
Remarks

License Number 11856
License Date 3/5/2003
Name **SAVANI, BIPIN N MD**
Address NIH-NHLBI BLDG 10, 10 CENTER DRBETHESDA, MD, 20892-1652
Specialty IM
Board Certified
School and Year of Graduation GUJARAT UNIV - AHMEDABAD, GUJARAT INDIA INDIA 1989
Internship and Year MYELOMA INSTITUTE FOR RESEARCH AND THERAPY - LITTLE ROCK, AR 2001
Residency and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2002
License Expiration Date **6/30/2005**
Remarks

License Number 10189
License Date 12/3/1997
Name **SAVANIN, WILLIAM D MD**
Address 67 UNION ST #205, NATICK, MA, 01760
Specialty P
Board Certified P
School and Year of Graduation ASTRAHANSKIJ MED INST-ASTRAHAN RUSSIA 1986
Internship and Year BOSTON UNIV MED CTR-MA 1998
Residency and Year BOSTON UNIV MED CTR-MA 1998
License Expiration Date **6/30/2003**
Remarks

License Number 15072
License Date 11/3/2010
Name **SAVGAN GUROL, ERAY MD**
Address MGH - PEDIATRIC ENDOCRINOLOGY, 55 FRUIT ST YAWKEY 6800BOSTON, MA, 02114
Specialty PDE
Board Certified PDE
School and Year of Graduation ISTANBUL UNIVERSITY TURKEY 1994
Internship and Year UNIVERSITY OF IOWA HOSPITALS - IOWA CITY, IA 2006
Residency and Year UNIVERSITY OF IOWA HOSPITALS - IOWA CITY, IA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14235
License Date 11/5/2008
Name **SAVIA JR, PHILIP V MD**
Address LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03246
Specialty N
Board Certified N
School and Year of Graduation ST GEORGE'S UNIV GRENADA 1984
Internship and Year JERSEY SHORE UNIV MEDICAL CENTER - NEPTUNE, NJ 1987
Residency and Year PRIMARY CHILDREN'S MEDICAL CENTER - SALT LAKE CITY, UT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 10634
License Date 7/7/1999
Name **SAVIDGE, TODD O MD**
Address NEW CREATION HEALING CENTER, 148 PLAISTOW RDPLAISTOW, NH, 03865
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF OHIO - TOLEDO, OH USA 1989
Internship and Year NAVAL HOSPITAL - JACKSONVILLE, FL 1990
Residency and Year PUGET SOUND FAMILY MED RES - BREMERTON, WA 1992
License Expiration Date **6/30/2001**
Remarks

License Number 12177
License Date 12/3/2003
Name **SAVIT, RUSS M MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation STATE UNIVERSITY OF NY, BROOKLYN NY US 1980
Internship and Year NASSAU COUNTY MED CTR, EAST MEADOW NY 1981
Residency and Year NASSAU COUNTY MED CTR, EAST MEADOW NY 1984
License Expiration Date **6/30/2013**
Remarks

License Number 7529
License Date 3/4/1987
Name **SAVITEER, PETER L MD**
Address 418 ROLLINS RD, HOPKINTON, NH, 03229
Specialty R
Board Certified R
School and Year of Graduation UNIV OF CONNECTICUT SCH MED-FRAMINGTON,CT USA 1980
Internship and Year NORTH CAROLINA MEM HOSP-CHAPEL HILL 1981
Residency and Year DUKE UNIV MED CTR-DURHAM,NC 1987
License Expiration Date **6/30/2017**
Remarks

License Number 7589
License Date 5/6/1987
Name **SAVITEER, SUSAN M MD**
Address 418 ROLLINS RD, HOPKINTON, NH, 03229
Specialty ID
Board Certified ID
School and Year of Graduation UNIVERSITY OF CONNECTICUT - FARMINGTON, CT USA 1980
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1981
Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1983
License Expiration Date **6/30/2017**
Remarks

License Number 5283
License Date 1/14/1975
Name **SAVITZ, DAVID MD**
Address 294 WASHINGTON ST, BOSTON, MA, 02108-4608
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1961
Internship and Year BETH ISREAL HOSPITAL - BOSTON, MA 1964
Residency and Year BETH ISREAL HOSPITAL - BOSTON, MA 1967
License Expiration Date **6/30/1999**
Remarks

License Number 7695
License Date 8/5/1987
Name **SAVOY, JOHN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NS
Board Certified NS
School and Year of Graduation ALBANY MED COLL OF UNION UNIV ALBANY, NY USA 1964
Internship and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 1965
Residency and Year UNIV CINCINNATI HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1971
License Expiration Date **6/30/2001**
Remarks **11/12/99 - SETTLEMENT AGREEMENT
DECEASED 6/1/09**

License Number 12762
License Date 6/1/2005
Name **SAWHNEY, HARINDER S MD**
Address 6 ROANOKE CT, COMMACK, NY, 11725
Specialty IM
Board Certified IM
School and Year of Graduation DAYANAND MED COLLEGE, INDIA INDIA 1995
Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1997
Residency and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1999
License Expiration Date **6/30/2007**
Remarks

License Number 10883
License Date 4/5/2000
Name **SAWTELLE, ANNA K MD**
Address MIDCOAST HOSPITAL, 123 MEDICAL CENTER DRBRUNSWICK, ME, 04011
Specialty AN
Board Certified AN
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS-NY USA 1990
Internship and Year BASSETT HEALTHCARE-COOPERTOWN,NY 1991
Residency and Year UNIVERSITY OF CALIFORNIA-SAN FRANCISCO,CA 1994
License Expiration Date **6/30/2010**
Remarks

License Number 8642
License Date 10/2/1991
Name **SAWYER JR, RICHARD F MD**
Address 25 MARSTON ST, SUITE 402LAWRENCE, MA, 01844
Specialty IM
Board Certified GE
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 1989
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1990
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1992
License Expiration Date **6/30/2017**
Remarks

License Number 10346
License Date 7/1/1998
Name **SAWYER, CHARLES M MD**
Address VALLEY REGIONAL HOSPITAL, 243 ELM STCLAREMONT, NH, 03743
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TEXAS MEDICAL SCHOOL - SAN ANTONIO USA 1984
Internship and Year UNIV HOSP OF TEXAS HEALTH SCIENCE CTR - SAN ANTONIO, TX 1985
Residency and Year UNIV HOSP OF TEXAS HEALTH SCIENCE CTR - SAN ANTONIO, TX 1987
License Expiration Date **6/30/2016**
Remarks

License Number 8689
License Date 3/4/1992
Name **SAWYER, JAMES D MD**
Address 43 BOCK DR, FULTON, NY, 13069
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF BRUSSELS BELGIUM 1979
Internship and Year MAINE MEDICAL CENTER PORTLAND - MAINE 1980
Residency and Year MAINE MEDICAL CENTER PORTLAND - MAINE 1982
License Expiration Date **6/30/2016**
Remarks

License Number 13228
License Date 8/2/2006
Name **SAWYER, MATHEW M MD**
Address CAPITAL REGION FAM HEALTH CTR, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT USA 2003
Internship and Year CONCORD HOSPITAL-CONCORD, NH 2005
Residency and Year CONCORD HOSPITAL-CONCORD, NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 8446
License Date 10/10/1990
Name **SAWYER, PHYLLIS R MD**
Address PATHWAYS PROF ASSN, 194 PLEASANT STCONCORD, NH, 03301-
Specialty PTH
Board Certified PTH
School and Year of Graduation MED UNIV OF S CAROLINA COLL OF MED - SC USA 1983
Internship and Year UNIV HOSPITAL - SEATTLE, WA 1984
Residency and Year UNIV HOSPITAL - SEATTLE, WA 1987
License Expiration Date **6/30/1998**
Remarks

License Number 16459
License Date 1/8/2014
Name **SAX, ERIC J MD**
Address 9 OLD SUDBURY RD, LINCOLN, MA, 01773
Specialty DR
Board Certified DR
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON,MA 1990
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12763
License Date 6/1/2005
Name **SAXENA, JAYA B MD**
Address 172 KINSLEY ST, NASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 2001
Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 2002
Residency and Year UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 2004
License Expiration Date **6/30/2013**
Remarks

License Number 10435
License Date 10/7/1998
Name **SAYEGH, RAOUF MD**
Address 50 PROSPECT ST, #301LAWRENCE, MA, 01842
Specialty IM
Board Certified IM
School and Year of Graduation FAC OF MED UNIV OF ALEPPO - SYRIA SYRIA 1988
Internship and Year HOSPITAL OF ST RAPHAEL PROGRAM - NEW HAVEN, CT 1994
Residency and Year HOSPITAL OF ST RAPHAEL PROGRAM - NEW HAVEN, CT 1996
License Expiration Date **6/30/2016**
Remarks

License Number 14145
License Date 8/6/2008
Name **SAYESS, POLINA Y MD**
Address IMMEDIATE CARE OF SO NH-SO NASHUA, 112 SPIT BROOK RDNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation DNIETROPETROVSK STATE MEDICAL ACADEMY UKRAINE 2000
Internship and Year FAMILY MEDICINE OF SOUTHWEST WASHINGTON - VANCOUVER, WA 2006
Residency and Year FAMILY MEDICINE OF SOUTHWEST WASHINGTON - VANCOUVER, WA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 15596
License Date 3/7/2012
Name **SBARRA, THOMAS MD**
Address 338 ELM RD, FALMOUTH, MA, 02540
Specialty CD
Board Certified CD
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 1975
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1976
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1978
License Expiration Date **6/30/2014**
Remarks

License Number 10313
License Date 6/3/1998
Name **SCALICE, ROBERT A MD**
Address 36 GRAPEVINE RD, GLOUCESTER, MA, 01930
Specialty IM
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLL - VALHALLA, NY USA 1967
Internship and Year SAINT VINCENT'S HOSPITAL - NEW YORK, NY 1968
Residency and Year SAINT VINCENT'S HOSPITAL - NEW YORK, NY 1972
License Expiration Date **6/30/2012**
Remarks

License Number 16426
License Date 12/4/2013
Name **SCANLON, PATRICK E DO**
Address 87 MCGREGOR STREET, MANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MED - NY USA 2008
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2009
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 16733
License Date 8/6/2014
Name **SCANNELL, MARGARET A MD**
Address 78 KING RD, ETNA, NH, 03750-3504
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON , MA US 1999
Internship and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2000
Residency and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13643
License Date 8/1/2007
Name **SCANNELL, RYAN B MD**
Address NEW ENGLAND ENT/FACIAL PLASTIC, 198 MASSACHUSETTS AVEN ANDOVER, MA, 01845
Specialty OTO
Board Certified OTO
School and Year of Graduation DUKE UNIV USA 2001
Internship and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 2002
Residency and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 2006
License Expiration Date **6/30/2017**
Remarks

License Number 4260
License Date 6/27/1968
Name **SCARAMELLA, ALBERT F MD**
Address NASHUA AREA HLTH CTR, 10 PROSPECT STNASHUA, NH, 03063
Specialty PD
Board Certified PD
School and Year of Graduation NORTHWESTERN UNIV - CHICAGO, IL USA 1963
Internship and Year CLEVELAND METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1964
Residency and Year CHILDRENS MEMORIAL HOSPITAL - COOK COUNTY, IL 1966
License Expiration Date **6/30/2010**
Remarks

License Number 16384
License Date 11/6/2013
Name **SCARSELLA, ANTHONY J MD**
Address CONSOLIDATED LABORATORY SER, 7855 HASKELL AVE STE 302VAN NUYS, CA, 91406
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF CA SAN FRANCISCO SCHOOL OF MED USA 1975
Internship and Year KAISER PERMANENTE LA FAMILY MEDICINE CENTER - LOS ANGELES, CA 1976
Residency and Year KAISER PERMANENTE LA FAMILY MEDICINE CENTER - LOS ANGELES, CA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 9631
License Date 1/3/1996
Name **SCELFO, RONALD J MD**
Address 253 US HWY ONE, TEQUESTA, FL, 33469
Specialty OPH
Board Certified OPH
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED & HEALTH SCIENCE USA 1969
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1970
Residency and Year UNIV MIAMI JACKSON MEMORIAL MC - MIAMI, FL 1975
License Expiration Date **6/30/2004**
Remarks

License Number 12247
License Date 3/3/2004
Name **SCHAEFER, CHRISTINE N DO**
Address , 222 JACKSON AVEFORT COLLINS, CO, 80521
Specialty GS
Board Certified GS
School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1978
Internship and Year UNION HOSPITAL, UNION NJ 1979
Residency and Year OUCOM DOCTORS HOSPITAL, COLUMBUS OH 1983
License Expiration Date **6/30/2010**
Remarks

License Number 7966
License Date 8/10/1988
Name **SCHAEFER, OREN P MD**
Address S6-719 UMASS-MEM HLTH CARE, 55 LAKE AVE NWORCESTER, MA, 01655
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1986
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1987
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1989
License Expiration Date **6/30/2006**
Remarks

License Number 15729
License Date 6/6/2012
Name **SCHAEFER, REBECCA J MD**
Address BELMAR FAMILY MEDICINE, 325 S TELLER ST SUITE 250LAKEWOOD, CO, 80226
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY NEW JERSEY USA 2004
Internship and Year EXEMPLA ST JOSEPH HOSPITAL - DENVER, CO 2005
Residency and Year EXEMPLA ST JOSEPH HOSPITAL - DENVER, CO 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14669
License Date 11/4/2009
Name **SCHAEFER, SUSAN A MD**
Address DARTMOUTH-HITCHCOCK, 5 WASHINGTON PLACE BEDFORD, NH, 03110
Specialty A
Board Certified A
School and Year of Graduation GEORGETOWN UNIVERSITY USA 2001
Internship and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2002
Residency and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 14266
License Date 12/3/2008
Name **SCHAEFFER, COLIN S MD**
Address 46 EISENHOWER CIR, WELLESLEY, MA, 02482
Specialty R
Board Certified R
School and Year of Graduation NEW YORK UNIV USA 1975
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 1976
Residency and Year TUFTS MEDICAL CENTER, BOSTON, MA 1979
License Expiration Date **6/30/2014**
Remarks

License Number 7798
License Date 3/9/1988
Name **SCHAFER, RICK A MD**
Address LAWRENCE GENERAL HOSP, 1 GENERAL ST LAWRENCE, MA, 01841-2997
Specialty PTH
Board Certified PTH
School and Year of Graduation INDIANA UNIV SCH MED - INDIANAPOLIS, IN USA 1978
Internship and Year ST JOHN HOSPITAL - DETROIT, MI 1979
Residency and Year ST JOHN HOSPITAL - DETROIT, MI 1983
License Expiration Date **6/30/2012**
Remarks

License Number 14723
License Date 1/6/2010
Name **SCHAFFER, MICHAEL B MD**
Address CORE PHYS-HOSP MED OF EXETER, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2002
Internship and Year UNIVERSITY OF COLORADO MEDICAL SCHOOL - AURORA, CO 2003
Residency and Year UNIVERSITY OF COLORADO MEDICAL SCHOOL - AURORA, CO 2005
License Expiration Date **6/30/2016**
Remarks

License Number 9954
License Date 3/5/1997
Name **SCHAFFNER, NANCEE L DO**
Address , PO BOX 129N CLARENDON, VT, 05759
Specialty FP
Board Certified
School and Year of Graduation UNIV OF HLTH SCI COLL OF OSTEO MED KANSAS,MO USA 1976
Internship and Year INTERBORO GENERAL HOSPITAL - BOOKLYN , NY 1977
Residency and Year METROPOLITAN GENERAL SURGERY - PHILA, PA 1984
License Expiration Date **6/30/1998**
Remarks

License Number 5545
License Date 7/1/1976
Name **SCHALL, ROBERT S MD**
Address SALEM RADIOLOGY, 23 STILES RDSALEM, NH, 03079-
Specialty R
Board Certified R
School and Year of Graduation JEFFERSON MED COLLEGE OF THOMAS JEFFERSON UNIV USA 1965
Internship and Year ATLANTIC CITY MED CENTER ATLANTIC CITY 1966
Residency and Year BOSTON CITY HOSPITAL BOSTON 1969
License Expiration Date **6/30/2012**
Remarks

License Number 12438
License Date 8/4/2004
Name **SCHALOCK, PETER C MD**
Address 81 MASCOMA ST, #2LEBANON, NH, 03766
Specialty D
Board Certified
School and Year of Graduation OREGON UNIVERSITY, PORTLAND OR US 2002
Internship and Year GOOD SAMARITAN HOSP, PORTLAND OR 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2006**
Remarks

License Number 15004
License Date 9/1/2010
Name **SCHANER, PHILIP E MD**
Address MHMH - RADIATION ONCOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty RO
Board Certified RO
School and Year of Graduation UNIVERSITY OF MICHIGAN USA 2005
Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 2006
Residency and Year UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 2010
License Expiration Date **6/30/2016**
Remarks

License Number 11460
License Date 11/7/2001
Name **SCHAT, KATHRYN M MD**
Address NEW ENGLAND FAMILY HEALTH ASSO, 85 HIGHLAND ST
LACONIA, NH, 03246
Specialty FP
Board Certified FP
School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC CANADA CANADA 1994
Internship and Year UNIV OF CALIFORNIA - FRESNO, CA 1995
Residency and Year UNIV OF CALIFORNIA DAVIS REDDING- REDDING, CA 1997
License Expiration Date **6/30/2009**
Remarks

License Number 11337
License Date 7/11/2001
Name **SCHECHTER, AMY B MD**
Address LOUIS STOKES DVA MED CTR, 1071 EST BLVD
CLEVELAND, OH, 44106
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 1998
Internship and Year METROHEALTH MEDICAL CENTER CLEVELAND OH 1999
Residency and Year METROHEALTH MEDICAL CENTER CLEVELAND OH 2001
License Expiration Date **6/30/2003**
Remarks

License Number 11975
License Date 6/4/2003
Name **SCHECODNIC, GARY J MD**
Address FLORIDA POWER AND LIGHT, 700 UNIVERSE BLVD (JNS/JB)
JUNO BEACH, FL, 33408
Specialty PH
Board Certified PH
School and Year of Graduation MEDICAL COLLEGE OF OHIO - TOLEDO OH USA 1980
Internship and Year DARNALL ARMY COMMUNITY HOSPITAL - FORT HOOD TX 1981
Residency and Year UCLA/VA GREATER LOS ANGELES HEALTHCARE SYSTEM - LOS ANGELES CA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 10453
License Date 11/4/1998
Name **SCHEFFER, MARK M MD**
Address MARTHAS VINEYARD HOSPITAL, ONE HOSPITAL RD
OAK BLUFFS, MA, 02557
Specialty ORS
Board Certified ORS
School and Year of Graduation VANDERBILT UNIV SCH OF MED - NASHVILLE, TN USA 1989
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1990
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1994
License Expiration Date **6/30/2016**
Remarks

License Number 10916
License Date 5/3/2000
Name **SCHEIB, LISA M MD**
Address NASHUA WEST ADULT MEDICINE, 5 DOW JONES AVENASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE OF PHIL-PHIL,PA USA 1992
Internship and Year MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL-PHIL,PA 1992
Residency and Year MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL-PHIL,PA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 14360
License Date 3/4/2009
Name **SCHELL, AMY M MD**
Address WASHINGTON UNIV SCHOOL OF MED - DEPT OF ONCOLOGY, 660 S EUCLID AVE - CAMPUS BOX 805
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KENTUCKY USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUGH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2013**
Remarks

License Number 10454
License Date 11/4/1998
Name **SCHELL, FRANK C MD**
Address , PO BOX 357CORNISH FLAT, , 03746-0357
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MED DENTISTRY NJ - NEWARK, NJ USA 1974
Internship and Year SETON HALL UNIV SCH OF GRADUATE MED EDUCATION - NEWARK, NJ 1975
Residency and Year SETON HALL UNIV SCH OF GRADUATE MED EDUCATION - NEWARK, NJ 1977
License Expiration Date **6/30/2016**
Remarks

License Number 8835
License Date 10/7/1992
Name **SCHELLER JR, ARNOLD D MD**
Address PRO SPORTS ORTHOPEDICS, 840 WINTER STWALTHAM, MA, 02451
Specialty ORS
Board Certified ORS
School and Year of Graduation RUSH MEDICAL COLLEGE USA 1973
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1974
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1975
License Expiration Date **6/30/2014**
Remarks **11/12/13 - Settlement Agreement**
5/6/15 - Settlement Agreement

License Number 10476
License Date 12/2/1998
Name **SCHERCZINGER, RICHARD MD**
Address THE SANGER CLINIC, 134 MEDICAL PARK RD STE 111MOORESVILLE, NC, 28117
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NORTH CAROLINA - CHAPEL HILL, NC USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date **6/30/2008**
Remarks

License Number 10971
License Date 6/7/2000
Name **SCHERER, MAGDALENA J MD**
Address SKYHAVEN INTERNAL MEDICINE, 6 HEALTHCARE DR STE 2ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation POMORXE GEN K SWIERCZEWSKIEGO MEMORIAL POLAND 1992
Internship and Year OHIO VALLEY MEDICAL CENTER - WHEELING, WV 1999
Residency and Year OHIO VALLEY MEDICAL CENTER - WHEELING, WV 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10522
License Date 3/3/1999
Name **SCHERER, TIMOTHY D MD**
Address DARTMOUTH HITCHCOCK-NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty GE
Board Certified GE
School and Year of Graduation STATE UNIV OF NEW YORK - BROOKLYN, NY USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 5682
License Date 3/7/1977
Name **SCHERMERHORN, JOHN J MD**
Address PAINCARE CENTER, 255 ROUTE 108SOMERSWORTH, NH, 03878
Specialty AN
Board Certified
School and Year of Graduation COLUMBIA COLL OF PHYSICIANS-NEW YORK CITY NY USA 1971
Internship and Year UPSTATE MEDICAL CENTER-SYRACUSE NY 1972
Residency and Year UPSTATE MEDICAL CENTER-SYRACUSE NY 1975
License Expiration Date **6/30/2017**
Remarks **9/4/14 - Prehearing Conference Order**
1/7/15 - Settlement Agreement

License Number 11074
License Date 9/6/2000
Name **SCHERMERHORN, MARC L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1991
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1992
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date **6/30/2006**
Remarks

License Number 14046
License Date 6/4/2008
Name **SCHERPA, MALINDA J MD**
Address CHESHIRE MED CTR/DHMC-KEENE, 590 COURT STKEENE, NH, 03431
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2006
Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD,MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 9260
License Date 8/3/1994
Name **SCHERTZER, ROBERT M MD**
Address DHMC OPHTHALMOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation DALHOUSIE UNIVERSITY CANADA 1988
Internship and Year DALHOUSIE UNIVERSITY - NOVA SCOTIA CANADA 1989
Residency and Year MCGILL UNIVERSITY ROYAL VICTORIA HOSPITAL - MONTREAL QUEBEC CANADA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14267
License Date 12/3/2008
Name **SCHERZER, ROBERT E MD**
Address VA HOSPITAL, 13000 BRUCE B DAVIS DOWN BLVDTAMPA, FL, 33612
Specialty R
Board Certified
School and Year of Graduation ROSALIND FRANKLIN UNIV USA 1977
Internship and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1978
Residency and Year UNIV OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 1981
License Expiration Date **6/30/2014**
Remarks

License Number 8939
License Date 5/5/1993
Name **SCHIAVONI JR, EDMUND S MD**
Address SO NH INTERNAL MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038-1584
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1989
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9605
License Date 12/6/1995
Name **SCHICK, EDGAR C MD**
Address LAHEY HITCHCOCK CLINIC, 41 MALL RDBURLINGTON, MA, 01805-
Specialty CD
Board Certified IM
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE - NEW YORK, NY USA 1970
Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1971
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1978
License Expiration Date **6/30/2000**
Remarks

License Number 7102
License Date 5/2/1985
Name **SCHIELE JR, HERBERT S MD**
Address RR 2 BOX 176, S ROYALTON, VT, 05068-9117
Specialty CHP
Board Certified P
School and Year of Graduation WASH UNIV MED SCHL ST LOUIS MO USA 1949
Internship and Year ROBT PACKER HOSP SAYRE PA 1949
Residency and Year ST LOUIS CITY HOSPITAL ST LOUIS MO BARNES HOSP ST LOUIS MO 1953
License Expiration Date **6/30/2000**
Remarks

License Number 15598
License Date 3/7/2012
Name **SCHIERMER, DONALD C MD**
Address 29 GREENOUGH AVE #2, JAMAICA PLAIN, MA, 02130
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1996
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1997
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1999
License Expiration Date **6/30/2014**
Remarks

License Number 3666
License Date 10/29/1963
Name **SCHIFF, MICHAEL MD**
Address 129 WASHINGTON ST, TOPSFIELD, MA, 01983
Specialty D
Board Certified D
School and Year of Graduation BOSTON UNIVERSITY USA 1956
Internship and Year TRIPLER US ARMY HOSPITAL- HAWAII 1957
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL VETERANS HOSPITAL WHITE RIVER JUNCTION 1959
License Expiration Date **6/30/2009**
Remarks

License Number 8179
License Date 7/12/1989
Name **SCHISSEL, LAWRENCE A MD**
Address 11 JOHN STARK HWY, NEWPORT, NH, 03773-1212
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1986
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1988
License Expiration Date **6/30/2017**
Remarks

License Number 8137
License Date 6/7/1989
Name **SCHLACHTER, JEROME T MD**
Address HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED-CINCINNATI,OH USA 1984
Internship and Year THE JEWISH HOSP-CINCINNATI,OH 1985
Residency and Year BETHESDA HOSP-CINCINNATI,OH 1988
License Expiration Date **6/30/2017**
Remarks

License Number 14478
License Date 6/3/2009
Name **SCHLAMOWITZ, ROBERT A MD**
Address ROBERT SCHLAMOWITZ MD, 4160 6TH LANE SWVERO BEACH, FL, 32968
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1978
Internship and Year SCRIPPS MERCY HOSPITAL - SAN DIEGO, CA 1979
Residency and Year SCRIPPS MERCY HOSPITAL - SAN DIEGO, CA 1981
License Expiration Date **6/30/2011**
Remarks

License Number 14571
License Date 8/5/2009
Name **SCHLAUDER, SCOTT M MD**
Address DERM PATH DIAGNOSTICS, 10500 UNIV CENTER DR STE 200TAMPA, FL, 33612
Specialty D
Board Certified ATP
School and Year of Graduation OHIO STATE UNIVERSITY USA 2005
Internship and Year UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 2006
Residency and Year UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 2008
License Expiration Date **6/30/2011**
Remarks

License Number 9933
License Date 2/5/1997
Name **SCHLEFER, ELLEN K MD**
Address 20 LADD ST, STE 408PORTSMOUTH, NH, 03801
Specialty P
Board Certified CHP
School and Year of Graduation UNIV OF ALABAMA SCHOOL OF MEDICINE USA 1985
Internship and Year NEW YORK HOSPITAL- WESTCHESTER DIVISION - NY 1986
Residency and Year NEW YORK HOSPITAL P WHITNEY PSYCHIATRY CLINIC - NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 5925
License Date 6/12/1978
Name **SCHLEGELMILCH, JOHN G MD**
Address CHIEF MED OFFICER - MONADNOCK COMM HOSPITAL, 425 OLD STREET RDPETERBOROUGH, NH, 0
Specialty IM
Board Certified RHU
School and Year of Graduation STATE UNIV OF NY DOWNSTATE MED CTR BROOKLYN NY USA 1975
Internship and Year LI JEWISH HILLSIDE MEDICAL CENTER - NEW HYDE PARK, NY 1976
Residency and Year LI JEWISH HILLSIDE MEDICAL CENTER - NEW HYDE PARK, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 7658
License Date 7/8/1987
Name **SCHLEPPHORST, LAWRENCE E MD**
Address 1257 BRIAR HILL RD, HOPKINTON, NH, 03229
Specialty NEP
Board Certified NEP
School and Year of Graduation SOUTHERN ILLINOIS UNIV SCHOOL OF MEDICINE USA 1981
Internship and Year THE JEWISH HOSPITAL - ST LOUIS MO 1982
Residency and Year MOFFIT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1987
License Expiration Date **6/30/2015**
Remarks

License Number 8682
License Date 2/5/1992
Name **SCHLESSEL, JOSHUA M MD**
Address CHARTER BROOKSIDE, 29 NORTHWEST BLVD NASHUA, NH, 03063-4068
Specialty P
Board Certified
School and Year of Graduation ROSS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year CONNECTICUT VALLEY HOSPITAL MIDDLETOWN - CT 1986
Residency and Year CONNECTICUT VALLEY HOSPITAL MIDDLETOWN - CT 1988
License Expiration Date **6/30/2000**
Remarks

License Number 11857
License Date 3/5/2003
Name **SCHLOTT, HEATHER A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 2000
Internship and Year CHILDRENS HOSPITAL AT DARTMOUTH - LEBANON, NH 2001
Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH - LEBANON, NH 2002
License Expiration Date **6/30/2005**
Remarks

License Number 15640
License Date 4/4/2012
Name **SCHLOTTMAN III, RICHARD H MD**
Address DEPT OF VA - MYRTLE BEACH PRIMARY CLINIC, 3381 PHILLIS BOULEVARD MYRTLE BEACH, SC, 2957
Specialty ADM
Board Certified ADM
School and Year of Graduation UNIVERSIDAD DEL NORESTE MEXICO 1979
Internship and Year MARYLAND GENERAL HOSPITAL - BALTIMORE, MD 1982
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11935
License Date 5/7/2003
Name **SCHMALZER, EMILY A MD**
Address 335 MIDDLE RD, BRENTWOOD, NH, 03833-6012
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1970
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1971
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1972
License Expiration Date **6/30/2015**
Remarks

License Number 11139
License Date 12/6/2000
Name **SCHMIDEK, HENRY H MD**
Address DEPT OF NEUROSURGERY DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF WESTERN ONTARIO FAC- LONDON ONTARIO CANADA 1963
Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL QUEBEC, CANADA 1964
Residency and Year ROYAL VICTORIA HOSPITAL - MONTREAL QUEBEC, CANADA 1965
License Expiration Date **6/30/2006**
Remarks **DECEASED 10/26/2008**

License Number 15812
License Date 8/1/2012
Name **SCHMIDT, AMBER R DO**
Address WEEKS MEDICAL CENTER, 170 MIDDLE STLANCASTER, NH, 03584
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2010
Residency and Year MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2012
License Expiration Date **6/30/2016**
Remarks

License Number 9606
License Date 12/6/1995
Name **SCHMIDT, DAVID A MD**
Address , 16 FIFTH STDOVER, NH, 03824
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1993
Internship and Year TIMBERLAWN PSYCHIATRIC HOSPITAL - TX 1993
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
License Expiration Date **6/30/2017**
Remarks **lapsed for non-renewal 6/30/97 - reinstated on 6/2/10.**

License Number 7506
License Date 2/5/1987
Name **SCHMITZ, JAMES M MD**
Address SCOTT & WHITE MEMORIAL HOSP, 2401 S 31ST STTEMPLE, TX, 76508
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1980
Internship and Year UNIV OF TEXAS SW MEDICAL SCHOOL - DALLAS, TX 1981
Residency and Year UNIV OF TEXAS SW MEDICAL SCHOOL - DALLAS, TX 1982
License Expiration Date **6/30/2005**
Remarks **1/24/95 Settlement Agreement**
4/11/06 Settlement Agreement

License Number 8864
License Date 12/2/1992
Name **SCHMITZ, STEPHEN M MD**
Address 121 DAVIS RD, BEDFORD, MA, 01730-1507
Specialty OM
Board Certified OM
School and Year of Graduation ROBERT JOHNSON MEDICAL SCHOOL USA 1982
Internship and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN CT 1983
Residency and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN CT 1985
License Expiration Date **6/30/1998**
Remarks

License Number 6165
License Date 2/22/1980
Name **SCHNED, ALAN R MD**
Address DHMC - DEPT OF PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation COLUMBIA UNIV. COLL.OF PHY&SURGEONS,NY USA 1975
Internship and Year UNIV. OF CHICAGO CLINICS,CHICAGO,IL 1976
Residency and Year HARTFORD HOSP. HARTFORD,CT 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11519
License Date 2/6/2002
Name **SCHNEEBAUM, RONALD J MD**
Address DHMC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation SACKLER FAC OF MED TEL AVIV UNIV- TEL AVIV-YAFO ISRAEL 1981
Internship and Year UNIV OF CONNECTICUT SCH OF MEDICINE - FARMINGTON, CT 1982
Residency and Year UNIV OF CONNECTICUT SCH OF MEDICINE - FARMINGTON, CT 1984
License Expiration Date **6/30/2016**
Remarks **lapsed for non-renewal 6/30/04-reinstated 6/7/06**

License Number 6500
License Date 2/8/1982
Name **SCHNEIDER, AMY MD**
Address 8 LAWRENCE ST, PO BOX 120ANDOVER, NH, 03216
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1978
Internship and Year U MASS COORD PROG-WORCHESTER,MA 1979
Residency and Year U MASS COORD PROG-WORCHESTER,MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 11117
License Date 11/1/2000
Name **SCHNEIDER, CATHERINE A MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTRY ROADWINDSOR, VT, 05089
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MED NEW JERSEY- NEWARK, NJ USA 1989
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1990
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9822
License Date 8/7/1996
Name **SCHNEIDER, DONALD S MD**
Address GEISINGER, 100 N ACADEMY AVE MC 21-11DANVILLE, PA, 17822
Specialty GE
Board Certified GE
School and Year of Graduation SUNY-HLTH SCIENCE CENTER AT BROOKLYN COLL OF MED USA 1991
Internship and Year PRESBYTERIAN HOSPITAL NY,NY 1994
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997
License Expiration Date **6/30/2003**
Remarks

License Number 15005
License Date 9/1/2010
Name **SCHNEIDER, ELIZABETH S MD**
Address 2859 LINCOLN HILL RD, HINESBURG, VT, 05461
Specialty FP
Board Certified FP
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1991
Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 1992
Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 1994
License Expiration Date **6/30/2014**
Remarks

License Number 17079
License Date 5/6/2015
Name **SCHNEIDER, KELLI M MD**
Address 1733 OAKMOUNT RD, SOUTH EUCLID, OH, 44121
Specialty PTH
Board Certified PTH
School and Year of Graduation OREGON HEALTH & SCIENCE UNIV SCHOOL OF MEDICINE USA 2010
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2011
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2014
License Expiration Date **6/30/2017**
Remarks

License Number 12319
License Date 5/5/2004
Name **SCHNEIDERMAN, ROY MD**
Address ALERE, 3200 WINDY HILL RD STE B100ATLANTA, GA, 30339
Specialty NPM
Board Certified NPM
School and Year of Graduation TEL AVIV UNIVERSITY, TEL AVIV-YAFO ISRAEL ISRAEL 1986
Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1989
Residency and Year CHILDRENS HOSP OF PHILADELPHIA, PHILADELPHIA PA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 12608
License Date 2/2/2005
Name **SCHNEIDERMAN, STUART MD**
Address 102 SMITHFIELD AVE, PAWTUCKET, RI, 02860
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1976
Internship and Year HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 1977
Residency and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1978
License Expiration Date **6/30/2017**
Remarks

License Number 8101
License Date 5/10/1989
Name **SCHNELLER, PAUL MD**
Address 51 BACON ST, WINCHESTER, MA, 01890-
Specialty P
Board Certified
School and Year of Graduation UNIV OF WESTERN ONT LONDON ONT CANADA 1949
Internship and Year HAMOT MED CTR 1950
Residency and Year NORWICH HOSP NORWICH CT 1954
License Expiration Date **6/30/1999**
Remarks **DECEASED 9/22/03**

License Number 13384
License Date 1/3/2007
Name **SCHOECK, ANDREAS P MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation UNIV OF INNSBRUCK AUSTRIA 1996
Internship and Year FAULKNER HOSPITAL-BOSTON, MA 1998
Residency and Year BOSTON MEDICAL CENTER-BOSTON, MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 10972
License Date 6/7/2000
Name **SCHOEL, SUZANNE M MD**
Address MONADNOCK REGIONAL PEDIATRICS, 454 OLD ST RDPETERBOROUGH, NH, 03458
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1996
Internship and Year CONNECTICUT CHILDRENS MEDICAL CTR-HARTFORD,CT 1997
Residency and Year CONNECTICUT CHILDRENS MEDICAL CTR- HARTFORD,CT 1999
License Expiration Date **6/30/2016**
Remarks

License Number 8805
License Date 9/2/1992
Name **SCHOEN, MATTHEW S MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEW YORK USA 1983
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 12554
License Date 12/1/2004
Name **SCHOENBAUM, DAVID R MD**
Address 590 COURT ST, KEENE, NH, 03431
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 2001
Internship and Year HUNTERDON MED CTR, FLEMINGTON NJ 2002
Residency and Year HUNTERDON MED CTR, FLEMINGTON NJ 2003
License Expiration Date **6/30/2006**
Remarks

License Number 15164
License Date 3/2/2011
Name **SCHOENGOLD, JEFFREY D MD**
Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty EM
Board Certified EM
School and Year of Graduation GEORGETOWN UNIVERSITY USA 2008
Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 2009
Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 2011
License Expiration Date **6/30/2017**
Remarks

License Number 3184
License Date 3/13/1957
Name **SCHOFIELD, CHARLES E MD**
Address 69C ISLAND ST, KEENE, NH, 03431-3529
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK UNIVERSITY USA 1950
Internship and Year GRASSLANDS HOSPITAL VALHALLA - NEW YORK 1951
Residency and Year GRASSLANDS HOSPITAL VALHALLA - NEW YORK 1952
License Expiration Date **6/30/1999**
Remarks

License Number 11204
License Date 3/7/2001
Name **SCHOOLWERTH, ANTON C MD**
Address ONE MEDICAL CENTER DR, 2M HYPERTENSION/NEPHROLOGYLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MED SCH - BOSTON, MA USA 1967
Internship and Year BOSTON MEDICAL CENTER - BOSTON, MA 1969
Residency and Year RUSH-PRESBYTERIAN-ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1970
License Expiration Date **6/30/2017**
Remarks

License Number 7853
License Date 5/4/1988
Name **SCHOPICK, DAVID J MD**
Address 118 MAPLEWOOD AVE, PORTSMOUTH, NH, 03801-4639
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CONNECTICUT SCH MED- FARMINGTON,CT USA 1983
Internship and Year UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1984
Residency and Year HOSPITAL UNIV HEALTH CENTER PITTSBURGH - PITTSBURGH, PA 1987
License Expiration Date **6/30/2016**
Remarks **6/6/05 - Settlement Agreement**

License Number 14268
License Date 12/3/2008
Name **SCHORGE, JOHN O MD**
Address MGH-GYN ONC YAWKEY CTR-9E, 55 FRUIT STBOSTON, MA, 02114
Specialty OBG
Board Certified OBG
School and Year of Graduation VANDERBILT UNIV USA 1993
Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1994
Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 6680
 License Date 4/7/1983
 Name **SCHORSCH, MICHAEL E MD**
 Address 18 ON THE COMMON, PO BOX 344LYME, NH, 03768
 Specialty PD
 Board Certified
 School and Year of Graduation ALBERT EINSTEIN COLL YESHIVA UNIV BRONX, NY USA 1979
 Internship and Year UNIV MASS HOSPITAL COORDINATE PROGRAM - WORCESTER, MA 1980
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982
 License Expiration Date **6/30/2017**
 Remarks **6/15/95 "SETTLEMENT AGREEMENT" 9/18/97 "ORDER" LICENSE UNRESTRICTED AND IN GOOD STANDING**

License Number 9053
 License Date 9/1/1993
 Name **SCHORSCHINSKY, ROBERT W DO**
 Address PENN FAMILY MEDICINE, 1500 PENN AVEWYOMISSING, PA, 19610
 Specialty FP
 Board Certified FP
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 1985
 Internship and Year WOMACK ARMY MEDICAL CENTER - FT BRAGG NC 1986
 Residency and Year BOOTH MEMORIAL MEDICAL CENTER - FLUSHING NY 1989
 License Expiration Date **6/30/2009**
 Remarks

License Number 15597
 License Date 3/7/2012
 Name **SCHREIBER CHERVENAK, RENEE E MD**
 Address UNUM BENEFITS CENTER C310, 2211 CONGRESS STPORTLAND, ME, 04122
 Specialty IM
 Board Certified IM
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1980
 Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1981
 Residency and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1983
 License Expiration Date **6/30/2016**
 Remarks

License Number 15492
 License Date 12/7/2011
 Name **SCHREIBER, PAUL C MD**
 Address HEALTHY IMPERATIVES, 942 W CHESTNUT STBROCKTON, MA, 02301
 Specialty PD
 Board Certified PD
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1966
 Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 1967
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1969
 License Expiration Date **6/30/2013**
 Remarks

License Number 6979
License Date 9/6/1984
Name **SCHREINER, ELIZABETH J MD**
Address 204 MC COLLUM DR, LARAMIE, WY, 82070
Specialty AN
Board Certified AN
School and Year of Graduation DUKE UNIV MED CTR-DURHAM,NC USA 1980
Internship and Year DUKE UNIV MED CTR 1981
Residency and Year DUKE UNIV MED CTR-DURHAM,NC 1983
License Expiration Date **6/30/2001**
Remarks

License Number 16609
License Date 5/7/2014
Name **SCHROECK, FLORIAN R MD**
Address DHMC - UROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty U
Board Certified
School and Year of Graduation FACULTY OF MED, TECHNICAL UNIV OF MUNICH GERMANY 2004
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2006
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16563
License Date 4/2/2014
Name **SCHROECK, HEDWIG MD**
Address DARTMOUTH- HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation FACULTY OF MED TECHNICAL UNIVERSITY OF MUNICH GERMANY 2004
Internship and Year THE UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2006
Residency and Year THE UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2009
License Expiration Date **6/30/2016**
Remarks

License Number 6005
License Date 12/11/1978
Name **SCHROER, PETER J MD**
Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03583
Specialty EM
Board Certified
School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA JALUSCO 1972
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1976
Residency and Year UNIV MASS COORDINATED PROGRAM - WORCESTER, MA 1978
License Expiration Date **6/30/2014**
Remarks

License Number 10884
License Date 4/5/2000
Name **SCHROETER, KENNETH A DO**
Address NH HOSP FOR CHILDREN, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1993
Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO,CA 1994
Residency and Year NAVAL MEDICAL CENTER-SAN DIEGO,CA 1996
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/06 - reinstated 4/5/00**

License Number 10103
License Date 8/6/1997
Name **SCHULMAN, JOSEPH MD**
Address SHERIDAN CHILDRENS HLTH, 4651 SHERIDAN ST 2ND FLHOLLYWOOD, FL, 330221
Specialty NPM
Board Certified PD
School and Year of Graduation UNIV OF PA SCH OF MED - PHILA, PA USA 1976
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1977
Residency and Year DUKE UNIV MEDICAL CENTER - NC 1981
License Expiration Date **6/30/1998**
Remarks

License Number 9711
License Date 5/1/1996
Name **SCHULTZ, PHILIP A MD**
Address AMOSKEAG PEDIATRICS, 207 DANIEL WEBSTER HWYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1991
Internship and Year UNIV OF ALABAMA - BIRMINGHAM, AL 1994
Residency and Year UNIV OF ALABAMA - BIRMINGHAM, AL 1994
License Expiration Date **6/30/1999**
Remarks

License Number 11461
License Date 11/7/2001
Name **SCHULTZ, WILLIAM R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 2000
License Expiration Date **6/30/2003**
Remarks

License Number 9461
License Date 6/7/1995
Name **SCHULTZE, PAMELA R MD**
Address STRAFFORD MEDICAL ASSOC, 10 MEMBERS WAY STE 302DOVER, NH, 03820-
Specialty IM
Board Certified IM
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT BROOKLYN USA 1989
Internship and Year VA MEDICAL CENTER - NEW YORK, NY 1991
Residency and Year VA MEDICAL CENTER - NEW YORK, NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 6218
License Date 6/9/1980
Name **SCHUMACHER, ROBERT M MD**
Address SOUTHERN SIERRA MED CLINIC, 1041 N CHINA LAKE BLVD STE BRIDGECREST, CA, 93555
Specialty PD
Board Certified PD
School and Year of Graduation CMDNJ NEW JERSEYMED SCH-NEWMARK,NJ USA 1962
Internship and Year JERSEY CITY MED CTR 1963
Residency and Year JOHNSHOPKINS HOSP-BALTIMORE,MD 1965
License Expiration Date **6/30/2010**
Remarks

License Number 7367
License Date 6/12/1986
Name **SCHUMAN, ANDREW J MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty PD
Board Certified PD
School and Year of Graduation NY UNIVERSITY - NY NYQ USA 1979
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE 1980
Residency and Year RHODE ISLAND HOSITAL - PROVIDENCE 1982
License Expiration Date **6/30/2016**
Remarks

License Number 15940
License Date 11/7/2012
Name **SCHUMAN, GAIL I DO**
Address ELLIOT PEDIATRIC NEUROLOGY, 275 MAMMOTH RD, , SUITE 1MANCHESTER, NH, 03109
Specialty CHN
Board Certified CHN
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2002
Internship and Year NYCOM/GOOD SAMARITAN HOSPITAL MEDICAL CENTER - WEST ISLIP, NY 2004
Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 15678
License Date 5/2/2012
Name **SCHUMAN-OLIVIER, ZEV D MD**
Address WESTBRIDGE COMMUNITY SVC, 275 MYSTIC AVE STE CMEDFORD, MA, 02155
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2006
Residency and Year CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 8847
License Date 11/4/1992
Name **SCHUR, SAMUEL MD**
Address YALE STATION, PO BOX 206578NEW HAVEN, CT, 06520-6578
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VIENNA AUSTRIA 1965
Internship and Year UNIV OF ILLINOIS HOSPITAL AND CLINIC - CHICAGO, IL 1972
Residency and Year UNIV OF ILLINOIS HOSPITAL AND CLINIC CHICAGO - ILLINOIS 1972
License Expiration Date **6/30/2006**
Remarks

License Number 16385
License Date 11/6/2013
Name **SCHUSTER, NANCY A MD**
Address SOUTHWESTERN VT MEDICAL CENTER, 100 HOSPITAL DRIVEBENNINGTON, VT, 05201
Specialty IM
Board Certified
School and Year of Graduation WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2000
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15941
License Date 11/7/2012
Name **SCHUTZBANK, ANDREW M MD**
Address IORA HEALTH, 222 3RD ST STE 3100CAMBRIDGE, MA, 02142
Specialty IM
Board Certified IM
School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 15045
License Date 10/6/2010
Name **SCHUYLER, THYE M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty N
Board Certified
School and Year of Graduation LOMA LINDA UNIVERSITY USA 2006
Internship and Year BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2007
Residency and Year UNIVERSITY OF ARIZONA HEALTH SCIENCE CENTER - TUCSON, AZ 2010
License Expiration Date **6/30/2012**
Remarks

License Number 13229
License Date 8/2/2006
Name **SCHWAAB, THOMAS MD**
Address CONCORD UROLOGY, 246 PLEASANT STCONCORD, NH, 03301
Specialty U
Board Certified
School and Year of Graduation MEDICAL UPPER SCHOOL OF HANNOVER GERMANY 1999
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2001
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2002
License Expiration Date **6/30/2010**
Remarks

License Number 16877
License Date 12/3/2014
Name **SCHWAB, JOSEPH H MD**
Address 37 CHESTNUT ST, BOSTON, MA, 02108
Specialty ORS
Board Certified ORS
School and Year of Graduation FINCH UNIVERSITY OF HEALTH SCIENCES USA 1999
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2000
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
License Expiration Date **6/30/2016**
Remarks

License Number 8102
License Date 5/10/1989
Name **SCHWAEGERLE, SONYA M MD**
Address PORTSMOUTH REGIONAL HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty PTH
Board Certified PTH
School and Year of Graduation MED COLL OF OHIO @ TOLEDO USA 1984
Internship and Year UNIVERSITY HOSPS CLEVELAND OH 1985
Residency and Year CLEVELAND CLINIC FNDN CLEVELAND OH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 13781
License Date 12/5/2007
Name **SCHWAMM, LEE H MD**
Address MASSACHUSETTS GEN HOSP, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1991
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1992
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 6866
License Date 5/10/1984
Name **SCHWARTZ, EUGENE MD**
Address 4 SYCAMORE KNOLLS, SOUTH HADLEY, MA, 01075
Specialty OMO
Board Certified OM
School and Year of Graduation STATE UNIV OF NEW YORK AT BUFFALOSCH MED-NY USA 1975
Internship and Year MT SINAI HOSP-NEW YORK,NY 1983
Residency and Year MT SINAI HOSP-NEW YORY, NY 1983
License Expiration Date **6/30/2016**
Remarks

License Number 11008
License Date 7/5/2000
Name **SCHWARTZ, GARY N MD**
Address DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DRLEBANON, NH, 03765
Specialty IM
Board Certified IM
School and Year of Graduation STANFORD UNIV SCH OF MED - STANFORD, CA USA 1985
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 1988
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 6334
License Date 1/8/1981
Name **SCHWARTZ, IRA S MD**
Address PORTSMOUTH INTERNAL MEDICINE, 330 BORTHWICK AVE SUITE 205PORTSMOUTH, NH, 03801-41
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF LOUISVILLE SCH OF MED-LOUISVILLE, KY USA 1974
Internship and Year SUNY UPSTATE MED CTR-SYRACUSE,NY 1975
Residency and Year SUNY UPSTATE MED CTR-SYRACUSE,NY 1978
License Expiration Date **6/30/2017**
Remarks

License Number 15235
License Date 5/4/2011
Name **SCHWARTZ, JOANNA E MD**
Address DHMC, 1 MED CTR DDRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY MASSACHUSETTS MED SCHOOL USA 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 16564
License Date 4/2/2014
Name **SCHWARTZ, JOEL H MD**
Address MGH/B SGIRE CANTER CTR, 102 ENDICOTT STDANVERS, MA, 01923
Specialty ON
Board Certified ON
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1971
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1972
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 11431
License Date 10/3/2001
Name **SCHWARTZ, JONATHAN C MD**
Address VA MEDICAL CTR-PSYCHIATRY DEPT, WHITE RIVER JCT, VT, 05055
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 8848
License Date 11/4/1992
Name **SCHWARTZ, JONATHAN R MD**
Address GENERATIONS, PO BOX 3300MANCHESTER, NH, 03105
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 1972
Internship and Year UNIVERSITY OF WISCONSIN HOSPITAL AND CLINIC MADISON - WISCONSIN 1973
Residency and Year MT SINAI MEDICAL CENTER NEW YORK - NEW YORK 1980
License Expiration Date **6/30/2016**
Remarks

License Number 3314
License Date 9/9/1959
Name **SCHWARTZ, LEO H MD**
Address 407 RIVERVIEW, DOVER, NH, 03820-3404
Specialty OPH
Board Certified OPH
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1941
Internship and Year CEDARS OF LEBANON- LOS ANGELES, CA 1942
Residency and Year ILLINOIS EYE AND EAR INFIRMARY 1949
License Expiration Date **6/30/1999**
Remarks

License Number 11075
License Date 9/6/2000
Name **SCHWARTZ, LYNN S MD**
Address 8 WREN LANE, HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1984
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1985
Residency and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 6462
License Date 10/6/1981
Name **SCHWARTZ, MITCHELL E MD**
Address 50 TIMBER LN, BURLINGTON, VT, 05403
Specialty D
Board Certified D
School and Year of Graduation HAHNEMANN MED COLL OF PHILADELPHIA-PA USA 1977
Internship and Year ST MARYS HOSP-WATERBURY,CT 1978
Residency and Year ST MARYS HOSP-WATERBURY,CT 1979
License Expiration Date **6/30/1999**
Remarks

License Number 11392
License Date 9/5/2001
Name **SCHWARTZ, SHELDON E MD**
Address 5 ABERNATHY RD, LEXINGTON, MA, 02420
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK UNIV SCH OF MED- NEW YORK, NY USA 1970
Internship and Year SUNY AT BUFFALO GRADUATE MEDICAL- BUFFALO, NY 1972
Residency and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 975
License Expiration Date **6/30/2003**
Remarks

License Number 6357
License Date 3/16/1981
Name **SCHWARTZ, STEVEN B MD**
Address 121 MADELINE RD, MANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED USA 1977
Internship and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1978
Residency and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1981
License Expiration Date **6/30/2017**

Remarks

License Number 9859
License Date 10/2/1996
Name **SCHWARTZ, STEVEN L MD**
Address LAHEY CARDIOLOGY, PO BOX 1184NASHUA, NH, 03060-
Specialty CD
Board Certified IM
School and Year of Graduation SUNY-HLTH SCU CTR AT BROOKLYN COLL OF MED , NY USA 1984
Internship and Year RHODE ISLAND HOSPITAL - RI 1987
Residency and Year VET AFFAIRS MEDICAL CENTER - MA 1992
License Expiration Date **6/30/2016**

Remarks

License Number 8742
License Date 6/3/1992
Name **SCHWARTZBERG, MARTIN E MD**
Address RIVER ROAD PEDIATRICS, 58 HAWTHORNE DRBEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1988
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1991
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL -BOSTON, MA 1991
License Expiration Date **6/30/2016**

Remarks

License Number 8786
License Date 8/5/1992
Name **SCHWARTZMAN, JOSEPH D MD**
Address DHMC - DEPT OF PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ATP
Board Certified PTH
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1974
Internship and Year UNIVERSITY COLORADO HEALTH SCIENCE CENTER DENVER - COLORADO 1975
Residency and Year UNIVERSITY COLORADO HEALTH SCIENCE CENTER DENVER - COLORADO 1978
License Expiration Date **6/30/2016**

Remarks

License Number 10169
License Date 11/5/1997
Name **SCHWARZ, ADAM J MD**
Address HANOVER COMMUNITY CLINIC, 45 LYME RD SUITE 104HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1993
Internship and Year BOSTON MEDICAL CENTER - MA 1996
Residency and Year BOSTON MEDICAL CENTER - MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 11676
License Date 7/3/2002
Name **SCHWARZENBERGER, KATHRYN MD**
Address FLECTCHER ALLEN HEALTHCARE, 14 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty D
Board Certified D
School and Year of Graduation UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1987
Internship and Year DUKE UNIV MED CTR - DURHAM, NC 1988
Residency and Year DUKE UNIV MED CTR - DURHAM, NC 1990
License Expiration Date **6/30/2010**
Remarks

License Number 10436
License Date 10/7/1998
Name **SCHWEIDT, SILKE H MD**
Address HIGHLAND HOSPITAL, 1000 SOUTH AVE STE 309ROCHESTER, NY, 14620
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI,OH USA 1986
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1987
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1988
License Expiration Date **6/30/2016**
Remarks

License Number 12078
License Date 9/3/2003
Name **SCHWENDER, CATHERINE E MD**
Address DHMC - SURGERY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 2001
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date **6/30/2007**
Remarks

License Number 4956
License Date 2/12/1973
Name **SCHWENKER, DAVID W MD**
Address 90 SOUTH ST BOX 2174, GLENS FALLS, NY, 12801
Specialty CD
Board Certified CD
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE, NY USA 1971
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
License Expiration Date **6/30/2003**
Remarks

License Number 9435
License Date 5/3/1995
Name **SCIBETTA JR, PAUL J DO**
Address ELLIOT ORTHOPAEDIC SURGERY SP, 85 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY USA 1989
Internship and Year UNION HOSPITAL/OSTEOPATHIC, UNION NJ 1991
Residency and Year UNDNJ SCHOOL OF OSTEOPTHIC MEDICINE, STRATFORD NJ 1995
License Expiration Date **6/30/2017**
Remarks

License Number 16687
License Date 7/2/2014
Name **SCOLLAN, JOEY M DO**
Address 2 BELMONT ST, LOWELL, MA, 01850
Specialty PD
Board Certified
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPTHIC MEDICINE USA 2009
Internship and Year UNIVERSITY OF MARYLAND - BALTIMORE, MD 2010
Residency and Year UNIVERSITY OF MARYLAND - BALTIMORE, MD 2014
License Expiration Date **6/30/2016**
Remarks

License Number 15730
License Date 6/6/2012
Name **SCOONES, CAROLINE N MD**
Address HARBOUR WOMEN'S HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801
Specialty OBG
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY USA 2008
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2012
License Expiration Date **6/30/2016**
Remarks

License Number 8764
 License Date 7/1/1992
 Name **SCOTT, DEBORAH J MD**
 Address MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
 Specialty IM
 Board Certified IM
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1989
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1990
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 8400
 License Date 7/11/1990
 Name **SCOTT, DOUGLAS R MD**
 Address LACONIA EYE & LASER CENTER, PO BOX 7625GILFORD, NH, 03247-7625
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH MED - IL USA 1985
 Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON , MA 1986
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 9386
 License Date 3/1/1995
 Name **SCOTT, JEFFREY A MD**
 Address TRI-COUNTY MEDICAL ASSOC, 94 MENDON STHOPEDALE, MA, 01747
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIVERSITY OF MA MEDICAL SCHOOL USA 1989
 Internship and Year UNIVERRSIY OF MA MEDICAL CENTER - WORCESTER MA 1992
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
 License Expiration Date **6/30/2007**
 Remarks

License Number 13782
 License Date 12/5/2007
 Name **SCOTT, JINEL A MD**
 Address RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST 3RD FLBEACHWOOD, OH, 44122
 Specialty R
 Board Certified R
 School and Year of Graduation HOWARD UNIV USA 2001
 Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2002
 Residency and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 2003
 License Expiration Date **6/30/2015**
 Remarks

License Number 9411
License Date 5/3/1995
Name **SCOTT, JUDITH P MD**
Address 6047 EASTWOOD TERRACE, NORFOLK, VA, 23508
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL 1995
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1995
License Expiration Date **6/30/1998**
Remarks

License Number 6715
License Date 6/2/1983
Name **SCOTT, MARTHA B MD**
Address 10 GROVE CT, EXETER, NH, 03833-
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1974
Internship and Year UNIVERSITY HOSPITAL - BOSTON MA 1975
Residency and Year UNIVERSITY HOSPITAL - BOSTON MA 1976
License Expiration Date **6/30/1998**
Remarks

License Number 16734
License Date 8/6/2014
Name **SCOTT, ROBERT C MD**
Address 1 MEDICAL CENTER DR, LEBANON, NH, 03756-1000
Specialty P
Board Certified
School and Year of Graduation E TENN STATE UNIVERSITY - JOHNSON CITY, TN US 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 13022
License Date 3/1/2006
Name **SCOTT, SARAH M MD**
Address 111 JERICHO RD, WESTON, MA, 02493
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date **6/30/2008**
Remarks

License Number 7182
License Date 8/1/1985
Name **SCOTT, THOMAS B MD**
Address LAKES REGION GENERAL HOSP, HIGH STLACONIA, NH, 03246
Specialty EM
Board Certified EM
School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV USA 1978
Internship and Year UNITED HOSPITAL CTR-CLARKSBURG WV 1979
Residency and Year UNITED HOSP CTR -CLARKSBURG WV 1981
License Expiration Date **6/30/2017**
Remarks

License Number 11677
License Date 7/3/2002
Name **SCOTT, THOMAS H DO**
Address PARKLAND MEDICAL CTR, ONE PARKLAND DRDERRY, NH, 03038
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1998
Internship and Year NYCOM-UNION HOSPITAL - UNION, NJ 1999
Residency and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2001
License Expiration Date **6/30/2016**
Remarks

License Number 12949
License Date 11/2/2005
Name **SCRIVEN, KIMBERLY A MD**
Address 857 MACAW CIR, VENICE, FL, 84285
Specialty GS
Board Certified GS
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH US 1995
Internship and Year CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH 1996
Residency and Year WEST VIRGINIA UNIVERSITY, MORGANTOWN WV 2000
License Expiration Date **6/30/2009**
Remarks

License Number 4819
License Date 8/20/1971
Name **SCRIVEN, PETER C MD**
Address , PO BOX 1514MEREDITH, NH, 03253-1514
Specialty R
Board Certified
School and Year of Graduation ST BARTHOLOMEW'S HOSPITAL LONDON 1963
Internship and Year ROYAL BERKSHIRE HOSPITAL - READING, ENGLAND 1964
Residency and Year UNIV HOSPITAL - EDMONTON, ALBERTA 1971
License Expiration Date **6/30/1998**
Remarks

License Number 16688
License Date 7/2/2014
Name **SCULL, MELISSA L MD**
Address QUEEN CITY MED ASSOC - CATHOLIC MEDICAL CTR, 775 S MAIN ST.MANCHESTER, NH, 03102
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2011
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2012
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2014
License Expiration Date **6/30/2016**
Remarks

License Number 12717
License Date 5/4/2005
Name **SCULLY, EDWARD H MD**
Address NASHUA AREA HEALTH CTR, 10 PROSPECT ST STE 102NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1994
Internship and Year LAWRENCE FAMILY PRACTICE, LAWRENCE MA 1995
Residency and Year LAWRENCE FAMILY PRACTICE, LAWRENCE MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 4912
License Date 8/31/1972
Name **SCULLY, STEPHEN J MD**
Address 451 ANDOVER ST, N ANDOVER, MA, 01845-5044
Specialty PS
Board Certified PS
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE, WASHINGTON, DC USA 1962
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1963
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1967
License Expiration Date **6/30/2016**
Remarks **REQUESTED INACTIVE 6/30/14 RENEWED 10/22/14**

License Number 17130
License Date 6/3/2015
Name **SEABORG, BARBARA J MD**
Address DHMC - PRIMARY CARE, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 1990
Internship and Year UNIVERSITY OF IOWA HOSPITALS AND CLINICS, IOWA CITY IA 1991
Residency and Year UNIVERSITY OF IOWA HOSPITALS AND CLINICS, IOWA CITY IA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 7933
License Date 7/6/1988
Name **SEARLE, RYAN S MD**
Address CONVENIENT MD, 125 INDIAN ROCK RD WINDHAM, NH, 03087
Specialty EM
Board Certified
School and Year of Graduation WEILL CORNELL UNIVERSITY USA 1972
Internship and Year UNIVERSITY OF NC HOSPITALS - NC 1974
Residency and Year UNIVERSITY OF UT MEDICAL CENTER - UT 1975
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/91- reinstated 8/7/13**

License Number 16525
License Date 3/5/2014
Name **SEAY, THOMAS M MD**
Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240-1374
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE USA 1987
Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1988
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14327
License Date 2/4/2009
Name **SEBASTYAN, ANDREW J MD**
Address SJ FAMILY MEDICAL CENTER, 173 DANIEL WEBSTER HWY NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF OTTAWA CANADA 1985
Internship and Year UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 1986
Residency and Year UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 15813
License Date 8/1/2012
Name **SEBENY, PETER J MD**
Address PARKLAND PHYS SVS, 44 BIRCH ST STE 200 - ENTRANCE B DERRY, NH, 03038
Specialty ID
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 2003
Internship and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MA 2004
Residency and Year WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12222
License Date 2/4/2004
Name **SEBESTYEN, CHRISTINA E MD**
Address CARING PARTNERS OB/GN, 235 ROCHESTER HILL RD ROCHESTER, NH, 03867
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1999
Internship and Year BRIGHAM & WOMENS HOSP, BOSTON MA 2000
Residency and Year BRIGHAM & WOMENS HOSP, BOSTON MA 2003
License Expiration Date **6/30/2006**
Remarks

License Number 10347
License Date 7/1/1998
Name **SECAUR, ROBERT E MD**
Address VALLEY REGIONAL MED CTR, 23 STILES RD #210 SALEM, NH, 03079
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1971
Internship and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1972
Residency and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1974
License Expiration Date **6/30/2002**
Remarks

License Number 12013
License Date 7/2/2003
Name **SEDLACEK, MARTIN MD**
Address D H M C NEPHROLOGY DIV, ONE MEDICAL CENTER DR LEBANON, NH, 03756-0001
Specialty NEP
Board Certified IM
School and Year of Graduation UNIV OF BRUSSELS - BRUXELLES, BELGIUM BELGIUM 1991
Internship and Year CABRINI MEDICAL CENTER - NEW YORK, NY 1994
Residency and Year CABRINI MEDICAL CENTER - NEW YORK, NY 1996
License Expiration Date **6/30/2017**
Remarks

License Number 7207
License Date 9/10/1985
Name **SEE, TE MD**
Address 4 TROCHA ST, NASHUA, NH, 03063
Specialty FP
Board Certified
School and Year of Graduation FAC OF MED AND SURG UNIV OF SANTO THOMAS PHILIPPINES 1961
Internship and Year NORWEGIAN AMERICAN HOSPITAL- CHICAGO, IL 1976
Residency and Year NORWEGIAN AMERICAN HOSPITAL - CHICAGO, IL 1977
License Expiration Date **6/30/2011**
Remarks

License Number 17233
License Date 8/5/2015
Name **SEEFELD, ANDREW W MD**
Address 3240 IRIS AVE - UNIT 106, BOULDER, CO, 80301-1969
Specialty EM
Board Certified
School and Year of Graduation PA STATE UNIV COLL OF MEDICINE, HERSEY, PA USA 2005
Internship and Year LOS ANGELES COUNTY HARBOR - UCLA MEDICAL CENTER - TORRANCE CA 2006
Residency and Year UNIV OF CALIFORNIA LOS ANGELES MEDICAL CENTER - LOS ANGELES, CA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11205
License Date 3/7/2001
Name **SEGAL, SAMANTHA MD**
Address 221 MERIDEN RD, LEBANON, NH, 03766
Specialty D
Board Certified
School and Year of Graduation UNIV OF CONNECTICUT -FARMINGTON, CT USA 1997
Internship and Year YALE PRIMARY CARE PROGRAM - NEW HAVEN, CT 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2002**
Remarks

License Number 13990
License Date 5/7/2008
Name **SEGARCEANU, MIRUNA O MD**
Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 1300MANCHESTER, NH, 03102
Specialty N
Board Certified N
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILE ROMANIA
Internship and Year DANBURY HOSPITAL-DANBURY, CT 2004
Residency and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 10036
License Date 6/4/1997
Name **SEGIL, JEFFREY M MD**
Address DOVER WOMEN'S HEALTH PA, 700 CENTRAL AVEDOVER, NH, 03820
Specialty OBG
Board Certified OBG
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY-OH USA 1993
Internship and Year UNIV HOSPITALS-OH 1997
Residency and Year UNIVERSITY HOSPITALS-OH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 3728
License Date 9/14/1964
Name **SEIBERT, DEAN J MD**
Address 386 MAIN ST, NORWICH, VT, 05055
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE- NY USA 1958
Internship and Year ALBANY HOSPITAL 1959
Residency and Year ALBANY HOSPITAL 1961
License Expiration Date **6/30/1998**
Remarks

License Number 3582
License Date 12/19/1962
Name **SEIBERT, LARRY W MD**
Address 30 TIDEWATER FARM RD, GREENLAND, NH, 03840-
Specialty R
Board Certified R
School and Year of Graduation WAYNE STATE UNIV COLLEGE OF MEDICINE - DETROIT, MI USA 1956
Internship and Year CLEVELAND METROPOLITAN HOSPITAL - CLEVELAND, OH 1957
Residency and Year UNIV OF VERMONT - BURLINGTON, VT 1964
License Expiration Date **6/30/2012**
Remarks

License Number 15325
License Date 7/6/2011
Name **SEICHEPINE, KELLY J MD**
Address 7 ACROPOLIS AVE, LONDONDERRY, NH, 03053
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2008
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14900
License Date 6/2/2010
Name **SEIDEL, GREGORY D MD**
Address DHMC - DEPT OF PATHOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF TOLEDO USA 2000
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2001
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2003
License Expiration Date **6/30/2016**
Remarks

License Number 9746
License Date 6/5/1996
Name **SEIDELMANN, FRANK E DO**
Address RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST 3RD FLBEACHWOOD, OH, 44122
Specialty DR
Board Certified DR
School and Year of Graduation PHILA COLLEGE OF OSTEO MED - PHILA, PA USA 1972
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1973
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1976
License Expiration Date **6/30/2016**
Remarks

License Number 6034
License Date 4/5/1979
Name **SEIDEN, MARGARET R MD**
Address NEW HAMPSHIRE HOSP, 105 PLEASANT STCONCORD, NH, 03301
Specialty N
Board Certified N
School and Year of Graduation ROYAL FREE HOSPITAL SCHOOL OF MEDICINE ENGLAND 1949
Internship and Year ROYAL FRE HOSPITAL - LONDON 1950
Residency and Year LONDON CHEST HOSPITAL - LONDON 1951
License Expiration Date **6/30/2003**
Remarks

License Number 11338
License Date 7/11/2001
Name **SEIDNER, JOHN D MD**
Address ELLIOT EMERGENCY MEDICINE SPECIALIST, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1998
Internship and Year HEALTH PARTNERS INSTITUTE FOR MED ED 2000
Residency and Year HEALTH PARTNERS INSTITUTE FOR MED ED 2001
License Expiration Date **6/30/2017**
Remarks

License Number 16240
License Date 7/3/2013
Name **SEIFFERT, ELLEN A MD**
Address DARTMOUTH HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DR.LEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 4992
License Date 5/22/1973
Name **SEIGEL, CHARLES J MD**
Address MONADNOCK HOSP, 454 OLD STREET RDPETERBOROUGH, NH, 03458-1295
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICINE USA 1967
Internship and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 1968
Residency and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 1973
License Expiration Date **6/30/2017**
Remarks

License Number 12223
License Date 2/4/2004
Name **SEIGNE, JOHN D MD**
Address DHMC - UROLOGICAL SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF DUBLIN, DUBLIN 2 IRELAND` IRELAND 1986
Internship and Year MASS GENERAL HOSP, BOSTON MA 1989
Residency and Year MASS GENERAL HOSP, BOSTON MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 11721
License Date 8/7/2002
Name **SEILER, ELEANOR C MD**
Address ANTHEM BLUE CROSS& BLUE SHEILD, 370 BASSETT RDNORTH HAVEN, CT, 06473
Specialty PD
Board Certified PD
School and Year of Graduation HAHNEMANN MED COL OF PHILADELPHIA-PHILADELPHIA,PA USA 1972
Internship and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD,MA 1973
Residency and Year BAYSTATE MEDICAL CENTER- SPRINGFIELD,MA 1978
License Expiration Date **6/30/2008**
Remarks

License Number 15266
License Date 6/1/2011
Name **SEIXAS-MIKELUS, STEFANIE A MD**
Address ANDOVER UROLOGY, 140 HAVERHILL ST, DOCTORS PARK IANDOVER, MA, 01810
Specialty U
Board Certified U
School and Year of Graduation TUFTS UNIVERSITY USA 2003
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
Residency and Year SUNY @ BUFFALO - BUFFALO, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13413
License Date 2/7/2007
Name **SEKHON, HARMANJATINDER S MD**
Address 4610 119 PL SE, EVERETT, WA, 98208
Specialty PTH
Board Certified
School and Year of Graduation MAGADH UNIV INDIA 1982
Internship and Year OREGON HEALTH SCIENCES UNIV - PORTLAND, OR 2002
Residency and Year OREGON HEALTH SCIENCES UNIV - PORTLAND, OR 2004
License Expiration Date **6/30/2009**
Remarks

License Number 8277
License Date 2/7/1990
Name **SEKKAL, ABOU-EL-KACEM MD**
Address ST LUKES MED CTR, 7 PAGE HILL RDBERLIN, NH, 03570
Specialty GS
Board Certified GS
School and Year of Graduation UNIV D'ALGER FACUALTY MEDICAL & PHARMACY ALGERIA 1976
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1980
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1985
License Expiration Date **6/30/2016**
Remarks

License Number 6606
License Date 8/12/1982
Name **SELBST, RICHARD G MD**
Address MANCHESTER VA, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty N
Board Certified N
School and Year of Graduation TEMPLE UNIV SCHOOL MED PHILADELPHIA, PA USA 1977
Internship and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1978
Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1982
License Expiration Date **6/30/2016**
Remarks

License Number 9955
License Date 3/5/1997
Name **SELDIN, DAVID W MD**
Address 41 MALL RD, BURLINGTON, MA, 01805
Specialty NM
Board Certified NM
School and Year of Graduation NEW YORK UNIV SCH OF MEDICINE USA 1975
Internship and Year NEW YORK MEDICAL CTR- NY 1978
Residency and Year NEW YORK MEDICAL CTR- NY 1979
License Expiration Date **6/30/1999**
Remarks

License Number 6231
License Date 6/26/1980
Name **SELESNICK, MARK H MD**
Address HARBOR MEDICAL ASSOC, 28 RIVERSIDE DRPEMBROKE, MA, 02359
Specialty FP
Board Certified FP
School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF HUMAN MED LANSING USA 1977
Internship and Year MALDEN HOSPITAL - MALDEN, MA 1978
Residency and Year U MSS COORDINATED PROGRAM - WORCESTER, MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 10917
License Date 5/3/2000
Name **SELIG, YOOKYUNG K MD**
Address NEW ENGLAND EAR NOSE & THROAT/FACIAL PLASTIC SURG, 198 MASSACHUSETTS AVE STE 103NO
Specialty OTO
Board Certified OTO
School and Year of Graduation JOHN HOPKINS UNIVERSITY SCHOOL OF MED-BALTIMORE,MD USA 1995
Internship and Year NEW ENGLAND MEDICAL CTR-BOSTON,MA 1996
Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON,MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 5244
License Date 9/12/1974
Name **SELIKOWITZ, STUART M MD**
Address PO BOX 1187, WHITE RIVER JCT, VT, 05001-1187
Specialty U
Board Certified U
School and Year of Graduation STATE UNIV OF NY USA 1963
Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1963
Residency and Year UNIV OF OREGON MEDICAL SCHOOL - PORTLAND, OR 1971
License Expiration Date **6/30/2010**
Remarks

License Number 11936
License Date 5/7/2003
Name **SELLECK, MEREDITH J MD**
Address NH ONCOLOGY-HEMOTOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1997
Internship and Year NEW YORK PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 1998
Residency and Year NEW YORK PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11976
License Date 6/4/2003
Name **SELLECK, WILLIAM A MD**
Address MANCHESTER UROLOGY, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty U
Board Certified U
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA NY USA 1997
Internship and Year MT SINAI MEDICAL CENTER - NEW YORK NY 1998
Residency and Year MT SINAI MEDICAL CENTER - NEW YORK NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12277
License Date 4/7/2004
Name **SELTZER, MARC A MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty NM
Board Certified NM
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1991
Internship and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1992
Residency and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16327
License Date 9/4/2013
Name **SEMAAN, ELIE S MD**
Address NYC SURGICAL, 555 PASSAIC AVE #10WEST CALDWELL, NJ, 07006
Specialty GS
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2002
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2003
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 8425
License Date 8/8/1990
Name **SEMAN JR, LEO J MD**
Address NEW ENGLAND MEDICAL CTR, 750 WASHINGTON STBOSTON, MA, 02111
Specialty END
Board Certified
School and Year of Graduation DALHOUSE UNIV FAC OF MED-CANADA CANADA 1987
Internship and Year DALHOUSIE UNIV FAC DE MED-HALIFAX NS CANADA 1988
Residency and Year NORTH CAROLINA BAPTIST HOSP-WINSTON-SALEM,NC 1989
License Expiration Date **6/30/1999**
Remarks

License Number 10222
License Date 1/7/1998
Name **SEMMES III, BENEDICT J MD**
Address MERCY HOSP-EMERGENCY MED, 144 STATE ST PORTLAND, ME, 04101
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED -CINCINNATI, OH USA 1978
Internship and Year ST VINCENT'S HOSPITAL -NY 1979
Residency and Year ST LUKES- ROOSEVELT - NY 1981
License Expiration Date **6/30/2016**
Remarks **lapsed for non-renewal 6/30/04...**
Reinstated on 10/4/06

License Number 12405
License Date 7/7/2004
Name **SENGUPTA, DILIP K MD**
Address DHMC-ORTHO-THE SPINE CENTER, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF CALCUTTA - WEST BENGAL INDIA INDIA 1981
Internship and Year TEXAS BACK INSTITUTE - PLANO, TX 1998
Residency and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13991
License Date 5/7/2008
Name **SENGUPTA, PAPIYA MD**
Address METROPOLITAN ANESTHESIA LLC, 585 LEBANON ST MELROSE, MA, 02176
Specialty AN
Board Certified
School and Year of Graduation UNIV OF CALCUTTA INDIA 1984
Internship and Year CARITAS ST ELIZABETHS CENTER-BOSTON, MA 2005
Residency and Year CARITAS ST ELIZABETHS CENTER-BOSTON, MA 2007
License Expiration Date **6/30/2010**
Remarks

License Number 14908
License Date 6/2/2010
Name **SENS, ASHLEY E MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF IOWA USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2012**
Remarks

License Number 9846
License Date 9/4/1996
Name **SENTY, LYNNE M DO**
Address COMPHEALTH, 4021 S 700 ESALT LAKE CITY, UT, 84107-
Specialty FP
Board Certified FP
School and Year of Graduation UNIV STEO MED & HLTH SCI COLL OSTEO MED DES MOINES USA 1989
Internship and Year CENTRAL MAINE MEDICAL CENTER - ME 1992
Residency and Year CENTRAL MAINE MEDICAL CENTER - ME 1992
License Expiration Date **6/30/1999**
Remarks

License Number 13930
License Date 4/2/2008
Name **SEPIC, JEROME MD**
Address PO BOX 990997, BOSTON, MA, 02199
Specialty PS
Board Certified GS
School and Year of Graduation VIRGINIA COMMONWEALTH UNIV USA 1998
Internship and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1999
Residency and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 2000
License Expiration Date **6/30/2012**
Remarks

License Number 16957
License Date 2/4/2015
Name **SERAFINI, SARAH B MD**
Address 260 CRESCENT RD, BURLINGTON, VT, 05401
Specialty EM
Board Certified EM
School and Year of Graduation WEST VIRGINIA UNIV SCHOOL OF MEDICINE USA 2006
Internship and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2007
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 9596
License Date 12/4/1995
Name **SEREDOWYCH, MARK G MD**
Address 92 FAIRFIELD ST, ST ALBAUS, VT, 05478
Specialty IM
Board Certified IM
School and Year of Graduation UNIV AUTO DE GUADALAJARA, FAC MED, GUADALAJARA MEXICO 1982
Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 1984
Residency and Year ELMHURST HOSPITAL CENTER- ELMHURST, NY 1986
License Expiration Date **6/30/1999**
Remarks

License Number 15731
License Date 6/6/2012
Name **SERRA, MARIAN E MD**
Address MEDICAL REVIEW INSTITUTE, 2875 S DECKER LAKE DR #300SALT LAKE CITY, UT, 84119
Specialty EM
Board Certified EM
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1981
Internship and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1982
Residency and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 11007
License Date 7/5/2000
Name **SERRA, STEVEN J MD**
Address OCCUPATIONAL HEALTH & REHAB, 29 RIVERSIDE DR STE A&BNASHUA, NH, 03062
Specialty OM
Board Certified OM
School and Year of Graduation SABA UNIV SCH OF MED - SABA NETHERLANDS NETHERLANDS 1997
Internship and Year MERCY HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1998
Residency and Year UNIV OF UTAH HEALTH SCI CENTER - SALT LAKE CITY, UT 1999
License Expiration Date **6/30/2002**
Remarks

License Number 13356
License Date 12/6/2006
Name **SERRANO II, FELICIANO A MD**
Address 268 MAIN ST, NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SO CALIFORNIA USA 2002
Internship and Year WHITE MEMORIAL MEDICAL CTR-LOS ANGELES, CA 2003
Residency and Year WHITE MEMORIAL MEDICAL CTR-LOS ANGELES, CA 2004
License Expiration Date **6/30/2008**
Remarks

License Number 9592
License Date 11/1/1995
Name **SERRO, ROBERT J MD**
Address FARNUM REHAB CTR AT CHESHIRE, 580 COURT STKEENE, NH, 03431-
Specialty PM
Board Certified PM
School and Year of Graduation -UMDNJ ROBT W JOHNSON MED SCH, PISCATAWAY NJ USA 1988
Internship and Year UMDNJ-R W JOHNSON MED SCH PISCATAWAY NJ 1989
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL BOSTON, MA 1992
License Expiration Date **6/30/2000**
Remarks

License Number 14178
License Date 9/3/2008
Name **SESSELBERG, HENRY W MD**
Address MMP - MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF CONNECTICUT USA 1998
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1999
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12555
License Date 12/1/2004
Name **SESTOKAS, ONILE V MD**
Address NEUROMONITORING MED SERVICES, 15 CHRISTINE LN MEDIA, PA, 19063
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1979
Internship and Year CARNEY HOSPITAL, BOSTON MA 1980
Residency and Year VETERANS ADMINISTRATION MED CTR, WEST ROXBURY MA 1983
License Expiration Date **6/30/2008**
Remarks

License Number 14328
License Date 2/4/2009
Name **SETH, VINOD K MD**
Address 1800 MULBERRY ST, SCRANTON, PA, 18510
Specialty IM
Board Certified IM
School and Year of Graduation RAJASTHAN UNIVERSITY INDIA 1970
Internship and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER-CHICAGO, IL 1972
Residency and Year WASHINGTON UNIV - ST LOUIS, MO 1974
License Expiration Date **6/30/2015**
Remarks

License Number 14047
License Date 6/4/2008
Name **SETHI, HARNEET S MD**
Address CHESHIRE MED CTR/DH-KEENE, 580 COURT STKEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation MCP HAHNEMANN SCHOOL OF MEDICINE-ALLEGHENY USA 2001
Internship and Year HAHNEMANN UNIV HOSPITAL-PHILADELPHIA,PA 2002
Residency and Year HAHNEMANN UNIV HOSPITAL-PHILADELPHIA,PA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 16386
License Date 11/6/2013
Name **SETHI, KANWARDEEP S MD**
Address GENESIS BEHAVIORAL HEALTH, 111 CHURCH ST LACONIA, NH, 03246
Specialty P
Board Certified
School and Year of Graduation MATA GUJRI MEMORIAL MEDICAL COLLEGE INDIA 2004
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2011
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 13304
License Date 10/4/2006
Name **SETNIK, LON J MD**
Address CONCORD HOSP, 250 PLEASANT ST CONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2002
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2003
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 7237
License Date 12/5/1985
Name **SEVERINGHAUS, JOHN M MD**
Address , PO BOX 234 NORWICH, VT, 05055-0234
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS, SURGENONS, NY USA 1972
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CENTER, NY 1973
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CENTER, NY 1974
License Expiration Date **6/30/2017**
Remarks

License Number 10005
License Date 5/7/1997
Name **SEVERSON, KAREN J MD**
Address 405 DANIELLE RUN, FLORENCE, SC, 29505
Specialty PYG
Board Certified P
School and Year of Graduation UNIV OF CT SCH MED-FARMINGTON, CT USA 1992
Internship and Year BUTLER HOSP-RI 1996
Residency and Year LONG ISLAND JEWISH MED CTR-NY 1997
License Expiration Date **6/30/2000**
Remarks

License Number 4226
License Date 4/16/1968
Name **SEVILLA, OSCAR P MD**
Address 1890 LIONS RIDGE LOOP C-8, VAIL, CO, 81657
Specialty OTO
Board Certified
School and Year of Graduation SANTO TOMAS - MANILA, PHILIPPINES PHILIPPINES 1961
Internship and Year THE MALDEN HOSPITAL - MALDEN, MA 1964
Residency and Year THE LONG ISLAND JEWISH HOSPITAL - JAMAICA, NY 1967
License Expiration Date **6/30/2008**
Remarks

License Number 10190
License Date 12/3/1997
Name **SEVIOUR, EOIN P MD**
Address HUDSON MEDICAL ASSOCIATES, 290 DERRY RDHUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation MEMORIAL UNIV OF NEWFOUNDLAND CANADA 1992
Internship and Year MC GILL UNIV - CANADA 1994
Residency and Year MC GILL UNIV - CANADA 1994
License Expiration Date **6/30/2007**
Remarks

License Number 15772
License Date 7/11/2012
Name **SEWARD, PAUL N MD**
Address 36 MUIRFIELD DR, STRATHAM, NH, 03885
Specialty EM
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON MA USA 1968
Internship and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, 94143-0110 1969
Residency and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, 94143-0110 1970
License Expiration Date **6/30/2016**
Remarks

License Number 10542
License Date 4/7/1999
Name **SEYMOUR, GREGORY P MD**
Address HITCHCOCK CLINIC KEENE, 590 COURT STKEENE, NH, 03431
Specialty D
Board Certified D
School and Year of Graduation STATE UNIV OF NY AT STONEY BROOK, NY USA 1995
Internship and Year SUNY AT STONY BROOK HLTH SCI CTR - STONY BROOK, NY 1996
Residency and Year SUNY AT STONY BROOK HLTH SCI CTR - STONY BROOK, NY 1997
License Expiration Date **6/30/2017**
Remarks

License Number 15139
License Date 2/2/2011
Name **SEYMOUR, PETER E MD**
Address 1 WALLACE BASHAW JR WAY #3002, NEWBURYPORT, MA, 01950
Specialty OTO
Board Certified OTO
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2003
Internship and Year THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2004
Residency and Year THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 6649
License Date 1/6/1983
Name **SEYMOUR, PHILIP D MD**
Address , PO BOX 70RANDOLPH, VT, 05060
Specialty AN
Board Certified AN
School and Year of Graduation BOSOTN UNIV SCH MED -BOSTON,MA USA 1959
Internship and Year SALEM HOSP-SALEM,MA 1960
Residency and Year UNIV HOSP,BOSTON,MA 1963
License Expiration Date **6/30/2011**
Remarks

License Number 15641
License Date 4/4/2012
Name **SEYMOUR, ROBERT L MD**
Address 3102 COVE VIEW BLVD #B203, GALVESTON, TX, 77554
Specialty PTH
Board Certified
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 2004
Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2005
Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2008
License Expiration Date **6/30/2014**
Remarks

License Number 12278
License Date 4/7/2004
Name **SFAXI, MOHAMED MD**
Address VRC, 5995 OPUS PKWY STE 200MINNETONKA, MN, 55343
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF REIMS, REIMS CEDEX FRANCE REIMS FRANCE 1995
Internship and Year WAYNE STATE UNIVERSITY, DETROIT MI 1997
Residency and Year WAYNE STATE UNIVERSITY, DETROIT ME 2000
License Expiration Date **6/30/2010**
Remarks

License Number 12609
License Date 2/2/2005
Name **SGRO, JOSEPH A MD**
Address ALACRON INC, 71 SPIT BROOK RD STE 200NASHUA, NH, 03060
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1980
Internship and Year UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC 1981
Residency and Year NEW YORK AND PRESBYTERIAN HOSP, NEW YORK NY 1984
License Expiration Date **6/30/2017**
Remarks

License Number 16878
License Date 12/3/2014
Name **SHACKET, HEATHER MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation AMERICAN UNIV OF THE CARIBBEAN SAINT MAARTEN 2011
Internship and Year KERN MEDICAL CENTER - BAKERSFIELD, CA 2012
Residency and Year KERN MEDICAL CENTER - BAKERSFIELD, CA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14642
License Date 10/7/2009
Name **SHADZEKA, EDWIN MD**
Address 4314 RUSTLING LEAVES TER, BOWIE, MD, 20716
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITE DE YAOUNDE I CAMEROON 2000
Internship and Year MARYLAND GENERAL HOSPITAL-BALTIMORE,MD 2005
Residency and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 14977
License Date 8/4/2010
Name **SHAFEH, REEM I MD**
Address INTERNAL MEDICINE ASSOC OF NASHUA, 280 MAIN ST., STE 210NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ALEXANDRIA EGYPT 2000
Internship and Year BROOKDALE UNIVERSITY HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 2002
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2004
License Expiration Date **6/30/2016**
Remarks

License Number 13329
License Date 11/1/2006
Name **SHAFER, HEATHER I MD**
Address DARTMOUTH HITCHCOCK-KEENE, 580-590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation LOMA LINDA UNIVERSITY, LOMA LINDA CA US 2003
Internship and Year MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 2004
Residency and Year MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 2006
License Expiration Date **6/30/2016**
Remarks

License Number 12679
License Date 4/6/2005
Name **SHAFFREY, JULIE K MD**
Address VITUAL RADIOLOGIC PROFESSIONAL, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 1995
Internship and Year SINAI HOSPITAL, BALTIMORE MD 1996
Residency and Year JOHN HOPKINS HOSPITAL, BALTIMORE MD 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9747
License Date 6/5/1996
Name **SHAFIQUE, TAJAMMUL MD**
Address VILLAGE WEST, PO BOX 7133GILFORD, NH, 03247-
Specialty GS
Board Certified GS
School and Year of Graduation KING EDWARD MEDICAL COLLEGE UNIV OF PUNJAB, PAHORE PAKISTAN 1983
Internship and Year BETH ISRAEL HOSP - BOSTON, MA 1993
Residency and Year UNIV OF MISSOURI KANSAS CITY SCHOOL OF MEDICINE 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11187
License Date 2/7/2001
Name **SHAFIR, GLENN J MD**
Address 419 EAST MAIN STREET, MIDDLETOWN, NY, 10940
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ - NEWARK, NJ USA 1986
Internship and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1987
Residency and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1989
License Expiration Date **6/30/2001**
Remarks

License Number 2530
License Date 11/2/1946
Name **SHAGOURY, CHARLES J MD**
Address 2 CRICKET HILL RD BOX 567, WOLFEBORO, NH, 03894
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY USA 1943
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1944
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1944
License Expiration Date **6/30/2008**
Remarks **DECEASED 12/3/2014**

License Number 15236
License Date 5/4/2011
Name **SHAH, ANIMESH C MD**
Address VIRTUAL RADIOLOGIC, 1195 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation SHIVAJI UNIVERSITY INDIA 1971
Internship and Year NORWALK HOSPITAL - NORWALK, CT 1974
Residency and Year SAINT VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1977
License Expiration Date **6/30/2013**
Remarks

License Number 13330
License Date 11/1/2006
Name **SHAH, ANURADHA P MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation AL-AMEEN MEDICAL COLLEGE, KARANATAKA INDIA INDIA 1999
Internship and Year ST FRANCIS HOSPITAL, EVANSTON IL 2002
Residency and Year ST FRANCIS HOSPITAL, EVANSTON IL 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13181
License Date 7/5/2006
Name **SHAH, APARNA D MD**
Address BRIGHAM & WOWENS HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MICHIGAN USA 2000
Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2001
Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2004
License Expiration Date **6/30/2008**
Remarks

License Number 12515
License Date 10/6/2004
Name **SHAH, ARCHANA S MD**
Address 451 NO ANDOVER ST, ANDOVER, MA, 01845
Specialty FP
Board Certified FP
School and Year of Graduation VALODARA UNIVERSITY, BARODA GUJARAT INDIA INDIA 1993
Internship and Year RUSH-COPLEY FAMILY PRACTICE CTR, AURORA IL 1998
Residency and Year RUSH-COPLEY FAMILY PRACTICE CTR, AURORA IL 2000
License Expiration Date **6/30/2006**
Remarks

License Number 6650
License Date 1/6/1983
Name **SHAH, ASHOK A MD**
Address 161 ROCHESTER HILL RD, ROCHESTER, NH, 03867-1728
Specialty A
Board Certified A
School and Year of Graduation TOPIWALA NAT'L MED COLL-BOMBAY BOMBAY 1974
Internship and Year UNIV MED CTR-LAYFAYETTEE,LA 1978
Residency and Year LA STATE UNIV MED CTR-NEW ORLEANS 1979
License Expiration Date **6/30/2017**
Remarks

License Number 13689
License Date 9/5/2007
Name **SHAH, BHAVISH J MD**
Address 85 SPRING ST, LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TENNESSEE USA 2001
Internship and Year DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 2002
Residency and Year DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 2004
License Expiration Date **6/30/2017**
Remarks

License Number 10223
License Date 1/7/1998
Name **SHAH, JASMINE A MD**
Address HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation GRANT MEDICAL COLL UNIV OF BOMBAY - INDIA INDIA 1984
Internship and Year ILLINOIS MASONIC MEDICAL CENTER - IL 1995
Residency and Year ILLINOIS MASONIC MEDICAL CENTER - IL 1995
License Expiration Date **6/30/2016**
Remarks

License Number 13078
License Date 5/3/2006
Name **SHAH, MANZOOR A MD**
Address 18639 PERKINS RD UNIT#33, PRAIRIEVILLE, LA, 70769
Specialty IM
Board Certified IM
School and Year of Graduation KASHMIR UNIV INDIA 1980
Internship and Year MERCY CATHOLIC MEDICAL CTR-DARBY PA 2004
Residency and Year MERCY CATHOLIC MEDICAL CENTER-DARBY PA 2006
License Expiration Date **6/30/2010**
Remarks

License Number 11882
License Date 4/2/2003
Name **SHAH, PRERAK D MD**
Address ANDOVER EAR NOSE THROAT, 198 MASSACHUSETTS AVENUE ANDOVER, MA, 01845
Specialty OTO
Board Certified OT
School and Year of Graduation UNIV OF FLORIDA - GAINESVILLE, FL USA 1996
Internship and Year CHILDRENS MEMORIAL HOSPITAL - CHICAGO, IL 1997
Residency and Year CHILDRENS MEMORIAL HOSPITAL - CHICAGO, IL 1998
License Expiration Date **6/30/2017**
Remarks

License Number 15326
License Date 7/6/2011
Name **SHAH, RAJIV R DO**
Address IMAGING ONCALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty DR
Board Certified DR
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2000
Internship and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 2002
Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2005
License Expiration Date **6/30/2013**
Remarks

License Number 16461
License Date 1/8/2014
Name **SHAH, RAJVEE M MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MISSOURI USA 2002
Internship and Year UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE - KANSAS CITY, MO 2003
Residency and Year UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14269
License Date 12/3/2008
Name **SHAH, RUTA M MD**
Address NORTSHORE PHYS-INFECTIOUS DISEASE, 55 HIGHLAND AVE STE 102SALEM, MA, 01970
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2003
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2004
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14572
License Date 8/5/2009
Name **SHAH, SHRADHA P MD**
Address 1851 14TH AVE, SAN FRANCISCO, CA, 94122
Specialty EM
Board Certified EM
School and Year of Graduation WAYNE STATE UNIVERSITY USA 2005
Internship and Year WAYNE STATE UNIVERSITY DETROIT MEDICAL CENTER - DETROIT, MI 2006
Residency and Year WAYNE STATE UNIVERSITY DETROIT MEDICAL CENTER - DETROIT, MI 2008
License Expiration Date **6/30/2015**
Remarks

License Number 16427
License Date 12/4/2013
Name **SHAH, SONALI M MD**
Address THE CENTER FOR CANCER CARE AT EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON MA USA 2008
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 2009
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15552
License Date 2/1/2012
Name **SHAH, SUJAL S MD**
Address 611 HOLT AVE, MANCHESTER, NH, 03109
Specialty IM
Board Certified IM
School and Year of Graduation RUSH MEDICAL COLLEGE USA 2002
Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2003
Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 14602
License Date 9/2/2009
Name **SHAH, VIKRAM N MD**
Address CIGNA, 10490 LITTLE PATUXENT PKWY 4TH FLOORCOLUMBIA, MD, 21044
Specialty P
Board Certified P
School and Year of Graduation LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE INDIA 1993
Internship and Year MT SINAI SCHOOL OF MEDICINE-ELMHURST HOSPITAL CENTER - ELMHURST, NY 1995
Residency and Year UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE - CINCINNATI, OH 1997
License Expiration Date **6/30/2015**
Remarks

License Number 12819
License Date 7/6/2005
Name **SHAHIN, KHALIL F MD**
Address PO BOX 37, TOPSFIELD, MA, 01983
Specialty FP
Board Certified FP
School and Year of Graduation SEMMELWEIS UNIVERSITY, BUDAPEST HUNGARY 2001
Internship and Year WILLIAMSPORT HOSPITAL, WILLIAMSPORT PA 2004
Residency and Year WILLIAMSPORT HOSPITAL, WILLIAMSPORT PA 2005
License Expiration Date **6/30/2015**
Remarks **10/13/09 - Settlement Agreement**

License Number 16526
License Date 3/5/2014
Name **SHAHU KHAL, RAVI MD**
Address HOSPITALIST PROGRAM - LRG HEALTHCARE, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified
School and Year of Graduation TRIBHUVAN UNIVERSITY-MAHARAJGUNJ KATHMANDU NEPAL 2009
Internship and Year QUEENS HOSPITAL CENTER-JAMAICA, NY 2012
Residency and Year QUEENS HOSPITAL CENTER-JAMAICA, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 15732
License Date 6/6/2012
Name **SHAIRS, MICHAEL S DO**
Address SOUTH BAY MENTAL HEALTH, 360 MERRIMACK STLAWRENCE, MA, 03840
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year ST SLIZABETHS MEDICAL CENTER - BOSTON, MA 2008
Residency and Year ST SLIZABETHS MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 3548
License Date 9/12/1962
Name **SHAKA, GEORGE J MD**
Address 33 MCALLISTER RD, BEDFORD, NH, 03110-5327
Specialty P
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1960
Internship and Year BOSTON CITY HOSPITAL- BOSTON,MA 1961
Residency and Year BOSTON CITY HOSPITAL- BOSTON, MA 1961
License Expiration Date **6/30/2008**
Remarks

License Number 8902
License Date 3/3/1993
Name **SHAKER JR, GEORGE J MD**
Address 250 RIVER RD, MANCHESTER, NH, 03104-
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1989
Internship and Year ST MARY'S HOSPITAL - ROCHESTER NY 1990
Residency and Year UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO IL 1993
License Expiration Date **6/30/2017**
Remarks

License Number 12538
License Date 11/3/2004
Name **SHAKER, MARCUS S MD**
Address DHMC - SECTION OF ALLERGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AI
Board Certified AI
School and Year of Graduation UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA US 1998
Internship and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 1999
Residency and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 17080
License Date 5/6/2015
Name **SHAKHAU, ALIAKSANDR MD**
Address NHH, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified
School and Year of Graduation VITEBSK MEDICAL INSTITUTE BELARUS 1999
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13182
License Date 7/5/2006
Name **SHAMANSKY, ERIC M MD**
Address PLYMOUTH PEDIATRICS, 71 HIGHLAND STPLYMOUTH, NH, 03264
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2003
Internship and Year CHILDRENS HOSPITAL @ DARTMOUTH-LEBANON, NH 2006
Residency and Year CHILDRENS HOSPITAL @ DARTMOUTH-LEBANON, NH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 17081
License Date 5/6/2015
Name **SHAMMA, HASSAN N MD**
Address AMERICAN DERMATOPATHOLOGY LABORATORY, 210A E SPRING VALLEY RD CENTERVILLE, OH, 454
Specialty D
Board Certified D
School and Year of Graduation AMERICAN UNIVERSITY OF BEIRUT LEBANON 1990
Internship and Year HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 1991
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1995
License Expiration Date **6/30/2017**
Remarks

License Number 15493
License Date 12/7/2011
Name **SHAMSHAD, FAISAL MD**
Address WENTWORTH DOUGLASS HOSP-CARDIOLOGY GROUP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IC
Board Certified IC
School and Year of Graduation AGA KHAN MEDICAL COLLEGE PAKISTAN 1990
Internship and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1993
Residency and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1995
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/13 - reinstated 1/21/15**

License Number 16428
License Date 12/4/2013
Name **SHANAFELT, TAIT D MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty ON
Board Certified ON
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE - DENVER USA 1998
Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE WA 2001
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER MN 2005
License Expiration Date **6/30/2017**
Remarks

License Number 14819
License Date 4/7/2010
Name **SHANAHAN, CATHERINE MD**
Address FAMILY HEALTH & WELLNESS CTR, 188 RT 101BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MED & DENTISTRY NJ R W JOHNSON MED SCHOOL USA 1994
Internship and Year UNIVERSITY OF ARIZONA - TUCSON, AZ 1995
Residency and Year UNIVERSITY OF ARIZONA - TUCSON, AZ 1997
License Expiration Date **6/30/2012**
Remarks

License Number 15992
License Date 1/9/2013
Name **SHANAHAN, MOIRA A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1993
Internship and Year WOMEN & INFANTS HOSPITAL - BROWN UNIV - PROVIDENCE, RI 1994
Residency and Year WOMEN & INFANTS HOSPITAL - BROWN UNIV - PROVIDENCE, RI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13992
License Date 5/7/2008
Name **SHANKAR, PRASHANT MD**
Address NEW ENGLAND HEMATOLOGY-ONCOLOGY, 2014 WASHINGTON STREETNEWTON, MA, 02462
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CHENNAI INDIA 1994
Internship and Year UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 1997
Residency and Year UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 2000
License Expiration Date **6/30/2016**
Remarks

License Number 16387
License Date 11/6/2013
Name **SHANKMAN, STEVEN MD**
Address RADISPHERE, 3700 PARK EAST DR #300BEACHWOOD, OH, 44122
Specialty DR
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1981
Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1982
Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1983
License Expiration Date **6/30/2017**
Remarks

License Number 11076
License Date 9/6/2000
Name **SHANNON, KAREN C MD**
Address HITCHCOCK CLINIC, ONE HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED- CHICAGO, IL USA 1987
Internship and Year MEMORIAL HOSPITAL - BROWN UNIV - PAWTUCKET, RI 1988
Residency and Year MEMORIAL HOSPITAL- BROWN UNIV- PAWTUCKET, RI 1990
License Expiration Date **6/30/2014**
Remarks

License Number 11096
License Date 10/4/2000
Name **SHANNON, KEVIN C MD**
Address DARTMOUTH HITCHCOCK CLINIC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED - CHICAGO,IL USA 1985
Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1986
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - BROWN UNIV - PAWTUCKET, RI 1990
License Expiration Date **6/30/2014**
Remarks

License Number 12972
License Date 12/7/2005
Name **SHAPIR, JONATHAN MD**
Address 1565 NORTH PARK DR, STE 102WESTON, FL, 33326
Specialty R
Board Certified R
School and Year of Graduation MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA CANADA 1977
Internship and Year SIR MORTIMER B DAVIS JEWISH GEN HOSP, MONTREAL QUEBEC CANADA 1978
Residency and Year MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1982
License Expiration Date **6/30/2007**
Remarks

License Number 9713
License Date 5/1/1996
Name **SHAPIRO, BERNARD S MD**
Address 55 KENT LN APT H321, NASHUA, NH, 03062
Specialty GS
Board Certified GS
School and Year of Graduation SUNY AT BUFFALO-BUFFALO NY USA 1957
Internship and Year MONTEFIORE HOSPITAL MED CTR-BRONX NY 1958
Residency and Year VETERANS AFFAIRS MED CTR-NEW YORK NY 1962
License Expiration Date **6/30/2016**
Remarks

License Number 5636
License Date 10/18/1976
Name **SHAPIRO, GARY M MD**
Address 590 COURT ST, KEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MED BALTIMORE USA 1973
Internship and Year MARY I BASSETT HOSP 1974
Residency and Year MARY I BASSETT HOSP 1974
License Expiration Date **6/30/2016**
Remarks

License Number 9326
License Date 11/2/1994
Name **SHAPIRO, GLEN D MD**
Address 5TH AVE SURGERY CLINIC, 128 5TH AVE WESTJEROME, ID, 83338
Specialty ORS
Board Certified ORS
School and Year of Graduation A EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIV USA 1988
Internship and Year MONTEFIORE MED CTR BRONX MUNIC HOSP - BRONX NY 1989
Residency and Year MONTEFIORE MED CTR BRONX MUNIC HOSP - BRONX NY 1993
License Expiration Date **6/30/2006**
Remarks

License Number 5867
License Date 3/2/1978
Name **SHAPIRO, JEFFREY S MD**
Address 1538 TURNPIKE ST, N ANDOVER, MA, 01845
Specialty P
Board Certified P
School and Year of Graduation STATE UNIV OF NY UPSTATE MED CTR SYRACUSE USA 1975
Internship and Year BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1976
Residency and Year BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1978
License Expiration Date **6/30/1999**
Remarks **2/10/99 - DECISION AND ORDER - LICENSE REVOKED**

License Number 9327
License Date 11/2/1994
Name **SHAPIRO, VICKI W MD**
Address 5TH AVE SURGERY CLINIC, 128 5TH AVE WESTJEROME, ID, 83338
Specialty EM
Board Certified EM
School and Year of Graduation A EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIV USA 1988
Internship and Year LONG ISLAND JEWISH MEDICAL CTR - NEW HYDE PARK NY 1989
Residency and Year LONG ISLAND JEWISH MEDICAL CTR - NEW HYDE PARK NY 1992
License Expiration Date **6/30/2006**
Remarks

License Number 10105
License Date 8/6/1997
Name **SHAPTER, ANNE P MD**
Address 100 WAYLAND AVE. #7, PROVIDENCE, RI, 02906
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CT SCH OF MED -FARMINGTON, CT USA 1990
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - MA 1994
Residency and Year UCLA SCHOOL OF MEDICINE - CA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16879
License Date 12/3/2014
Name **SHARDA, RADHIKA G MD**
Address 21044 TIOGA TERRACE, ASHBURN, VA, 20147
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2006
Internship and Year IOWA METHODIST MEDICAL CENTER - DES MOINES, IA 2007
Residency and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2011
License Expiration Date **6/30/2016**
Remarks

License Number 15733
License Date 6/6/2012
Name **SHARIFF, RAZA M MD**
Address WEIGHT INSTITUTE OF NH, 85 SPRING ST LACONIA, NH, 03246
Specialty GS
Board Certified GS
School and Year of Graduation BANGALORE MEDICAL COLLEGE INDIA 2004
Internship and Year CARITAS HEALTH CARE INC - ELMHURST, NH 2009
Residency and Year BROOKDALE UNIVERSITY HOSPITAL & MEDICAL CENTER, BROOKLYN, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13882
License Date 3/5/2008
Name **SHARMA, AJAY J MD**
Address LAMPREY HEALTH CARE, 22 PROSPECT ST NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation COLLEGE OF MEDICAL SCIENCE - NEPAL CHITWAN NEPAL 2002
Internship and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2006
Residency and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2007
License Expiration Date **6/30/2014**
Remarks

License Number 16772
License Date 9/3/2014
Name **SHARMA, AMIT K MD**
Address 48 O'DONNELL AVE, SHREWSBURY, MA, 01545
Specialty IM
Board Certified
School and Year of Graduation VEER SURENDRA SAI MEDICAL COLLEGE INDIA 2000
Internship and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2011
Residency and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2013
License Expiration Date **6/30/2016**
Remarks

License Number 15359
License Date 8/3/2011
Name **SHARMA, ANUJA MD**
Address IM CARE, 1000 DEPALMA DRCOBOURG ON CANADA, , K9A 5W6
Specialty IM
Board Certified IM
School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 1991
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 1994
Residency and Year JACOBI MEDICAL CENTER - BRONX, NY 1996
License Expiration Date **6/30/2017**
Remarks

License Number 7183
License Date 8/1/1985
Name **SHARMA, DEEPAK MD**
Address 25 PELHAM RD, STE 103SALEM, NH, 03079-
Specialty PD
Board Certified PD
School and Year of Graduation GOVERMENT MEDICAL COLL-KASHMIR UNIV INDIA 1976
Internship and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1983
Residency and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 13270
License Date 9/6/2006
Name **SHARMA, GEETIKA MD**
Address INFECT DISEASE ASSOC/TRAV MED, 399 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty IM
Board Certified IM
School and Year of Graduation RAJASTHAN UNIVERSITY, INDIA INDIA 1989
Internship and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1991
Residency and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 14305
License Date 1/7/2009
Name **SHARMA, GYANENDRA K MD**
Address 124 GRETCHENS WALK, W MONROE, LA, 71291
Specialty FP
Board Certified
School and Year of Graduation TRIBHUVAN UNIV NEPAL 1996
Internship and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2007
Residency and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2008
License Expiration Date **6/30/2011**
Remarks

License Number 7184
License Date 8/1/1985
Name **SHARMA, MANORMA J MD**
Address 1 STILES RD, SALEM, NH, 03079-2859
Specialty OBG
Board Certified OBG
School and Year of Graduation GOVERMENT MED COLL-KASHMIR UNIV INDIA 1979
Internship and Year ST ELIZABETH HOSP-BOSTON,MA 1982
Residency and Year ST ELIZABETH HOSP-BOSTON,MA 1985
License Expiration Date **6/30/2005**
Remarks

License Number 12320
License Date 5/5/2004
Name **SHARMA, NISHA MD**
Address NISHA SHARMA/WADHWANI, 1542 MAPLE RDWILLIAMSVILLE, NY, 14221
Specialty FP
Board Certified
School and Year of Graduation KARNATAK UNIVERSITY, BELGAUM KARNATAKA INDIA INDIA 1999
Internship and Year MERCY HEALTHCARE SYSTEM, TOLEDO OH 2002
Residency and Year SUNY-BUFFALO, BUFFALO NY 2003
License Expiration Date **6/30/2006**
Remarks

License Number 17131
License Date 6/3/2015
Name **SHARMA, PREETI V MD**
Address 874 PURCHASE ST, NEW BEDFORD, MA, 02740
Specialty PD
Board Certified PD
School and Year of Graduation KASTURBA MEDICAL COLLEGE, MANGALORE INDIA INDIA 2006
Internship and Year ELMHURST HOSPITAL CENTER, ELMHURST NY 2010
Residency and Year ELMHURST HOSPITAL CENTER, ELMHURST NY 2012
License Expiration Date **6/30/2017**
Remarks

License Number 16805
License Date 10/1/2014
Name **SHARMA, SAMIN MD**
Address 33 EMERSON LN, HOLLIS, NH, 03049
Specialty IM
Board Certified IM
School and Year of Graduation B P KOIRALA INSTITUTE OF HEALTH SCIENCES NEPAL 2003
Internship and Year NEW YORK DOWNTOWN HOSPITAL - NY, NY 2007
Residency and Year NEW YORK DOWNTOWN HOSPITAL - NY, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 16527
License Date 3/5/2014
Name **SHARMA, SHARAN P MD**
Address LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty IM
Board Certified
School and Year of Graduation TRIBHUVAN UNIVERSITY MAHARAJGUNJ KATHMANDU NEPAL 2008
Internship and Year ENGLEWOOD HOSPITAL - ENGLEWOOD NJ 2012
Residency and Year ENGLEWOOD HOSPITAL - ENGLEWOOD NJ 2014
License Expiration Date **6/30/2016**
Remarks

License Number 13516
License Date 5/9/2007
Name **SHARMA, SUNITA MD**
Address PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation PT. B.D.S. POSTGRADUATE INSTITUTE OF MED SCIENCES INDIA 1996
Internship and Year CREIGHTON UNIV-OMAHA, NE 2005
Residency and Year CREIGHTON UNIV-OMAHA, NE 2006
License Expiration Date **6/30/2017**
Remarks

License Number 15851
License Date 9/5/2012
Name **SHARMA, VIVEK K MD**
Address SUMMIT RADIOLOGY, PO BOX 80070 FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INSTITUTE OF MEDICAL SCIENCES BANARAS HINDU UNIV INDIA 1994
Internship and Year WESTLAKE HOSPITAL - MELROSE PARK, IL 1998
Residency and Year WESTLAKE HOSPITAL - MELROSE PARK, IL 1999
License Expiration Date **6/30/2016**
Remarks

License Number 16921
License Date 1/21/2015
Name **SHARP, SUSAN C MD**
Address 650 MURPHY RD, BRAINTREE, VT, 05060
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VERMONT USA 1987
Internship and Year UCSD MEDICAL CENTER - SAN DIEGO, CA 1990
Residency and Year UCSD MEDICAL CENTER - SAN DIEGO, CA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 6200
License Date 5/8/1980
Name **SHARPE, JOHN R MD**
Address MANCHESTER VA MED CTR, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI COLL MED-CINCINNATI,OH USA 1977
Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1978
Residency and Year U MASS COORDINATED PROGRAM - WORCESTER, MA 1980
License Expiration Date **6/30/2014**
Remarks

License Number 15360
License Date 8/3/2011
Name **SHASHIDHAR, HAROHALI MD**
Address ELLIOT PEDIATRIC GASTROENTEROLOGY, 275 MAMMOTH RD STE 1MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation BANGALORE MEDICAL COLLEGE INDIA 1986
Internship and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1993
Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1994
License Expiration Date **6/30/2017**
Remarks

License Number 10314
License Date 6/3/1998
Name **SHAW, ANNE M MD**
Address 41 BUTTRICK RD, LONDONDERRY, NH, 03053
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - OH USA 1995
Internship and Year UNIV OF ALABAMA AT BIRMINGHAM, AL 1996
Residency and Year UNIV OF ALABAMA AT BIRMINGHAM, AL 1998
License Expiration Date **6/30/2004**
Remarks

License Number 7696
License Date 8/5/1987
Name **SHAW, FREDERIC E MD**
Address TEXAS DEPT OF HEALTH, 1100 W 49TH STAUSTIN, TX, 78756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1977
Internship and Year KINGS COUNTY HOSPITAL CENTER - NY 1978
Residency and Year CENTER FOR DISEASE CONTROL & PREVENTIVE - GA 1988
License Expiration Date **6/30/2002**
Remarks

License Number 5040
License Date 7/12/1973
Name **SHAW, JENNIFER K MD**
Address 1345 FILMORE ST, APT 502SAN FRANCISCO, CA, 94115
Specialty GS
Board Certified GS
School and Year of Graduation JEFFERSON UNIVERSITY-PHILADELPHIA PA USA 1966
Internship and Year MOUNT SINAI HOSP-CLEVELAND OH 1967
Residency and Year MOUNT SINAI HOSP-CLEVELAND OH 1971
License Expiration Date **6/30/2017**
Remarks

License Number 11359
License Date 8/1/2001
Name **SHAY, ADILI L MD**
Address 5 WASHINGTON PL, BEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation FINCH UNIV OF HLTH SCI/CHICAGO MED SCH - IL USA 1996
Internship and Year UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 1997
Residency and Year UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16462
License Date 1/8/2014
Name **SHEA, CONOR D MD**
Address 6 SKY COUNTRY DR, NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY OF MEDICINE USA 2004
Internship and Year ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2005
Residency and Year ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2007
License Expiration Date **6/30/2016**
Remarks **8/14/14 - Preliminary Agreement for Practice Restrictions.**

License Number 9714
 License Date 5/1/1996
 Name **SHEA, D BRIAN MD**
 Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102-
 Specialty CD
 Board Certified IM
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-HANOVER NH USA 1989
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON NH 1993
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL-HANOVER NH 1996
 License Expiration Date **6/30/2010**
 Remarks **11/09/94 - RT LICENSE WAS RESTRICTED. 05/01/96 - FULL LICENSE ISSUED IS CURRENT AND UNRESTRICTED. SETTLEMENT AGREEMENT 09/13/02.**

License Number 5753
 License Date 6/13/1977
 Name **SHEA, DENNIS X MD**
 Address 168 KINSLEY ST STE 14, NASHUA, NH, 03060-3634
 Specialty GE
 Board Certified GE
 School and Year of Graduation ROYAL COLLEGE OF PHYSICIANS & SURG-DUBLIN IRELAND IRELAND 1972
 Internship and Year ST VINCENT HOSPITAL-WORCESTER MA 1973
 Residency and Year ST MARY MEDICAL CENTER-LONG BEACH CA 1975
 License Expiration Date **6/30/2017**
 Remarks

License Number 12079
 License Date 9/3/2003
 Name **SHEA, ELIZABETH A MD**
 Address 27 MASQUANIPI DR, ANTRIM, NH, 03440
 Specialty PD
 Board Certified
 School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1996
 Internship and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 1997
 Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH, LBANON NH 1999
 License Expiration Date **6/30/2015**
 Remarks

License Number 3530
 License Date 7/10/1962
 Name **SHEA, JAMES M MD**
 Address 31 CORRIVEAU DR, HOOKSETT, NH, 03106
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation MCGILL UNIV - MONTREAL, CANADA CANADA 1961
 Internship and Year MILWAUKEE COUNTY HOSPITAL - MILWAUKEE, WI 1962
 Residency and Year MILWAUKEE COUNTY HOSPITAL- MILWAUKEE, WI 1962
 License Expiration Date **6/30/2016**
 Remarks

License Number 8104
License Date 5/10/1989
Name **SHEA, SHAWN C MD**
Address 81 COURT ST, KEENE, NH, 03464
Specialty P
Board Certified P
School and Year of Graduation UNIV NC A CHAPEL HILL CHAPEL HILL NC USA 1980
Internship and Year HOSPS UNIV HLTH CTR PITTSBURGH PA 1981
Residency and Year HOSPS UNIV HLTH CTR PITTSBURGH PA 1984
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 13439
License Date 3/7/2007
Name **SHEA, WILLIAM M MD**
Address 1320 W 24TH ST, YUMA, AZ, 85364
Specialty R
Board Certified R
School and Year of Graduation UNIV OF UTAH USA
Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1978
Residency and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1980
License Expiration Date **6/30/2009**
Remarks

License Number 5354
License Date 6/30/1975
Name **SHEARMAN, JOHN M MD**
Address 278 LAFAYETTE RD, PORTSMOUTH, NH, 03801-5430
Specialty RHU
Board Certified RHU
School and Year of Graduation EMORY UNIV ATLANTA - GA USA 1973
Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1974
Residency and Year MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 9024
License Date 8/4/1993
Name **SHEDD, ANN C MD**
Address 80 WHEELER RD, HOLLIS, NH, 03049
Specialty OBG
Board Certified OBG
School and Year of Graduation JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1981
Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1984
License Expiration Date **6/30/2002**
Remarks

License Number 11009
License Date 7/5/2000
Name **SHEFFER, ERIC C MD**
Address PATHOLOGY SPECILITS OF N E, 1 ELLIOTT WAYMANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1991
Internship and Year UNIV OF MISSOURI-COLUMBIA - COLUMBIA, MO 1992
Residency and Year UNIV OF MISSOURI HOSPITALS AND CLINICS - COLUMBIA, MO 1996
License Expiration Date **6/30/2006**
Remarks

License Number 10796
License Date 12/1/1999
Name **SHEFFER, MILES L MD**
Address VACHIHCS, 3600 30TH STDES MOINES, IA, 50310-5885
Specialty IM
Board Certified
School and Year of Graduation MED COLL OF GEORGIA SCH OF MED - AUGUSTA, GA USA 1986
Internship and Year UNIV OF VIRGINIA - ROANOKE, VA 1989
Residency and Year UNIV OF VIRGINIA - ROANOKE, VA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 10693
License Date 9/1/1999
Name **SHEFFIELD, JOHN C MD**
Address EXETER FAMILY MEDICINE, 9 BUZZELL AVE STE 1EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation VIRGINIA COMM UNIV SCH OF MED-RICHMOND, VA USA 1993
Internship and Year UPMC ST MARGARET- PITTSBURGH, PA 1994
Residency and Year UPMC ST MARGARET- PITTSBURGH, PA 1995
License Expiration Date **6/30/2007**
Remarks

License Number 11393
License Date 9/5/2001
Name **SHEFFIELD, M KATHERINE MD**
Address BRATTLEBORO PRIMARY CARE, 21 BELMONT AVEBRATTLEBORO, VT, 05301
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLL - NEW YORK, NY USA 1985
Internship and Year ST FRANCIS HOSPITAL /MOUNT SINAI HOSPITAL - HARTFORD, CT 1986
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1987
License Expiration Date **6/30/2015**
Remarks

License Number 16192
License Date 6/5/2013
Name **SHEIBANI, SHIDEH MD**
Address 732 LILAC ST, FRUITLAND, ID, 83619-5026
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE USA 1998
Internship and Year LOS ANGELES COUNTY USC MEDICAL CENTER - LOS ANGELES, CA 1999
Residency and Year LOS ANGELES COUNTY USC MEDICAL CENTER - LOS ANGELES, CA 2001
License Expiration Date **6/30/2015**
Remarks

License Number 5422
License Date 9/4/1975
Name **SHEINBAUM, ALAN J MD**
Address CONCORD GASTRONETEROLOGY, 246 PLEASANT ST STE 210CONCORD, NH, 03301
Specialty GE
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - MA USA 1971
Internship and Year HARBOR GENERAL HOSPITAL - TORRANCE, CA 1972
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1975
License Expiration Date **6/30/2002**
Remarks

License Number 10885
License Date 4/5/2000
Name **SHELDON, LINDA M MD**
Address SJ INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE UNIVERSITY SCHOOL OF MED-NY USA 1997
Internship and Year ST JOSEPHS HOSPITAL AND MEDICAL CTR-PATERSON,NJ 1998
Residency and Year ST JOSEPHS HOSPITAL; AND MEDICAL CTR-PATERSON,NJ 2000
License Expiration Date **6/30/2016**
Remarks

License Number 7290
License Date 4/1/1986
Name **SHELDON, THOMAS A MD**
Address RAD ONCOLOGY, CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV SCH MED BOSTON MA USA 1980
Internship and Year NEWTON WELLESLEY HOSP NEWTON MA 1981
Residency and Year JOINT CTR-RAD THERAPY BOSTON MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 12321
License Date 5/5/2004
Name **SHEMIN, RICHARD J MD**
Address BU CARDIAC & THORACIC SURGICAL, 88 EAST NEWTON ST BOSTON, MA, 02118
Specialty TS
Board Certified TS
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1974
Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 1976
Residency and Year NATIONAL INSTITUTES OF HEALTH, BETHESDA MD 1978
License Expiration Date **6/30/2008**
Remarks

License Number 13563
License Date 6/6/2007
Name **SHEMMERI, NIDA MD**
Address 600 ROE AVE, ELMIRA, NY, 14905
Specialty PTH
Board Certified
School and Year of Graduation UNIV OF BAGHDAD IRAQ 1978
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2003
Residency and Year BERSHIRE MEDICAL CENTER - PITTSFIELD, MA 2005
License Expiration Date **6/30/2009**
Remarks

License Number 10144
License Date 10/1/1997
Name **SHEN, EDRED V MD**
Address ST JOSEPH INTERNAL MED, 380 W HOLLIS ST NASHUA, NH, 03060
Specialty IM
Board Certified
School and Year of Graduation UMDNJ-ROBERT W JOHNSON MED SCH - NJ USA 1994
Internship and Year GENESEE HOSPITAL-NY 1997
Residency and Year GENESEE HOSPITAL - NY 1997
License Expiration Date **6/30/1998**
Remarks

License Number 9387
License Date 3/1/1995
Name **SHEN, JOSEPH T MD**
Address 14 VANDERVENTER AVE, STE 138 PORT WASHINGTON, NY, 11050
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF CALIFORNIA IRVINE USA 1990
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1991
Residency and Year UNIVERSITY HOSPITAL HLTH SCI CTR - BROOKLYN NY 1994
License Expiration Date **6/30/2007**
Remarks

License Number 11937
License Date 5/7/2003
Name **SHEN, WEI MD**
Address 3601 S 6TH AVE 1-111A, TUCSON, AZ, 85723
Specialty IM
Board Certified IM
School and Year of Graduation SUZHOU MEDICAL COLLEGE - SUZHOU, CHINA CHINA 1985
Internship and Year ST JOHNS EPISCOPAL HOSPITAL - FAR ROCKAWAY, NY 2000
Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 11339
License Date 7/11/2001
Name **SHENBERGER, JEFFREY S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 1989
Internship and Year UNIVERSITY OF MINNESOTA 1990
Residency and Year UNIVERSITY OF MINNESOTA 1992
License Expiration Date **6/30/2007**
Remarks

License Number 3937
License Date 8/31/1966
Name **SHENEFELT, RAY E MD**
Address U MISSISSIPPI MED SCHOOL, 2500 N STATE STJACKSON, MS, 39216-4505
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF WISCONSIN - MADISON, WI USA 1963
Internship and Year UNIV HOSPITAL - MADISON, WI 1964
Residency and Year UNIV OV IOWA - IOWA CITY, IA 1966
License Expiration Date **6/30/2001**
Remarks

License Number 15267
License Date 6/1/2011
Name **SHENKO, JAMES M MD**
Address 299 LINCOLN ST STE 201, WORCESTER, MA, 01605
Specialty PS
Board Certified PS
School and Year of Graduation UNIVERSITY OF MED & DENTISTRY NJ USA 1991
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1992
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 16845
License Date 11/6/2014
Name **SHEPARD, ANGELA L MD**
Address 75 S MAIN ST UNIT 7, PMB 121CONCORD, NH, 03301
Specialty MPH
Board Certified MPH
School and Year of Graduation UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 2005
Internship and Year CHRISTIANA CARE HEALTH SERVICES - NEWERK, DE 2006
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date **6/30/2015**
Remarks

License Number 11256
License Date 5/2/2001
Name **SHEPPARD, LISA M MD**
Address 31 PARK HILL TERRACE, PRINCETON JCT, NJ, 08550
Specialty R
Board Certified R
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1987
Internship and Year HENRY FORD HOSPITAL - DETROIT MI 1988
Residency and Year HENRY FORD HOSPITAL - DETROIT MI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 11394
License Date 9/5/2001
Name **SHEPPARD, THOMAS D MD**
Address 55 38 PETACA RD, LAS VEGAS, NV, 89122
Specialty ORS
Board Certified ORS
School and Year of Graduation JEFFERSON MED COLL- PHILADELPHIA, PA USA 1965
Internship and Year METHODIST HOSPITAL - PHILADELPHIA, PA 1966
Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1969
License Expiration Date **6/30/2003**
Remarks **DECEASED 7/3/05**

License Number 12356
License Date 6/2/2004
Name **SHERGILL, RAVINDER PS MD**
Address 13305 SE RIVERCREST DR, VANCOUVER, WA, 98683-6674
Specialty PCC
Board Certified PCC
School and Year of Graduation PUNJAB UNIVERSITY, PATIALA, PUNJAB INDIA INDIA 1992
Internship and Year ST VINCENT CATHOLIC MED CTR, JAMAICA NY 1995
Residency and Year ST VINCENT CATHOLIC MED CTR, JAMAICA NY 1997
License Expiration Date **6/30/2016**
Remarks

License Number 3313
License Date 5/27/1959
Name **SHERK, HENRY H MD**
Address MEDICAL COLLEGE OF PA, 3300 HENRY AVE PHILADELPHIA, PA, 19129-1191
Specialty ORS
Board Certified ORS
School and Year of Graduation JEFFERSON MEDICAL COLLEGE UNITED STATES 1956
Internship and Year JEFFERSON MEDICAL COLLEGE 1957
Residency and Year JEFFERSON MEDICAL COLLEGE 1959
License Expiration Date **6/30/1998**
Remarks **DECEASED 4/9/2012**

License Number 7039
License Date 1/10/1985
Name **SHERKAT, REZA MD**
Address NEW ENGLAND NEUROLOGICAL, 220 SUTTON ST NORTH ANDOVER, MA, 01845-1640
Specialty N
Board Certified N
School and Year of Graduation UNIV OF VIENNA SCH MED AUSTRIA 1971
Internship and Year SANTA ROSA MED CTR- SAN ANTONIO, TX 1973
Residency and Year BEXAR COUNTY HOSP-SAN ANTONIO, TX 1975
License Expiration Date **6/30/2002**
Remarks

License Number 14330
License Date 2/4/2009
Name **SHERMAN JR, WILLIAM M MD**
Address 8 EAST PEARL ST, NASHUA, NH, 03060
Specialty R
Board Certified R
School and Year of Graduation STATE UNIV OF NEW YORK USA 2003
Internship and Year FLETCHER ALLEN HEALTHCARE UNIV OF VERMONT - BURLINGTON, VT 2004
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2008
License Expiration Date **6/30/2017**
Remarks

License Number 10797
License Date 12/1/1999
Name **SHERMAN, HOWARD B MD**
Address CONCORD NEUROLOGIC ASSOC, 248 PLEASANT ST STE G-200 CONCORD, NH, 03301
Specialty N
Board Certified N
School and Year of Graduation ALBERT EINSTEIN COLL OF MED- BRONX, NY USA 1983
Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1984
Residency and Year UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1987
License Expiration Date **6/30/2001**
Remarks

License Number 13470
License Date 4/4/2007
Name **SHERMAN, JANET H MD**
Address JANET SHERMAN MD & ASSOCIATES PC, 72 NORTH MAIN STREETSHARON, MA, 02067
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1987
Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1988
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14329
License Date 2/4/2009
Name **SHERMAN, JESSICA F MD**
Address PATHOLOGY SPEC OF NE, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty ATP
Board Certified PTH
School and Year of Graduation STATE UNIV OF NEW YORK USA 2003
Internship and Year FLETCHER ALLEN HEALTHCARE UNIV OF VERMONT - BURLINGTON, VT 2004
Residency and Year FLETCHER ALLEN HEALTHCARE UNIV OF VERMONT - BURLINGTON, VT 2007
License Expiration Date **6/30/2017**
Remarks

License Number 14048
License Date 6/4/2008
Name **SHERMAN, LISA D MD**
Address NORTHEAST DERMATOLOGY ASSOC, 155 BORTHWICK RD STE 201PORTSMOUTH, NH, 03801
Specialty D
Board Certified D
School and Year of Graduation UNIV OF CONNECTICUT USA 1988
Internship and Year ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 1989
Residency and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 1993
License Expiration Date **6/30/2016**
Remarks

License Number 7697
License Date 8/5/1987
Name **SHERMAN, LON G MD**
Address 400 MAIN ST, AMESBURY, MA, 01950-3873
Specialty CD
Board Certified CD
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS AND SURGEONS USA 1974
Internship and Year MASS GENERAL HOSPITAL - BOSTON MA 1982
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 7854
License Date 5/4/1988
Name **SHERMAN, MARC N MD**
Address 21 HIGHLAND AVE, NEWBURYPORT, MA, 01950-3873
Specialty CD
Board Certified IM
School and Year of Graduation STATE UNIV OF NY DOWNSTATE MED CTR - NY USA 1973
Internship and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1974
Residency and Year ST VINCENTS HOSPITAL MEDICAL CENTER - NY, NY 1979
License Expiration Date **6/30/2004**
Remarks

License Number 9607
License Date 12/6/1995
Name **SHERMAN, MICHAEL S MD**
Address DOVER INTERNAL MEDICINE, 801 CENTRAL AVEDOVER, NH, 03820-
Specialty IM
Board Certified IM
School and Year of Graduation UNIV I UPPSALA MEDICAL FAK, UPPSALA, SWEDEN SWEDEN 1980
Internship and Year ST MARY'S HOSPITAL - WATERBURY, CT 1982
Residency and Year GREENWICH HOSPITAL - GREENWICH, CT 1984
License Expiration Date **6/30/2003**
Remarks

License Number 4500
License Date 10/14/1969
Name **SHERMAN, ROBERT MD**
Address 173 MINEOLA BLVD, MINEOLA, NY, 11501
Specialty P
Board Certified P
School and Year of Graduation KATH UNIVERSITY LEUVEN, LEUVEN BELGIUM BELGIUM 1966
Internship and Year WINTHROP-UNIVERSITY HOSP, NEW YORK 1967
Residency and Year KINGS COUNTY HOSP CTR, NEW YORK 1968
License Expiration Date **6/30/2007**
Remarks **REQUESTED INACTIVE 1979---REINSTATED 2/2/05**

License Number 14098
License Date 7/9/2008
Name **SHERMAN, THOMAS M MD**
Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 201EXETER, NH, 03870
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CONNECTICUT USA 1987
Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1988
Residency and Year WASHINGTON UNIV - ST LOUIS, MO 1990
License Expiration Date **6/30/2016**
Remarks

License Number 9934
License Date 2/5/1997
Name **SHERRY, STUART J MD**
Address WOMANS HLTH CARE ASSOC, 6 HOLMES LN PO BOX 369GEORGES MILLS, NH, 03751
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NM SCH OF MED ALBUQUERQUE NEW MEXICO 1973
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSP - VA 1974
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - VA 1977
License Expiration Date **6/30/2000**
Remarks

License Number 9748
License Date 6/5/1996
Name **SHERRY, TIMOTHY M MD**
Address SURGICAL ASSOC OF ROCHESTER, 21 WHITEHALL RD STE 204ROCHESTER, NH, 03867-
Specialty GS
Board Certified GS
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE OHIO USA 1985
Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1986
Residency and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1990
License Expiration Date **6/30/2016**
Remarks

License Number 3711
License Date 7/22/1964
Name **SHERWIN, JOHN M MD**
Address 246 NORTH GATE RD, MANCHESTER, NH, 03104
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1960
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1961
Residency and Year GRACE-NEW HAVEN - NEW HAVEN, CT 1964
License Expiration Date **2/11/2004**
Remarks **DECEASED 2/11/2004**

License Number 14099
License Date 7/9/2008
Name **SHESSLER, ERIK M MD**
Address DH - MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation MCGILL UNIV CANADA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 4969
License Date 4/27/1973
Name **SHETTY, PRABHAKAR K MD**
Address VILLAGE WEST II - 36 COUNTRY CLUB RD, PO BOX 7392 GILFORD, NH, 03247-7392
Specialty OPH
Board Certified OPH
School and Year of Graduation BOMBAY UNIVERSITY-BOMBAY INDIA INDIA 1966
Internship and Year WORCESTER CITY HOSP-WORCESTER CITY MA 1968
Residency and Year BROOKLYN EYE & EAR HOSP-BROOKLYN NY 1971
License Expiration Date **6/30/2017**
Remarks

License Number 14603
License Date 9/2/2009
Name **SHEVY, LAURA E MD**
Address DHMC-SECTION OF INFECTIOUS DISEASES, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2004
Internship and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 2005
Residency and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 2007
License Expiration Date **6/30/2017**
Remarks

License Number 12918
License Date 10/5/2005
Name **SHEWMAKE JR, FLOYD F MD**
Address BLUE CROSS BLUE SHIELD OF AZ, 2444 W LAS PALMARITAS DR PHOENIX, AZ, 85021
Specialty IM
Board Certified IM
School and Year of Graduation RUSH UNIVERSITY, CHICAGO IL US 1973
Internship and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IL 1974
Residency and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IL 1976
License Expiration Date **6/30/2011**
Remarks

License Number 15420
License Date 10/5/2011
Name **SHICK, LAWTON MD**
Address D-H (GASTRO/HEP DEPT), 100 HITCHCOCK WAY MANCHESTER, NH, 03104
Specialty GE
Board Certified GE
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 1991
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1992
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1994
License Expiration Date **6/30/2017**
Remarks

License Number 10543
License Date 4/7/1999
Name **SHIEH, WILLIAM S MD**
Address 7 STILES RD, SALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1994
Internship and Year MIDDLESEX HOSPITAL - MIDDLETOWN, CT 1995
Residency and Year MIDDLESEX HOSPITAL - MIDDLETOWN, CT 1997
License Expiration Date **6/30/2000**
Remarks

License Number 5588
License Date 8/12/1976
Name **SHIELDS, GREGORY P MD**
Address 172 HAYDEN HILL RD, HADDAM, CT, 06438
Specialty FP
Board Certified FP
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MED ST LOUIS USA 1973
Internship and Year HOSPITAL UNIV OF MINNESOTA HOSPITAL 1974
Residency and Year HOSPITAL UNIV OF MINNESOTA HOSPITAL 1974
License Expiration Date **6/30/1998**
Remarks

License Number 14146
License Date 8/6/2008
Name **SHIELDS, JOSEPH T MD**
Address FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 1998
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1999
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2003
License Expiration Date **6/30/2012**
Remarks

License Number 8427
License Date 8/8/1990
Name **SHIELDS, LAWRENCE T MD**
Address 9 BEVERLY RD, NEWTON, MA, 02461-1112
Specialty ORS
Board Certified ORS
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MED BALTIMORE, MD USA 1961
Internship and Year BARNES HOSPITAL - ST LOUIS, MO 1962
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2012**
Remarks **DECEASED 3/12/2015**

License Number 11608
License Date 5/1/2002
Name **SHIELDS, NAOMI N MD**
Address NH ORTHOPEDIC SURGERY, 700 LAKE AVE STE 1MANCHESTER, NH, 03103
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1982
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1983
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1989
License Expiration Date **6/30/2003**
Remarks

License Number 7334
License Date 5/8/1986
Name **SHIFFRIN, JEFFREY S MD**
Address UNIVERSITY OF CO/DENVER, 12401 E 17TH AVE ML STOP B113AURORA, CO, 80045
Specialty AN
Board Certified AN
School and Year of Graduation UMDNJ NEW JERSEY MED SCH - NEWMARK, NJ USA 1981
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
License Expiration Date **6/30/2016**
Remarks

License Number 15734
License Date 6/6/2012
Name **SHIH, EUGENE Y MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation STATE UNIV OF NY HEALTH SCIENCE CENTER USA 1993
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1994
Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER - NY, NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 15679
License Date 5/2/2012
Name **SHIH, SHIAO-ANG MD**
Address HAVERHILL FAMILY PRACTICE, 62 BROWN ST STE 404HAVERHILL, MA, 01830
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF JINAN UNIVERSITY USA 1986
Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 1992
Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 16735
License Date 8/6/2014
Name **SHIKHMAN, LANA MD**
Address ELLIOT at RIVERS EDGE, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty GS
Board Certified GS
School and Year of Graduation ROSS UNIVERSITY - ROSEAU, DOMINICA 2008
Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2010
Residency and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 16922
License Date 1/21/2015
Name **SHILLING, TAMARA L DO**
Address BARRINGTON FAMILY PRACTICE, 426 CALEF HWYBARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2003
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2004
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11938
License Date 5/7/2003
Name **SHIN, DAVID J MD**
Address STRAFFORD CARDIOLOGY ASSOC, 21 WHITEHALL RD STE 301ROCHESTER, NH, 03867
Specialty CD
Board Certified CD
School and Year of Graduation TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1992
Internship and Year TULANE UNIV MEDICAL SCHOOL - NEW ORLEANS, LA 1993
Residency and Year TULANE UNIV MEDICAL SCHOOL - NEW ORLEANS, LA 1995
License Expiration Date **6/30/2013**
Remarks

License Number 17031
License Date 4/1/2015
Name **SHIN, JOSEPH H MD**
Address 415 HUMPHREY ST, NEW HAVEN, CT, 06511
Specialty PS
Board Certified PS
School and Year of Graduation UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE USA 1989
Internship and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1990
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1994
License Expiration Date **6/30/2017**
Remarks

License Number 11462
License Date 11/7/2001
Name **SHINE, KELLY A MD**
Address NASHUA SURGICAL ASSOC, 193 KINSLEY STNASHUA, NH, 03060-3687
Specialty GS
Board Certified
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1995
Internship and Year UNIV OF NEW MEXICO- ALBUQUERQUE, NM 1996
Residency and Year UNIV OF NEW MEXICO- ALBUQUERQUE, NM 1998
License Expiration Date **6/30/2003**
Remarks

License Number 16610
License Date 5/7/2014
Name **SHIPLE, DAVID A MD**
Address 110 ELMERSTON RD, ROCHESTER, NY, 14620
Specialty OPH
Board Certified
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 2009
Internship and Year THE COLORADO HEALTH FOUNDATION-PSLMC - DENVER, CO 2010
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2013
License Expiration Date **6/30/2016**
Remarks

License Number 12950
License Date 11/2/2005
Name **SHIPMAN, CULLEN F MD**
Address 27 MADISON CIRCLE, GREENFIELD, MA, 01301
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1975
Internship and Year EASTERN MAINE MED CTR, BANGOR ME 1976
Residency and Year EASTERN MAINE MED CTR, BANGOR ME 1978
License Expiration Date **6/30/2009**
Remarks

License Number 9784
License Date 7/3/1996
Name **SHIPMAN, RUSSELL R DO**
Address PISCATUGUA PEDIATRICS, 155 GRIFFIN RDPORTSMOUTH, NH, 03801-
Specialty PD
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEO MED BIDDEFORD USA 1993
Internship and Year CHILDRENS HOSPITAL ORANGE COUNTY - CA 1996
Residency and Year CHILDRENS HOSPITAL ORANGE COUNTY - CA 1996
License Expiration Date **6/30/1998**
Remarks

License Number 10403
License Date 9/2/1998
Name **SHIPMAN, SCOTT A MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified P
School and Year of Graduation UNIV OF NEBRASKA COLL OF MED - OMAHA, NE USA 1995
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
License Expiration Date **6/30/2016**
Remarks **lapsed for non-renewal 6/30/02-reinstated on 6/7/06**

License Number 12764
License Date 6/1/2005
Name **SHIPPEE, LUCAS D DO**
Address MONADNOCK INTERNAL MEDICINE, 454 OLD STREET RD STE 301PETERBOROUGH, NH, 03458
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2001
Internship and Year NORTHSIDE HOSPITAL, ST PETERSBURG FL 2002
Residency and Year ALBANY MEDICAL CTR HOSP, ALBANY NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 17280
License Date 9/2/2015
Name **SHIRAI, KEISUKE MD**
Address DHMC - NORRIS COTTON CANCER CTR, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty ON
Board Certified ON
School and Year of Graduation KYOTO UNIVERSITY, KYOTO JAPAN 1997
Internship and Year UPMC SHADYSIDE HOSPITAL, PITTSBURGH, PA 2004
Residency and Year UPMC SHADYSIDE HOSPITAL, PITTSBURGH, PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15006
License Date 9/1/2010
Name **SHIRANI, AFSHIN MD**
Address VA MED CTR - DEPT OF PSYCHIATRY, 650 E INDIAN SCHOOL RDPHOENIX, AZ, 85012
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF WIEN AUSTRIA 1996
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2002
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 6931
License Date 7/5/1984
Name **SHIRAZI, DAVID M MD**
Address 10 RESEARCH PLACE 203, N CHELMSFORD, MA, 01863
Specialty ORS
Board Certified ORS
School and Year of Graduation FAC OF MED UNIV OF TEHERAN IRAN 1962
Internship and Year FRANKFORD HOSP-PHIL,PA 1964
Residency and Year HAMOT MED CTR-ERIE,PA 1968
License Expiration Date **6/30/2004**
Remarks

License Number 8378
License Date 7/6/1990
Name **SHIRLEY III, HOKE H MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-7500
Specialty RHU
Board Certified IM
School and Year of Graduation TULANE UNIV SCH OF MED-NEW ORLEANS,LA USA 1982
Internship and Year MARICOPA MED CTR-PHOENIX,AZ 1983
Residency and Year MARICOPA MED CTR -PHOENIX,AZ 1984
License Expiration Date **6/30/2016**
Remarks

License Number 5614
License Date 9/16/1976
Name **SHIRREFFS JR, THOMAS G MD**
Address DHMC-ORTHOPAEDICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MED USA 1969
Internship and Year UNIVERSITY HOSPITAL SEATTLE 1970
Residency and Year UNIV HOSPITAL CLEVELAND 1973
License Expiration Date **6/30/2016**
Remarks

License Number 3057
License Date 3/9/1955
Name **SHOEMAKER JR, ROBERT C MD**
Address 241 ELM ST, CLAREMONT, NH, 03743-2016
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIVERSITY USA 1949
Internship and Year ST LUKE'S HOSPITAL 1950
Residency and Year UNIVERSITY OF PENNSYLVANIA HOSPITAL 1955
License Expiration Date **6/30/2002**
Remarks

License Number 10510
License Date 2/3/1999
Name **SHOEMAKER, ANEEK R MD**
Address MONADNOCK FAMILY SERVICES, 64 MAIN ST SUITE 3KEENE, NH, 03431
Specialty P
Board Certified P
School and Year of Graduation MOUNT SINAI SCH OF MED - NEW YORK, NY USA 1989
Internship and Year HILLSIDE HOSPITAL - HEW HYDE PARK, NY 1993
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
License Expiration Date **6/30/2017**
Remarks **lapsed for non-renewal 6/30/02..**
Reinstated 10/7/09

License Number 13883
License Date 3/5/2008
Name **SHOOR, RAJESH K DO**
Address PARKLAND MEDICAL CTR, 1 PARKLAND DRDERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW JERSEY USA 2002
Internship and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2003
Residency and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2005
License Expiration Date **6/30/2016**
Remarks

License Number 16388
License Date 11/6/2013
Name **SHORE, BENJAMIN J MD**
Address BOSTON CHILDRENS HOSP, 300 LONGWOOD AVE HUN 2BOSTON, MA, 02115
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 2003
Internship and Year SCHULICH SCHOOL MEDICINE & DENTISTRY - LONDON, CANADA 2004
Residency and Year SCHULICH SCHOOL MEDICINE & DENTISTRY - LONDON, CANADA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 16806
License Date 10/1/2014
Name **SHORNICK, JEFFREY K MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty D
Board Certified D
School and Year of Graduation UNIV OF CALIFORNIA, SAN FRANCISCO, SCHOOL OF MEDIC USA 1976
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1977
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1980
License Expiration Date **6/30/2016**
Remarks

License Number 9339
License Date 12/7/1994
Name **SHORT, CYNTHIA L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty NEP
Board Certified NEP
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1986
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1987
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1989
License Expiration Date **6/30/1999**
Remarks

License Number L2642
License Date 9/6/2007
Name **SHORT, RANDE K MD**
Address LAMPREY HEALTH CARE, 10 PROSPECT STNASHUA, NH, 03060
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1980
Internship and Year MCKENNA HOSPITAL- SIOUX FALLS, SD 1981
Residency and Year SIOUX FALLS FAMILY PRACTICE - SIOUX FALLS, SD 1983
License Expiration Date
Remarks

License Number 8630
License Date 9/4/1991
Name **SHORTER, NICHOLAS A MD**
Address SUNY-DOWNSTATE MED CTR, 450 CLARKSON AVEBROOKLYN, NY, 11203
Specialty PDS
Board Certified PDS
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MED-BALTIMORE,MD USA 1979
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1981
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1985
License Expiration Date **6/30/2005**
Remarks

License Number 11520
License Date 2/6/2002
Name **SHRAKE II, ROBERT G MD**
Address #400 ROOM 4E091, 9050 CENTRE POINTE DRWEST CHESTER, OH, 45069
Specialty PD
Board Certified PD
School and Year of Graduation WRIGHT STATE UNIV SCH- DAYTON, OH USA 1984
Internship and Year CHILDREN MEDICAL CENTER - DAYTON, OH 1985
Residency and Year CHILDREN MEDICAL CENTER - DAYTON, OH 1987
License Expiration Date **6/30/2012**
Remarks

License Number 12178
License Date 12/3/2003
Name **SHRECK, GEOFFREY W MD**
Address ACCESS SPORTS MEDICINE, 1 HAMPTON RDEXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 1995
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1996
Residency and Year BERKSHIRE MEDICAL CTR, PITTSFIELD MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13357
License Date 12/6/2006
Name **SHREEVE, DANIEL F MD**
Address KENNEBEC VALLEY MENTAL HEALTH, 67 EUSTIS PARKWAYWATERVILLE, ME, 04901
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CALIFORNIA USA 1984
Internship and Year WILFORD HALL MEDICAL CTR-LACKLAND AFB, TX 1985
Residency and Year WILFORD HALL MEDICAL CTR-LACKLAND AFB, TX 1987
License Expiration Date **6/30/2008**
Remarks

License Number 16958
License Date 2/4/2015
Name **SHRESTHA, MONISHA MD**
Address LAKES REGION GENERAL HEALTHCARE, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified
School and Year of Graduation B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES NEPAL 2008
Internship and Year ST THOMAS MIDTOWN HOSPITAL - NASHVILLE, TN 2013
Residency and Year ST THOMAS MIDTOWN HOSPITAL - NASHVILLE, TN 2015
License Expiration Date **6/30/2017**
Remarks

License Number 5766
License Date 6/24/1977
Name **SHRESTHA, SURESH M MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation ST. MEDICAL INSTITUTE IN MOSCOW MOSCOW 1966
Internship and Year
Residency and Year
License Expiration Date **6/30/1994**
Remarks

License Number 11463
License Date 11/7/2001
Name **SHRIKHANDE, SHUBHADA S MD**
Address 177 PORTSMOUTH AVE, UNIT BSTRATHAM, NH, 03885
Specialty IM
Board Certified IM
School and Year of Graduation GOVERNMENT MED COLL - MAHARASHTRA, INDIA INDIA 1992
Internship and Year MICHAEL REESE HOSPITAL & MEDICAL CENTER - CHICAGO, IL 1996
Residency and Year MICHAEL REESE HOSPITAL & MEDICAL CENTER - CHICAGO, IL 1998
License Expiration Date **6/30/2005**
Remarks

License Number 12556
License Date 12/1/2004
Name **SHU, JENNIFER A MD**
Address DARTMOUTH HITCHCOCK, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND VA US 1992
Internship and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1993
Residency and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1996
License Expiration Date **6/30/2006**
Remarks

License Number 13993
License Date 5/7/2008
Name **SHUBKIN, CATHERINE D MD**
Address DHMC-PEDIATRICS, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1995
Internship and Year CHILDRENS HOSPITAL & REGIONAL MED CTR - SEATTLE, WA 1997
Residency and Year BOSTON MEDICAL CENTER-BOSTON, MA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13023
License Date 3/1/2006
Name **SHUGOL, MARGARITA DO**
Address PLEASANT STREET FAMILY MED, 280 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED, PHILADELPH US 2002
Internship and Year TUFTS UNIVERSITY, MALDEN MA 2002
Residency and Year CENTRAL MAINE MED CTR, LEWISTON ME 2005
License Expiration Date **6/30/2016**
Remarks

License Number 14306
License Date 1/7/2009
Name **SHULER, WILLIAM H MD**
Address 1300 ANNE ST., BEMIDJI, MN, 56601
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NORTH DAKOTA USA 2001
Internship and Year SUMMA HEALTH SYSTEM NEOUCOM PROGRAM - AKRON, OH 2002
Residency and Year SUMMA HEALTH SYSTEM NEOUCOM PROGRAM - AKRON, OH 2004
License Expiration Date **6/30/2011**
Remarks

License Number 17082
License Date 5/6/2015
Name **SHULKOSKY, MARK J MD**
Address 68 S SERVICE RD STE 350, MELVILLE, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year NAVAL MEDICAL CENTER-PORTSMOUTH, VA 1987
Residency and Year UNIVERISTY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1990
License Expiration Date **6/30/2017**
Remarks

License Number 14100
License Date 7/9/2008
Name **SHULMAN, ELIZA P DO**
Address HARVARD VANGUARD MEDICAL ASSOC, 26 CITY HALL MALLMEDFORD, MA, 02155
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 2004
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2006
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10666
License Date 8/4/1999
Name **SHULMAN, ERIC A MD**
Address 253 PLEASANT ST, CONCORD, NH, 03301
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MASS MED SCH - WORCHESTER, MA USA 1996
Internship and Year TOD CHILDRENS HOSPITAL - YOUNGSTOWN, OH 1997
Residency and Year TOD CHILDRENS HOSPITAL - YOUNGSTOWN, OH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 14901
License Date 6/2/2010
Name **SHULMAN, LAWRENCE N MD**
Address DANA-FARBER CANCER INSTITUTE, 450 BROOKLINE AVE D1608BOSTON, MA, 02215
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1975
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1977
Residency and Year 100 MIDLAND AVE 1980
License Expiration Date **6/30/2016**
Remarks

License Number L2912
License Date 1/6/2010
Name **SHULMAN, NED I MD**
Address HEALTHSOUTH REHAB HOSPITAL, 254 PLEASANT STREETCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **4/15/2010**
Remarks

License Number 7004
License Date 11/1/1984
Name **SHULTZ, EDWARD K MD**
Address VANDERBILT UNIV HOSPITAL, D 131 VUHNASHVILLE, TN, 37232-7330
Specialty CLP
Board Certified CLP
School and Year of Graduation YALE UNIVSCH MED -NEW HAVEN,CT USA 1979
Internship and Year BARNES HOSP-ST LOUIS,MO 1980
Residency and Year BARNES HOSP-ST LOUIS,MO 1984
License Expiration Date **6/30/1998**
Remarks

License Number 9556
License Date 9/6/1995
Name **SHULTZ, KELLEY H MD**
Address CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, 3333 BURNET AVECINCINNATI, OH, 45229
Specialty PD
Board Certified PD
School and Year of Graduation BOWMAN GRAY SCHOOL OF MED OF WAKE FOREST UNIV USA 1986
Internship and Year CHILDRENS HOSPITAL COLUMBUS OH 1987
Residency and Year CHILDRENS HOSPITAL COLUMBUS OH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12145
License Date 11/5/2003
Name **SHUMAN, JOLENE J MD**
Address 161 CORPORATE DRIVE, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF KANSAS, KANSAS CITY KS US 1992
Internship and Year FORBES HEALTH SYSTEM, MONROEVILLE PA 1993
Residency and Year FORBES HEALTH SYSTEM, MONROEVILLE PA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 11939
License Date 5/7/2003
Name **SHUMAN, KENNETH R MD**
Address DURHAM HEALTH CENTER, 36 MADBURY RDDURHAM, NH, 03824
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1992
Internship and Year FORBES HEALTH SYSTEM - MONROEVILLE, PA 1993
Residency and Year FORBES HEALTH SYSTEM - MONROEVILLE, PA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 14395
License Date 4/1/2009
Name **SHUMWAY, ALLEGRA L MD**
Address PLANNED PARENTHOOD OF NORTH NE, 501 PORTLAND STST JOHNSBURY, VT, 05819
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT USA 1988
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1989
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1991
License Expiration Date **6/30/2015**
Remarks

License Number 9083
License Date 11/3/1993
Name **SHUTE, KEITH M MD**
Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570-
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1989
Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1992
Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 9073
License Date 10/6/1993
Name **SIBERSKI, JOHN R MD**
Address 35 CREIGHTON ST, JAMAICA PLAIN, MA, 02130
Specialty P
Board Certified P
School and Year of Graduation TEMPLE UNIV SCHO OF MED -PHILA, PA USA 1975
Internship and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1976
Residency and Year TEMPLE UNIV HOSP -PHILA, PA 1992
License Expiration Date **6/30/1999**
Remarks

License Number 15046
License Date 10/6/2010
Name **SIBLEY, ANJALI T MD**
Address THE CENTER FOR CANCER CARE, 11 WHITEHALL RD/FRISBIE HOSROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF TENNESSEE USA 2003
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2005
Residency and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2007
License Expiration Date **6/30/2012**
Remarks

License Number 3018
License Date 3/10/1954
Name **SIBLEY, JOHN R MD**
Address 40 HIGHLANDS RD, ETNA, NH, 03750
Specialty GS
Board Certified GS
School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1952
Internship and Year WESLEY MEMORIAL HOSPITAL - CHICAGO, IL 1953
Residency and Year WESLEY MEMORIAL HOSPITAL - CHICAGO, IL 1953
License Expiration Date **6/30/2004**
Remarks **Deceased 6/24/2012**

License Number 16328
License Date 9/4/2013
Name **SIBLEY, RICHARD W MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 1994
Internship and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1995
Residency and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 17249
License Date 8/5/2015
Name **SICA, ROBBAN A MD**
Address 391 BOSTON POST RD, ORANGE, CT, 06477
Specialty P
Board Certified
School and Year of Graduation THE UNIVERSITY OF TOLEDO, TOLEDO, OH USA 1982
Internship and Year INSTITUTE OF LIVING/HARTFORD HOSPITAL'S MENTAL HLTH, HARTFORD, CT 1984
Residency and Year INSTITUTE OF LIVING/HARTFORD HOSPITAL'S MENTAL HLTH, HARTFORD, CT 1985
License Expiration Date **6/30/2017**
Remarks

License Number 14361
License Date 3/4/2009
Name **SICILIA, VITALIANO MD**
Address SPRINGFIELD HOSPITAL, SPRINGFIELD, VT, 05156
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DI PISA ITALY 1999
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 2004
Residency and Year LENOX HILL HOSPITAL - NEW YORK, NY 2006
License Expiration Date **6/30/2011**
Remarks

License Number 14270
License Date 12/3/2008
Name **SICKOREZ, GLEN J MD**
Address SNHMC, PROSPECT STNASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NEW JERSEY USA 1985
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 1986
Residency and Year WORCESTER CITY HOSPITAL-WORCESTER,MA 1987
License Expiration Date **6/30/2010**
Remarks

License Number 10015
License Date 5/7/1997
Name **SIDARI, JOSEPH N MD**
Address DEPT OTOLARYNGOLOGY, 123 SUMMER ST STE 300WORCESTER, MA, 01608
Specialty OTO
Board Certified OTO
School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1992
Internship and Year TUFTS NEW ENGLAND MED CTR-BOSTON,MA 1993
Residency and Year TUFTS NEW ENGLAND MED CTR-BOSTON,MA 1997
License Expiration Date **6/30/2015**
Remarks

License Number 16880
License Date 12/3/2014
Name **SIDDEN, CHRISTOPHER R MD**
Address 3620 PELHAM RD #149, GREENVILLE, SC, 29615-5044
Specialty DR
Board Certified DR
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2001
Internship and Year MCGILL UNIVERSITY - MONTREAL, QUEBEC, CANADA 2002
Residency and Year MCGILL UNIVERSITY - MONTREAL, QUEBEC, CANADA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 7659
License Date 7/8/1987
Name **SIDDIQI, JAVED I MD**
Address 380 MERRIMACK ST, STE 2 CMETHUEN, MA, 01844-4600
Specialty OBG
Board Certified OBG
School and Year of Graduation NISHTAR MEDICAL COLLEGE PAKISTAN 1980
Internship and Year ST JOSEPH HOSPITAL - BALTIMORE MD 1983
Residency and Year ST JOSEPH HOSPITAL - BALTIMORE MD 1986
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/15. Renewed 8/31/15.**

License Number 13603
License Date 7/11/2007
Name **SIDDIQI, SOHAIB MD**
Address ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty FP
Board Certified
School and Year of Graduation ST JAMES SCHOOL NETHERLANDS 2003
Internship and Year SUNY @ STONY BROOK - STONY BROOK, NY 2005
Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 14902
License Date 6/2/2010
Name **SIDES, COREY N MD**
Address NE BAPTIST RADIOLOGY PC, 125 PARKER HILL AVE BOSTON, MA, 02120
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY USA 2003
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2004
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2008
License Expiration Date **6/30/2016**
Remarks

License Number 16773
License Date 9/3/2014
Name **SIDFORD, CHRISTOPHER F MD**
Address 29 WATER ST STE 206, NEWBURYPORT, MA, 01950
Specialty EM
Board Certified EM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1987
Internship and Year BASSETT MEDICAL CENTER - COOPERTOWN, NY 1988
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13994
License Date 5/7/2008
Name **SIDHU, MANDEEP MD**
Address DHMC - CARDIOLOGY CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIV USA 2003
Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON,MA 2004
Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON,MA 2006
License Expiration Date **6/30/2014**
Remarks

License Number 7591
License Date 5/6/1987
Name **SIDLEY, NATHAN T MD**
Address 71 FERNCROFT RD, WONALANCET, NH, 03897
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MN USA 1953
Internship and Year UNIV OF IL HOSPITAL - CHICAGO, IL 1954
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1962
License Expiration Date **6/30/2015**
Remarks

License Number 11609
License Date 5/1/2002
Name **SIDWELL, ANN B MD**
Address 303 CATLIN ST, BUFFALO, MN, 55313
Specialty PD
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCH - BOSTON,MA USA 1994
Internship and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1995
Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1998
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/29/14

License Number 9436
 License Date 5/3/1995
 Name **SIEGART, WILLIAM R DO**
 Address ON CALL INTERNATIONAL, ONE DELAWAR DRIVESALEM, NH, 03079-4034
 Specialty EM
 Board Certified EM
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 1984
 Internship and Year PONTIAC OSTEOPATHIC HOSPITAL - PONTIAC, MI 1987
 Residency and Year PONTIAC OSTEOPATHIC HOSPITAL, PONTIAC MI 1987
 License Expiration Date **6/30/2017**
 Remarks

License Number 8765
 License Date 7/1/1992
 Name **SIEGEL, ALAN H MD**
 Address DHMC - DEPT OF RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
 Specialty DR
 Board Certified DR
 School and Year of Graduation MOUNT SINAI SCHOOL OF MEDICINE USA 1984
 Internship and Year MORRISTOWN MEMORIAL HOSPITAL MORRISTOWN - NEW JERSEY 1985
 Residency and Year BETH ISRAEL MEDICAL CENTER NEW YORK - NEW YORK 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 4741
 License Date 7/25/1972
 Name **SIEGEL, ANDREW MD**
 Address 196 BATTERY ST, BURLINGTON, VT, 05401-5280
 Specialty P
 Board Certified P
 School and Year of Graduation UNIV OF PA SCHOOL OF MEDICINE - PHILA, PA USA 1968
 Internship and Year UNIF OF PA HOSPITAL - PHILA, PA 1969
 Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1972
 License Expiration Date **6/30/2008**
 Remarks

License Number 14236
 License Date 11/5/2008
 Name **SIEGEL, BONITA H MD**
 Address 210 ST JAMES PLACE, BROOKLYN, NY, 11238
 Specialty N
 Board Certified N
 School and Year of Graduation UNIV OF WISCONSIN USA 1991
 Internship and Year HAHNEMANN UNIV HOSPITAL-PHILADELPHIA, PA 1992
 Residency and Year HAHNEMANN UNIV HOSPITAL-PHILADELPHIA, PA 1993
 License Expiration Date **6/30/2014**
 Remarks

License Number 11395
License Date 9/5/2001
Name **SIEGEL, COREY A MD**
Address DHMC-GI, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED- BOSTON, MA USA 1998
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2017**
Remarks

License Number 17281
License Date 9/2/2015
Name **SIEGEL, DAVID B DO**
Address 10914 S 91ST EAST AVE, TULSA, OK, 74133-7079
Specialty AN
Board Certified AN
School and Year of Graduation COLLEGE OF OSTEOPATHIC MED, DES MOINES IA USA 1979
Internship and Year CHICAGO OSTEOPATHIC HOSPITAL, CHICAGO, IL 1980
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER, WORCESTER, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 10374
License Date 8/5/1998
Name **SIEGEL, JOSHUA A MD**
Address ACCESS SPORTS MEDICINE, ONE HAMPTON RDEXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIV OF NY AT BUFFALO, NY USA 1992
Internship and Year SUNY HLTH SCI CTR AT SYRACUSE, NY 1993
Residency and Year SUNY HLTH SCI CTR AT SYRACUSE, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12179
License Date 12/3/2003
Name **SIEGEL, SHARON G MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1991
Internship and Year BOSTON UNIVERSITY MED CTR, BOSTON MA 1992
Residency and Year UNIVERSITY OF PA, PHILADELPHIA PA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 15327
License Date 7/6/2011
Name **SIEGEL, TIMOTHY R MD**
Address DHMC - DEPT OF SURGERY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756-0001
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER, NY 1991
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1995
License Expiration Date **6/30/2015**
Remarks

License Number 9388
License Date 3/1/1995
Name **SIEGFRIED, VIRGINIA A MD**
Address PLANNED PARENTHOOD, 518 GARDEN STSANTA BARBARA, CA, 93101
Specialty OBG
Board Certified OBG
School and Year of Graduation COLUMBIA UNIVERSITY COLL OF PHYS & SURGEONS USA 1979
Internship and Year UCLA MEDICAL CENTER - LOS ANGELES CA 1980
Residency and Year UCLA MEDICAL CENTER - LOS ANGELES CA 1983
License Expiration Date **6/30/2009**
Remarks

License Number 12146
License Date 11/5/2003
Name **SIEMANN, DAVID B MD**
Address DHMC - DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation OREGON HEALTH & SCIENCE UNIVERSITY, PORTLAND OR US 2000
Internship and Year PROVIDENCE/ST VIINCENT HOSP & MED CTR, PORTLAND OR 2001
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2005
License Expiration Date **6/30/2005**
Remarks

License Number 9198
License Date 6/1/1994
Name **SIEVERS, TIMOTHY M MD**
Address AMOSKEAG ANESTHESIA, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1990
Internship and Year ST JOSEPH'S HOSPITAL - DEVENER, CO 1991
Residency and Year UNIVERISTY OF MICHIGAN HOSPITALS - ANN ARBOR MI 1994
License Expiration Date **6/30/2016**
Remarks

License Number 4861
License Date 11/18/1971
Name **SIGALOS, GEORGE L MD**
Address 1 JADY HILL AVE, APT J-10EXETER, NH, 03833
Specialty PTH
Board Certified PTH
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC USA 1959
Internship and Year GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC 1960
Residency and Year UNIVERSITY HOSPITAL-COLUMBUS OH 1964
License Expiration Date **6/30/2015**
Remarks

License Number 17083
License Date 5/6/2015
Name **SIGBJARNARSON, HERMANN P MD**
Address 48 CHURCH ST APT 1, LEBANON, NH, 03766
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF ICELAND ICELAND 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 12038
License Date 8/6/2003
Name **SIGMAN, SCOTT A MD**
Address 14 RESEARCH PLACE, NORTH CHELMSFORD, MA, 01863
Specialty ORS
Board Certified ORS
School and Year of Graduation U OF MARYLAND, BALTIMORE MD US 1990
Internship and Year ST AGNES HEALTHCARE, BALTIMORE MD 1991
Residency and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 17234
License Date 8/5/2015
Name **SIGNALOV, MIKHAIL DO**
Address SO NH DIABETES & ENDOCRINOLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MED- ERIE PA USA 2005
Internship and Year ST LUKES HOSPITAL - BETHLEHEM, PA 2006
Residency and Year ST LUKES HOSPITAL - BETHLEHEM, PA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 9089
License Date 12/2/1993
Name **SIGURDSSON, ALBERT P MD**
Address 401 WINDSOR RIDGE DR, WESTBOROUGH, MA, 01581
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF ICELAND ICELAND 1988
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/1998**
Remarks

License Number 16429
License Date 12/4/2013
Name **SIKKA, PANKAJ K MD**
Address 21 CANTERBURY HILL RD, ACTON, MA, 01720-4921
Specialty AN
Board Certified AN
School and Year of Graduation GRANT MEDICAL COLLEGE - INDIA INDIA 1989
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1998
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11289
License Date 6/6/2001
Name **SILANG, RIETA PURIFICACION T MD**
Address INTERNAL MED & KIDNEY PARTNERS PA, 19 TYLER ST STE 203 NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation FAC OF MED & SURGERY UNIV - MANILA PHILIPPINES PHILIPPINES 1989
Internship and Year ST MICHAEL'S MEDICAL CENTER - NEWARK, NJ 1994
Residency and Year ST MICHAEL'S MEDICAL CENTER - NEWARK, NJ 1996
License Expiration Date **6/30/2017**
Remarks

License Number 10918
License Date 5/3/2000
Name **SILAS, ANNE M MD**
Address DHMC-RADIOLOGY, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO FACULTY OF MEDICINE CANADA 1994
Internship and Year UNIVERSITY OF BRITISH COLUMBIA-VANCOUVER-BC CANADA 1995
Residency and Year UNIVERSITY OF BRITISH COLUMBIA-VANCOUVER, BC CANADA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 4867
License Date 12/6/1971
Name **SILBERFARB, PETER M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty P
Board Certified P
School and Year of Graduation HAHNEMANN MEDICAL COLL-PHILADELPHIA PA USA 1965
Internship and Year HAHNEMANN MEDICAL COLL-PHILADELPHIA PA 1966
Residency and Year MARY HITCHCOCK MEM HOSP-HANOVER NH 1969
License Expiration Date **6/30/2017**
Remarks

License Number 10729
License Date 10/6/1999
Name **SILBERSTEIN, TODD A DO**
Address CHESHIRE MED CTR-CARDIOLOGY, 590 COURT STKEENE, NH, 033431
Specialty CD
Board Certified CD
School and Year of Graduation SOUTHEASTERN COLL OF OSTEO MED - FT LAUDERDALE FL USA 1996
Internship and Year LONG ISLAND JEWISH MED CTR - NEW HYDE PARK NY 1997
Residency and Year LONG ISLAND JEWISH MED CTR - NEW HYDE PARK NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11257
License Date 5/2/2001
Name **SILBEY, MARK B MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIVERSITY USA 1985
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1991
Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 11038
License Date 8/2/2000
Name **SILISKI, JOHN M MD**
Address ONE HAWTHORNE PL STE 105, BOSTON, MA, 02114
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON MA USA 1977
Internship and Year MASSACHUSETTS GENERAL HOSP - BOSTON MA 1983
Residency and Year BRIGHAM & WOMENS HOSP - BOSTON MA 1984
License Expiration Date **6/30/2004**
Remarks

License Number 16736
License Date 8/6/2014
Name **SILKA, VAN R MD**
Address 41 DAVIS ST, NORTHBOROUGH, MA, 01532-2105
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF TOLEDO - TOLEDO, OH US 1988
Internship and Year UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE - CINCINNATI, OH 1990
Residency and Year UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE - CINCINNATI, OH 1992
License Expiration Date **6/30/2016**
Remarks

License Number 13690
License Date 9/5/2007
Name **SILKES, DEBRA S MD**
Address 85 COLONIAL DR WEST, TONAWANDA, NY, 14150
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MIAMI USA 1987
Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1988
Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER- NEW YORK, NY 1993
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/09 - reinstated 8/3/11**

License Number 7799
License Date 3/9/1988
Name **SILLS, RONALD S MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 15073
License Date 11/3/2010
Name **SILVA SAYAGO, ANTONIO J MD**
Address NE NEUROLOGICAL ASSOC LLC, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation UNIV CENTRAL DE VENEZUELA-LUIS RAZETTI VENEZUELA 2002
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN , CT 2006
Residency and Year BOSTON MEDICAL CENTER- BOSTON, MA 2009
License Expiration Date **6/30/2014**
Remarks

License Number 5315
License Date 4/3/1975
Name **SILVA, JOSE L MD**
Address 2 VALERIE COURT, SANDOWN, NH, 03873
Specialty OM
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIV - DC USA 1947
Internship and Year GEORGE WASHINGTON HOSPITAL - WASHINGTON, DC 1948
Residency and Year ST JOSEPH'S HOSPITAL - LEXINGTON, KY 1950
License Expiration Date **6/30/2011**
Remarks

License Number 11883
License Date 4/2/2003
Name **SILVA, KEVIN A MD**
Address 580 ST JOHNSBURY RD, STE 11LITTLETON, NH, 03561
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TEXAS MED SCH - GALVESTON, TX USA 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16354
License Date 10/2/2013
Name **SILVER, JONATHAN S MD**
Address LAHEY HOSPITAL & MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805
Specialty CD
Board Certified CD
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12680
License Date 4/6/2005
Name **SILVER, ROBERT J MD**
Address SO. NH DIABETES & ENDOCRINOLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03063-4068
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF MED & DENTISTRY OF NJ NEWARK NJ US 1999
Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2000
Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 10062
License Date 7/2/1997
Name **SILVERBERG, STUART O MD**
Address 701 ELM CIRCLE, GOLDEN, CO, 80401-5819
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF COLORADO SCHOOL OF MED DENVER,CO USA 1955
Internship and Year WOMEN'S HOSPITAL - PA 1956
Residency and Year KINGS COUNTY HOSPITAL CENTER - NY 1962
License Expiration Date **6/30/2000**
Remarks **DECEASED 5/14/09**

License Number 8722
License Date 5/6/1992
Name **SILVERMAN, ELAINE M MD**
Address VALLEY REG HOSP-ASSOC IN MED, 241 ELM STCLAREMONT, NH, 03743
Specialty IM
Board Certified IM
School and Year of Graduation SUNY - SYRACUSE USA 1989
Internship and Year UNIVERSITY OF CONNECTICUT HOSPITAL - HARTFORD, CT 1990
Residency and Year UNIVERSITY OF CONNECTICUT HOSPITAL - HARTFORD, CT 1992
License Expiration Date **6/30/2016**
Remarks

License Number 5965
License Date 8/3/1978
Name **SILVERMAN, GRETCHEN K MD**
Address 299 N BAY ST, MANCHESTER, NH, 03104-3019
Specialty FP
Board Certified EM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1971
Internship and Year ST VINCENT'S HOSPITAL - WORCESTER, MA 1972
Residency and Year HOSPITAL MEDICAL COLLEGE OF PENNSYLVANIA - PHILA, PA 1975
License Expiration Date **6/30/2012**
Remarks

License Number 5966
License Date 8/3/1978
Name **SILVERMAN, HARVEY M MD**
Address 299 NO BAY, MANCHESTER, NH, 03104
Specialty OM
Board Certified OM
School and Year of Graduation BOSTON UNIV SCHOOL OF MED - BOSTON, MA USA 1970
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1971
Residency and Year HOSPITAL MEDICAL COLLEGE OF PENNSYLVANIA - PHILA, PA 1975
License Expiration Date **6/30/2012**
Remarks

License Number 14210
License Date 10/1/2008
Name **SILVERMAN, SCOTT B MD**
Address MGH, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2002
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2003
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11290
License Date 6/6/2001
Name **SILVERMAN, STEPHANIE D MD**
Address NEW BOSTON PRIMARY CARE, 52 HIGH STREETNEW BOSTON, NH, 03070
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MARYLAND SCH OF MED - BALTIMORE, MD USA 1996
Internship and Year LANCASTER GENERAL HOSP - LANCASTER, PA 1997
Residency and Year LANCASTER GENERAL HOSP - LANCASTER, PA 1999
License Expiration Date **6/30/2007**
Remarks

License Number 16430
License Date 12/4/2013
Name **SILVERMAN, WARREN MD**
Address 776A WATERVLIT SHAKER RD, LATHAM, NY, 12110-2296
Specialty OM
Board Certified OM
School and Year of Graduation ALBANY MEDICAL COLLEGE - NY USA 1978
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1979
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1980
License Expiration Date **6/30/2017**
Remarks

License Number 6884
License Date 5/10/1984
Name **SILVERS, DENNIS A MD**
Address E.BOSTON NEIGHBORHOOD HLTH CTR, 10 GOVE STE. BOSTON, MA, 02128
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF PENNSYLVANIA - PHILA, PA USA 1974
Internship and Year MEDICAL COLLEGE OF PENNSYLVANIA - PHILA, PA 1975
Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 8633
License Date 9/23/1991
Name **SILVERSMITH, MARK J MD**
Address NH GASTROENTEROLOGY, 9 WASHINGTON PLACE SUITE 2BEDFORD, NH, 03110
Specialty GE
Board Certified GE
School and Year of Graduation ST SINAI SCH OF MED - NY, NY USA 1983
Internship and Year MONTEFIORE HOSPITAL - BRONX, NY 1984
Residency and Year MONTEFIORE HOSPITAL - BRONX, NY 1986
License Expiration Date **6/30/2017**
Remarks

License Number 12357
License Date 6/2/2004
Name **SILVERSTEIN, MARNI A MD**
Address DHK-PEDIATRICS, 580 COURT STKEENE, NH, 03431
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 2001
Internship and Year CHILDRENS HOSP AT DARTMOUTH, LEBANON NH 2002
Residency and Year CHILDRENS HOSP AT DARTMOUTH, LEBANON NH 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12919
License Date 10/5/2005
Name **SILVERSTONE, DANIEL Z MD**
Address CHEM CENTER FOR MRI, 48 MONTVALE AVESTONEHAM, MA, 02180
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MASS., WORCESTER MA US 1984
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1985
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1989
License Expiration Date **6/30/2007**
Remarks

License Number 17235
License Date 8/5/2015
Name **SIMANGAN YOUSSEFI, LENORE REEVA C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation ST GEORGES UNIVERSITY - GRENADA GRENADA 2008
Internship and Year UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2009
Residency and Year UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2012
License Expiration Date **6/30/2017**
Remarks

License Number 10509
License Date 2/3/1999
Name **SIMARD, CHRISTOPHER J MD**
Address VERTEX PHARMACEUTICALS, 50 NORTHERN AVE BOSTON, MA, 02110
Specialty AN
Board Certified
School and Year of Graduation TUFTS UNIV SCH OF MEDICINE - BOSTON, MA USA 1994
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1995
Residency and Year BETH ISREAL DEACONESS MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5068
License Date 8/31/1973
Name **SIMINGTON, ARTHUR W MD**
Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT ST KEENE, NH, 03431-1798
Specialty PD
Board Certified PD
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC USA 1968
Internship and Year THE YORK HOSP-YORK PA 1969
Residency and Year THE CHILDREN'S HOSP-COLUMBUS OH 1970
License Expiration Date **6/30/2009**
Remarks

License Number 17084
License Date 5/6/2015
Name **SIMKIN, GALINA MD**
Address 227 ESTATE CT, NORTHBROOK, IL, 60062
Specialty N
Board Certified N
School and Year of Graduation RUSSIAN STATE MEDICAL UNIVERSITY RUSSIA 1982
Internship and Year PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 1994
Residency and Year UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16431
License Date 12/4/2013
Name **SIMMONDS, VERONICA L DO**
Address PO BOX 656, ELLSWORTH, ME, 04605-0656
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2005
Internship and Year PCOM/ST JOSEPH MEDICAL CENTER - READING, PA 2006
Residency and Year READING HOSPITAL AND MEDICAL CENTER - READING, PA 2007
License Expiration Date **6/30/2015**
Remarks

License Number 5932
License Date 6/16/1978
Name **SIMMONS, BARRY P MD**
Address BRIGHAM&WOMENS HOSP/ ORTHOP, 75 FRANCIS ST BOSTON, MA, 02115-6195
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIAN SURGEONS, NY USA 1965
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1966
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 10224
License Date 1/7/1998
Name **SIMMONS, CHARLES M MD**
Address MEMORIAL HOSPITAL, PO BOX 5001N CONWAY, NH, 03860
Specialty EM
Board Certified EM
School and Year of Graduation LOMA LINDA UNIV SCH OF MED-LOMA LINDA, CA USA 1985
Internship and Year LOMA LINDA UNIV MEDICAL CENTER - CA 1986
Residency and Year LOMA LINDA UNIV MEDICAL CENTER - CA 1992
License Expiration Date **6/30/2004**
Remarks

License Number 17132
License Date 6/3/2015
Name **SIMMONS, MARC D MD**
Address 106 MAIN ST, BYFIELD, MA, 01922
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHL, WORCESTER MA USA 1996
Internship and Year BELLEVUE HOSPITAL CENTER, NEW YORK NY 1997
Residency and Year BELLEVUE HOSPITAL CENTER, NEW YORK NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11820
License Date 1/8/2003
Name **SIMMONS, NATHAN E MD**
Address DHMC NEUROSURGERY, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty NS
Board Certified NS
School and Year of Graduation UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1993
Internship and Year UNIV OF VIRGINIA HOSPITALS - CHARLOTTESSVILLE, VA 1994
Residency and Year UNIV OF VIRGINIA - CHARLOTTESSVILLE, VA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 14777
License Date 3/3/2010
Name **SIMON, AVROM MD**
Address , 128 S. ABERDEENCHICAGO, IL, 60607
Specialty OM
Board Certified OM
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1987
Internship and Year AURORA SINAI MEDICAL CENTER - MILWAUKEE, WI 1988
Residency and Year UNIVERSITY OF ILLINOIS - CHICAGO, IL 1992
License Expiration Date **6/30/2016**
Remarks

License Number 15642
License Date 4/4/2012
Name **SIMON, GABRIEL P MD**
Address 133 SUDBURY RD, CONCORD, MA, 01742
Specialty EM
Board Certified EM
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2004
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2006
License Expiration Date **6/30/2014**
Remarks

License Number 7698
License Date 8/5/1987
Name **SIMON, JULIUS H MD**
Address F R H PEDIATRICS, 15 AIKEN AVEFRANKLIN, NH, 03235-1299
Specialty PD
Board Certified PD
School and Year of Graduation JRIJE UNIV BRUSSEL BELGIUM 1981
Internship and Year U OK-TULSA MED COLL AFFIL HOSP-TULSA.OK 1984
Residency and Year ROSWELL PARK MEM INST-BUFFALO,NY 1987
License Expiration Date **6/30/2005**
Remarks

License Number 10437
License Date 10/7/1998
Name **SIMON, PEGGY M MD**
Address AVH SURGICAL ASSOC, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty PUD
Board Certified PUD
School and Year of Graduation MEDICAL COLL OF WISCONSIN - MILWAUKEE, WI USA 1981
Internship and Year BARNES JEWISH HOSPITAL - ST LOUIS, MO 1982
Residency and Year BARNEW JEWISH HOSPITAL - ST LOUIS, MO 1983
License Expiration Date **6/30/2016**
Remarks

License Number 6370
License Date 4/6/1981
Name **SIMONDS, GAIL B MD**
Address 330 BORTHWICK AVE, PORTSMOUTH, NH, 03801-4174
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VT COLL OF MED-BURLINGTON,VT USA 1978
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1979
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 0000
License Expiration Date **6/30/2017**
Remarks

License Number 15094
License Date 12/1/2010
Name **SIMONE, SAMUEL T MD**
Address DHMC - SECTION 3V, ONE MED CTR DRLEBANON, NH, 03756
Specialty VS
Board Certified
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY 2008 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2014**
Remarks

License Number 16290
License Date 8/7/2013
Name **SIMONS, DANIELLE P MD**
Address 67 VICTORIA STREET, HAMILTON BERMUDA, , HM12
Specialty FP
Board Certified FP
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2011
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11396
License Date 9/5/2001
Name **SIMONS, MICHAEL MD**
Address SECTION OF CARDIOLOGY, DHMC ONE MEDICAL CTR DRIVELEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1984
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1985
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date **6/30/2009**
Remarks

License Number L2725
License Date
Name **SIMONS, PAMELA D MD**
Address 5001 STATEMAN DRIVE, IRVING, TX, 75063
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date
Remarks

License Number 15852
License Date 9/5/2012
Name **SIMONS, RICHARD J MD**
Address GEISEL SCHOOL OF MED @ DARTMOUTH, 1 ROPE FERRY RDHANOVER, NH, 03755
Specialty IMG
Board Certified IMG
School and Year of Graduation PENNSYLVANIA STATE UNIV COLLEGE OF MEDICINE USA 1981
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1982
Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16329
License Date 9/4/2013
Name **SIMPKINS JR, CUTHBERT O MD**
Address 3060 NOTTINGHAM DR, SHREVEPORT, LA, 71115
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1974
Internship and Year ST LUKES ROOSEVELT HOSP CENTER - NY,NY 1976
Residency and Year SUNY DOWNSTATE MEDICAL CENTER, BROOKLYN, NY 1980
License Expiration Date **6/30/2017**
Remarks

License Number 15393
License Date 9/7/2011
Name **SIMPKINS, CHRISTOPHER E MD**
Address DHMC - SECTION OF TRANSPLANT SURGERY, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation JOHN HOPKINS UNIVERSITY USA 2000
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2001
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15853
License Date 9/5/2012
Name **SIMPSON, BRETT P MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MED USA 2003
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2004
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 13759
License Date 11/7/2007
Name **SIMS II, JOHN R MD**
Address MASSACHUSETTS GENERAL HOSP, 15 PARKMAN ST WAC 729 JBOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1994
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1995
Residency and Year HARVARD MEDICAL SCHOOL - BOSTON, MA 2002
License Expiration Date **6/30/2011**
Remarks

License Number 8723
License Date 5/6/1992
Name **SIMS, DANNY M MD**
Address NH ONCOLOGY-HEMATOLOGY, PA, 200 TECHNOLOGY DRHOOKSETT, NH, 03106-2505
Specialty HO
Board Certified HO
School and Year of Graduation EMORY UNIVERSITY USA 1985
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL 1986
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL 1991
License Expiration Date **6/30/2016**
Remarks

License Number 16193
License Date 6/5/2013
Name **SINADA, MUSADAG M MD**
Address MISSOURI DELTA MEDICAL CENTER C/O MEDICAL STAFF OF, 1008 N MAIN STSIKESTON, MO, 63801
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF KHARTOWN SUDAN 1991
Internship and Year MOUNT VERNON HOSPITAL - MT VERNON, NY 2001
Residency and Year MOUNT VERNON HOSPITAL - MT VERNON, NY 2003
License Expiration Date **6/30/2015**
Remarks

License Number 16138
 License Date 5/1/2013
 Name **SINCO, STEFAN M DO**
 Address 8400 VETERANS PKWY #127, COLUMBUS, GA, 31909
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation KANSAS CITY UNIVERSITY OF MED & BIOSCIENCES USA 1997
 Internship and Year MERCY SUBURBAN HOSPITAL - NORRISTOWN, PA 1998
 Residency and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 2004
 License Expiration Date **6/30/2017**
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 10694
 License Date 9/1/1999
 Name **SINGARAYER, CHANDRAKUMAR MD**
 Address TAUNTON HEALTH CENTER, 1290 KEITH ROSS COURTO SHAWA ON, CA, L1H 7K4
 Specialty IM
 Board Certified IM
 School and Year of Graduation ROYAL FREE HOSP SCH OF MED- UNIV OF LONDON LONDON 1994
 Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1997
 Residency and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1999
 License Expiration Date **6/30/2013**
 Remarks

License Number 7185
 License Date 8/1/1985
 Name **SINGER, JACK A MD**
 Address SINGER EYE CENTER, 40 SOUTH MAIN STRANDOLPH, VT, 05060-
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation SUNY DOWNSTATE-BROOKLYN, NY USA 1981
 Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1982
 Residency and Year MARYLAND GENERAL HOSPITAL - BALTIMORE, MD 1985
 License Expiration Date **6/30/2005**
 Remarks **DECEASED1-6-11**

License Number 4714
 License Date 6/12/1972
 Name **SINGER, KARL L MD**
 Address CORE PHYSICIANS, LLC, 19 HAMPTON RD., STE 6EXETER, NH, 03833
 Specialty FP
 Board Certified FP
 School and Year of Graduation HARVARD MED SCHOOL-BOSTON MA USA 1967
 Internship and Year UNIVERSITY OF COLORADO-DENVER CO 1968
 Residency and Year BETH ISRAEL HOSP-BOSTON MA 1972
 License Expiration Date **6/30/2016**
 Remarks

License Number 9557
License Date 9/6/1995
Name **SINGER, LINDA B MD**
Address 19 BREED POND DR, NELSON, NH, 03457
Specialty IM
Board Certified IM
School and Year of Graduation SUNY AT BUFFALO SCHOOL OF MED BIOMEDICAL SCIENCE USA 1979
Internship and Year LENOX HILL HOSPITAL NEW YORK, NY 1980
Residency and Year LENOX HILL HOSPITAL NEW YORK, NY 1981
License Expiration Date **6/30/2017**
Remarks **RETIRED**

License Number 10593
License Date 6/2/1999
Name **SINGER, MICHAEL I MD**
Address 143 PLACE FRONTENAC, POINTE CLAIREQUEBEC CANADA, , H9R 4Z1
Specialty D
Board Certified D
School and Year of Graduation UNIV OF TORONTO FAC OF MED - TORONTO CANADA 1991
Internship and Year UNIV OT TORONTO - TORONTO, CANADA 1992
Residency and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1995
License Expiration Date **6/30/2000**
Remarks

License Number 13271
License Date 9/6/2006
Name **SINGER, MICHAEL S MD**
Address GLOBAL SAFETY OFFICE, 100 BOSTON SCIENTIFIC WAYMARLBOROUGH, MA, 01752-1234
Specialty OPH
Board Certified
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 2002
Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2003
Residency and Year MASSACHUSETTS EYE AND EAR INFIRMARY, BOSTON MA 2006
License Expiration Date **6/30/2008**
Remarks

License Number 16389
License Date 11/6/2013
Name **SINGER, ROBERT J MD**
Address DHMC - NEUROSURGERY, 1 MEDICAL CENTER RDLEBANON, NH, 03756
Specialty NS
Board Certified NS
School and Year of Graduation UNIVERSITY OF NEBRASKA MEDICAL CENTER USA 1992
Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1993
Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1998
License Expiration Date **6/30/2017**
Remarks

License Number 12718
License Date 5/4/2005
Name **SINGER, ROBERT W MD**
Address 253 PLEASANT ST, CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLLEGE, BRONX NY US 1974
Internship and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1975
Residency and Year UNIV OF PITTSBURGH , PITTSBURGH PA 1977
License Expiration Date **6/30/2007**
Remarks

License Number 14526
License Date 7/1/2009
Name **SINGERMAN, LINDA B MD**
Address MILITARY ENTRANCE PROCESSING STATION, 3520 W WATERS AVETAMPA, FL, 33614
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA USA 1986
Internship and Year TULANE UNIVERSITY MEDICAL SCHOOL - NEW ORLEANS, LA 1987
Residency and Year TULANE UNIVERSITY MEDICAL SCHOOL - NEW ORLEANS, LA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 16330
License Date 9/4/2013
Name **SINGH, DEEPIKA MD**
Address EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CENTER USA 2005
Internship and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2006
Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 12441
License Date 8/4/2004
Name **SINGH, GIULIANA V DO**
Address U OF MARYLAND FAMILY MED, 29 S PACA STBALTIMORE, MD, 21201
Specialty FP
Board Certified
School and Year of Graduation NEW YORK COLLEGE, OLD WESTBURY NY US 2001
Internship and Year ST FRANCIS HOSP, WILMINGTON DE 2002
Residency and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 2004
License Expiration Date **6/30/2006**
Remarks

License Number 17085
License Date 5/6/2015
Name **SINGH, GURBAKSHISH MD**
Address 832 S CLAREMONT AVE #2RF, CHICAGO, IL, 60612
Specialty IM
Board Certified IM
School and Year of Graduation GOVERNMENT MEDICAL COLLEGE INDIA 2005
Internship and Year ROSALIND FRANKLIN UNIVERSITY-CHICAGO MEDICAL SCHOOL - CHICAGO, IL 2011
Residency and Year ROSALIND FRANKLIN UNIVERSITY-CHICAGO MEDICAL SCHOOL - CHICAGO, IL 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16463
License Date 1/8/2014
Name **SINGH, GURPINDER MD**
Address LRG HEALTHCARE, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified
School and Year of Graduation MS RAMAIAH MEDICAL COLLEGE INDIA 2005
Internship and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2012
Residency and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14438
License Date 5/6/2009
Name **SINGH, HARINDER MD**
Address HOSPITALISTS MANAGEMENT GRP, 1800 W CHARLESTON BLVD STE 511LAS VEGAS, NV, 89102
Specialty IM
Board Certified IM
School and Year of Graduation RUSSIAN STATE MEDICAL UNIVERSITY RUSSIA 1999
Internship and Year UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2005
Residency and Year UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2007
License Expiration Date **6/30/2011**
Remarks

License Number 10919
License Date 5/8/2000
Name **SINGH, HIMANSHU MD**
Address DEPT OF RADIATION ONCOLOGY, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty RO
Board Certified RO
School and Year of Graduation UNIVERSITY OF CHICAGO SCHOOL OF MEDICINE USA 1995
Internship and Year MOUNT AUBURN HOSPITAL-CAMBRIDGE,MA 1996
Residency and Year MEMORIAL SLOAN KETTERING CANCER CENTER-NEW YORK,NY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15599
License Date 3/7/2012
Name **SINGH, MANDEEP MD**
Address 750 OLD LANCASTER RD, APT #C401BERWYN, PA, 19312
Specialty IM
Board Certified IM
School and Year of Graduation SWAMI RAMANAND TEERTH RURAL MEDICAL COLLEGE INDIA 2003
Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2009
Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2011
License Expiration Date **6/30/2014**
Remarks

License Number 13995
License Date 5/7/2008
Name **SINGH, NEETU MD**
Address DHMC/PEDIATRICS, ONE MEDICAL CENTERLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation RANI DURGAVATI VISHWAVIDYALAYA MED COLLEGE INDIA 1999
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2006
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number L2768
License Date 9/15/2008
Name **SINGH, SURINDER K MD**
Address SEA MAR COMMUNITY HEALTH CTR, PO BOX 9825VANCOUVER, WA, 98664
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY CATOLICA NORDESTANA DOMINICAN REPUBLIC 1981
Internship and Year
Residency and Year
License Expiration Date **12/23/2008**
Remarks **LOCUM TENES DOCTOR LICENSED 09/15/08-12/23/08.**

License Number 10145
License Date 10/1/1997
Name **SINGH, VIVEKANAND MD**
Address 9021 BROADWAY, OLIVE BRANCH, MS, 38654
Specialty PTH
Board Certified
School and Year of Graduation OSMANIA MED COLL - OSMANIA UNIV HYDERABAD INDIA 1991
Internship and Year UNIV OF TENNESSEE COLL OF MEDICINE - TN 2000
Residency and Year UNIV OF TENNESSEE COLL OF MEDICINE - TN 2000
License Expiration Date **6/30/1999**
Remarks

License Number 15268
License Date 6/1/2011
Name **SINGHAL, ANEESH B MD**
Address MGH TELENEUROLOGY, 55 FRUIT ST, BIGELOW 1206BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation SETH GS MED COLLEGE INDIA 1994
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1996
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 8894
License Date 2/3/1993
Name **SINGLE, DONALD R MD**
Address PO BOX 1499, NEW LONDON, NH, 03257
Specialty EM
Board Certified EM
School and Year of Graduation DALHOUSIE UNIVERSITY FACILITY OF MEDICINE CANADA 1974
Internship and Year DALHOUSIE UNIV FACILITY OF MEDICINE - CANADA 1974
Residency and Year DALHOUSIE UNIV FACILITY OF MEDICINE - CANADA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 14400
License Date 4/1/2009
Name **SINHA, ALOK K MD**
Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty FP
Board Certified
School and Year of Graduation RANGPUR MEDICAL COLLEGE BANGLADESH 1981
Internship and Year LUTHERAN MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year LUTHERAN MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 14778
License Date 3/3/2010
Name **SINKOV, VLADIMIR A MD**
Address NH ORTHOPEDIC CENTER, 9 WASHINGTON PLACE STE 101BEDFORD, NH, 03110
Specialty ORS
Board Certified
School and Year of Graduation JOHN HOPKINS UNIVERSITY USA 2003
Internship and Year UNION MEMORIAL HOSPITAL - BALTIMORE, MD 2004
Residency and Year UNION MEMORIAL HOSPITAL - BALTIMORE, MD 2008
License Expiration Date **6/30/2016**
Remarks

License Number 7855
License Date 5/4/1988
Name **SIOUFFEY, ROGER A MD**
Address KFMMC BLDG 70 APT 302 BOX 946, DHAHRANSAUDI ARABIA, , 31932
Specialty P
Board Certified P
School and Year of Graduation FAC OF MED UNIV OF DAMASCUS SYRIA 1979
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1984
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1987
License Expiration Date **6/30/2001**
Remarks

License Number 9199
License Date 6/1/1994
Name **SIOUFFI, SAMER Y MD**
Address , , ,
Specialty CD
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 16355
License Date 10/2/2013
Name **SIOUFI, PHILIPPE J MD**
Address 333 BORTHWICK AVE, PORTSMOUTH, NH, 03802
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF ALEPPO SYRIA ARAB REPUBLIC 1985
Internship and Year WEST ROXBURY VETERANS AFFAIRS CENTER-BROCKTON, MA 1994
Residency and Year WEST ROXBURY VETERANS AFFAIRS CENTER-BROCKTON, MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14573
License Date 8/5/2009
Name **SIPARSKY, NICOLE F MD**
Address KAISER PERMANENTE, 9900 SE SUNNYSIDE RDCLACKAMAS, OR, 97015
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY USA 2001
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2002
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2007
License Expiration Date **6/30/2011**
Remarks

License Number 14903
License Date 6/2/2010
Name **SIRAM, AMULYA T MD**
Address ENDOCRINOLOGY/DIABETES CONSULT, 10 MEMBERS WAY STE 400DOVER, NH, 03820
Specialty END
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY USA 2005
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2006
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 11039
License Date 8/2/2000
Name **SIROIS JR, JOSEPH L MD**
Address MELROSE-WAKEFIELD HOSP, 585 LEBANON STMELROSE, MA, 02176
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA USA 1957
Internship and Year US NAVAL HOSPITAL - CHELSEA MA 1958
Residency and Year US NAVAL HOSPITAL - PHILADELPHIA PA 1962
License Expiration Date **6/30/2004**
Remarks

License Number 16611
License Date 5/7/2014
Name **SIROIS, JENNIFER N MD**
Address 188 ROUTE 101, BEDFORD, NH, 03110
Specialty IM
Board Certified
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2011
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 2012
Residency and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 16091
License Date 4/3/2013
Name **SIROKY, MIKE M MD**
Address 8702 E CAMINO VIVAZ, SCOTTSDALE, AZ, 85255
Specialty U
Board Certified U
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1970
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1971
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1973
License Expiration Date **6/30/2015**
Remarks

License Number 15553
License Date 2/1/2012
Name **SIRONICH-KALKAN, GRACIELA- SILVIA MD**
Address WILLIAM WINDLER MD, 102 BAY STMANCHESTER, NH, 03104
Specialty GP
Board Certified
School and Year of Graduation UNIVERSIDAD DE BUENOX AIRES ARGENTINA 1980
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2005
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 9230
License Date 7/6/1994
Name **SIROTY, WILLIAM C MD**
Address NASHUA MEDICAL GROUP, 173 DW H-WAY SOUTHNASHUA, NH, 03060-
Specialty IM
Board Certified IM
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE USA 1977
Internship and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1980
Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1982
License Expiration Date **6/30/2016**
Remarks

License Number 17086
License Date 5/6/2015
Name **SIRVEN, JOSEPH I MD**
Address MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation LOUISIANA STATE UNIV SCHOOL OF MEDICINE USA 1990
Internship and Year OCHSNER CLINIC FOUNDATION - NEW ORLEANS, LA 1991
Residency and Year UNIVERSITY OF MINNESOTA - MINNEAPOLIS, MN 1994
License Expiration Date **6/30/2017**
Remarks

License Number 6075
License Date 6/11/1979
Name **SISE, JAMES G MD**
Address DARTMOUTH HITCHCOCK KEENE, 590 COURT ST KEENE, NH, 03431-1798
Specialty GS
Board Certified GS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1971
Internship and Year UNIV UTAH HOSPITAL - SALT LAKE CITY, UT 1972
Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date **6/30/2009**
Remarks

License Number 11464
License Date 11/7/2001
Name **SISITSKY, MICHAEL H MD**
Address WOMAN AND INFANTS HOSPITAL - DEPT OF OB/GYN, 101 DUDLEY ST PROVIDENCE, RI, 02905
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 1987
Internship and Year UNIV HEALTH CENTER OF PITTSBURGH MAGEE-WOMEN'S HOSPITAL - PITTSBURGH, PA 1988
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH MAGEE-WOMEN'S HOSPITAL - PITTSBURGH, PA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 8024
License Date 1/4/1989
Name **SISSON, LARRY A MD**
Address 41 MEDICAL VILLIAGE DR, NEWPORT, VT, 05855-0807
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1982
Internship and Year MED COLL WISCONSIN HOSPITAL - MILWAUKEE, WI 1983
Residency and Year MED COLL WISCONSIN HOSPITAL - MILWAUKEE, WI 1987
License Expiration Date **6/30/2017**
Remarks

License Number 10477
License Date 12/2/1998
Name **SISTO, DONATO A MD**
Address COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 333 BORTHWICK AVE STE 402 PORTSMOUTH,
Specialty TS
Board Certified TS
School and Year of Graduation FACULTY OF MED AND SURGERY UNIV OF PADUA ITALY 1975
Internship and Year ALBERT EINSTEIN COLL OF MEDICINE - BRONX, NY 1977
Residency and Year ALBERT EINSTEIN COLL OF MEDICINE - BRONX, NY 1978
License Expiration Date **6/30/2016**
Remarks

License Number 10730
License Date 10/6/1999
Name **SISTO, JOAN S MD**
Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101 NO ANDOVER, MA, 01845
Specialty D
Board Certified D
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1995
Internship and Year MONTEFIORE MEDICAL CENTER-BRONX, NY 1996
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE-BRONX, NY 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11141
License Date 12/6/2000
Name **SITES, BRIAN D MD**
Address DHMC - ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1996
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 16241
License Date 7/3/2013
Name **SIVAGNANAM, ROSHAN MD**
Address RUTLAND RADIOLOGISTS INC, 160 ALLEN STRUTLAND, VT, 05701
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF COLOMBO SRI LANKA 1977
Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1983
Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1985
License Expiration Date **6/30/2017**
Remarks

License Number 16881
License Date 12/3/2014
Name **SIVAKUMAR, SIVA P MD**
Address 38 ERICKA CIR, E LONGMEADOW, MA, 01028
Specialty CCM
Board Certified CCM
School and Year of Graduation THANJAVUR MEDICAL COLLEGE, UNIV OF CHENNAI INDIA 1991
Internship and Year BROOKDALE UNIVERSITY HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 1996
Residency and Year BROOKDALE UNIVERSITY HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13884
License Date 3/5/2008
Name **SIVAKUMAR, THARSAN MD**
Address 300 ROSSLAND RD EAST SUITE 202, AJAX ON CANADA, , L1Z 0M1
Specialty IM
Board Certified IM
School and Year of Graduation SABA UNIV NETHERLANDS 2005
Internship and Year ENGLEWOOD HOSPITAL - ENGLEWOOD, NJ 2006
Residency and Year ENGLEWOOD HOSPITAL - ENGLEWOOD, NJ 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16052
License Date 3/6/2013
Name **SIVALINGAM, SENTHIL K MD**
Address BAYSTATE MED CTR, 759 CHESTNUT STSPRINGFIELD, MA, 01199
Specialty IM
Board Certified IM
School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 2005
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2010
License Expiration Date **6/30/2015**
Remarks

License Number 12080
License Date 9/3/2003
Name **SIXON, JONATHAN W MD**
Address PRIMARY CARE OF MILFORD, 10 JONES RDMILFORD, NH, 03055
Specialty FP
Board Certified FP
School and Year of Graduation STATE UNIVERSITY OF NY, SYRACUSE NY US 2000
Internship and Year EAST CAROLINA UNIVERSITY, GREENVILLE NC 2001
Residency and Year EAST CAROLINA UNIVERSITY, GREENVILLE NC 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13183
License Date 7/5/2006
Name **SKAGGS, THOMAS R MD**
Address VISTA STAFFING, 275 E 200 SOUTHSALT LAKE CITY, UT, 84111
Specialty PD
Board Certified PD
School and Year of Graduation ST LOUIS UNIV USA 1958
Internship and Year ST LOUIS CITY HOSPITAL 1959
Residency and Year MEDICAL COLLEGE OF WISCONSIN 1961
License Expiration Date **6/30/2012**
Remarks

License Number 16774
License Date 9/3/2014
Name **SKELTON, SEAN C DO**
Address 6982 ZEBRINA PL, CARLSBAD, CA, 92011
Specialty OTO
Board Certified OTO
School and Year of Graduation MIDWESTERN UNIVERSITY USA 1998
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1999
Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13931
License Date 4/2/2008
Name **SKIADAS, NICHOLAS P MD**
Address DHMC-CARDIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation THOMAS JEFFERSON UNIV USA 2004
Internship and Year HAHNEMANN UNIV HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2005
Residency and Year HAHNEMANN UNIV HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2007
License Expiration Date **6/30/2010**
Remarks

License Number 4765
License Date 8/15/1972
Name **SKILLEN, RICHARD D MD**
Address 902 RICHARDSON/WESTON RD, GARNER, NC, 27529-2846
Specialty GP
Board Certified
School and Year of Graduation UNIV OF VERMONT USA 1971
Internship and Year NEW HANOVER MEMORIAL HOSPITAL - WILMINGTON, NC 1972
Residency and Year NEW HANOVER MEMORIAL HOSPITAL - WILMINGTON, NC 1972
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/15/14

License Number 13358
License Date 12/6/2006
Name **SKINNER, JOHN W MD**
Address 300 MAIN ST, LEWISTON, ME, 04105
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF TEXAS USA 1972
Internship and Year UNITED STATES PUBLIC HEALTH HOSPITAL-ST LOUIS, MO 1973
Residency and Year UNITED STATES PUBLIC HEALTH HOSPITAL-ST LOUIS, MO 1977
License Expiration Date **6/30/2016**
Remarks

License Number 16493
License Date 2/5/2014
Name **SKIPPER, KENT K MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation TEXAS TECH UNIV HEALTH SCIENCES CTR USA 1993
Internship and Year METHODIST HOSPITALS OF DALLAS - DALLAS, TX 1994
Residency and Year METHODIST HOSPITALS OF DALLAS - DALLAS, TX 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9407
License Date 4/5/1995
Name **SKOLNICK, ALAN E MD**
Address ALASKA HEART INSTITUTE, 3841 PIPER ST STE TI-100ANCHORAGE, AK, 99508
Specialty CD
Board Certified CD
School and Year of Graduation A EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIV USA 1989
Internship and Year BETH ISRAEL HOSPITAL - BOSTON MA 1992
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1995
License Expiration Date **6/30/2013**
Remarks

License Number 4829
License Date 9/7/1971
Name **SKOPEC, HOWARD M MD**
Address , , ,
Specialty P
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/5/1993**
Remarks **5/5/93 - LICENSE REVOKED**

License Number 8611
License Date 7/17/1991
Name **SKORUPKA, MIROSLAWA J MD**
Address PENTUCKET MED ASSOC, 500 MERRIMACK ST LAWRENCE, MA, 01841
Specialty IM
Board Certified im
School and Year of Graduation ADAK MED LUBLIN POLAND POLAND 1976
Internship and Year FLUSHING HOSPITAL MEDICAL CENTER 1988
Residency and Year DANBURY HOSPITAL 1989
License Expiration Date **6/30/2017**
Remarks

License Number 17282
License Date 9/2/2015
Name **SKOW, BRIAN S MD**
Address 4500 N LEWIS AVE, SIOUX FALLS, SD, 57104
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NORTH DAKOTA, GRAND FORKS, ND USA 1999
Internship and Year MERCY ST VINCENT MEDICAL CENTER, TOLEDO, OH 2000
Residency and Year MERCY ST VINCENT MEDICAL CENTER, TOLEDO, OH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 4835
License Date 9/14/1971
Name **SKOWRON, RALPH A MD**
Address 803 LIBERTY PLACE, SICKLERVILLE, NJ, 08081
Specialty OPH
Board Certified OPH
School and Year of Graduation HAHNEMANN MEDICAL COLLEGE - PA USA 1956
Internship and Year WEST JERSEY HOSPITAL - CAMDEN, NJ 1957
Residency and Year TEMPLE UNIV - PHILADELPHIA, PA 1964
License Expiration Date **6/30/2011**
Remarks **Deceased 1/12/2013**

License Number 14978
License Date 8/4/2010
Name **SKRIPENOVA, SILVIA MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VERMONT USA 2005
Internship and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 2007
Residency and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 2009
License Expiration Date **6/30/2016**
Remarks

License Number 9025
License Date 8/4/1993
Name **SLATER, KENNETH C MD**
Address HARMONY FIRST LLC, 18 CONSTITUTION DR U 10BEDFORD, NH, 03110
Specialty P
Board Certified
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MED MIAMI, FL USA 1972
Internship and Year RIVERSIDE GENERAL HOSPITAL - RIVERSIDE, CA 1973
Residency and Year RIVERSIDE GENERAL HOSPITAL - RIVERSIDE, CA 1973
License Expiration Date **6/30/2009**
Remarks

License Number 16846
License Date 11/6/2014
Name **SLATER, NATHANAEL A DO**
Address ANESTHESIA ASSOCIATES, PA, 1 PILLSBURY ST., STE 202CONCORD, NH, 03301
Specialty AN
Board Certified
School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2005
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10731
License Date 10/6/1999
Name **SLATTERY, MICHAEL R MD**
Address UHS SLEEP DISORDERS CENTER, 93 PENNSYLVANIA AVE BINGHAMTON, NY, 13903
Specialty N
Board Certified P
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year EMORY UNIVERSITY HOSPITALS-ALANTA, GA 1986
Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 1992
License Expiration Date **6/30/2007**
Remarks

License Number 12610
License Date 2/2/2005
Name **SLAYTON, JAMES M MD**
Address NAT'L MEDICAL DIR FOR OUTPATIENT SVCS - OPTUM, 950 WINTER ST STE 3800 WALTHAM, MA, 02
Specialty P
Board Certified P
School and Year of Graduation STANFORD UNIVERSITY, STANFORD CA US 1991
Internship and Year METRO WEST MEDICAL CTR, FRAMINGHAM MA 1992
Residency and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 10846
License Date 3/1/2000
Name **SLEDGE III, JOHN B MD**
Address 1103 KALISTE SALOOM RD SUITE 100, LAFAYETTE, LA, 70508
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NY USA 1990
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks **LAPSED 6/30/04 - REINSTATED 12/1/04**

License Number 6171
License Date 3/6/1980
Name **SLEDGE, CLEMENT B MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 10523
License Date 3/3/1999
Name **SLESZYNSKI, RAYMOND A MD**
Address 601 CRYSTAL GROVE BLVD, LUTZ, FL, 33549
Specialty P
Board Certified P
School and Year of Graduation GEORGETOWN UNIV SCH OF MED-WASHINGTON DC USA 1959
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1961
Residency and Year PILGRIM PSYCHIATRIC CENTER - W BRENTWOOD, NY 1966
License Expiration Date **6/30/2013**
Remarks **Lapsed for non-renewal 6/30/00...**
Reinstated 2/2/11

License Number 10063
License Date 7/2/1997
Name **SLEZAK, JAN MD**
Address INTERVENTIONAL SPINE MEDICINE, 944 CALEF HIGHWAYBARRINGTON, NH, 03825
Specialty AN
Board Certified AN
School and Year of Graduation UNIV KOMENSKEHO LEKARSKA FAK BRATISLAVA CZECHOSLOVAKIA 1986
Internship and Year HENRY FORD HOSP - MI 1993
Residency and Year HENRY FORD HOSP - MI 1996
License Expiration Date **6/30/2017**
Remarks

License Number 16888
License Date 1/7/2015
Name **SLEZINGER, ANELE MD**
Address 1276 FULTON AVE, BRONX, NY, 10456
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSIDAD DE LOS ANDES VENEZUELA 1992
Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2006
Residency and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 13230
License Date 8/2/2006
Name **SLOCUM, ROBERT E DO**
Address GREATER LAWRENCE FAMILY HEALTH CTR, 73D WINTHROP AVELAWRENCE, MA, 01843
Specialty FP
Board Certified FP
School and Year of Graduation TOURO UNIV USA 2002
Internship and Year JAMAICA HOSPITAL MED CTR-JAMAICA, NY 2003
Residency and Year JAMAICA HOSPITAL MED CTR-JAMAICA, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 4845
License Date 9/28/1971
Name **SLOSBERG, RICHARD M MD**
Address 85 DARTMOUTH COLLEGE HWY, #101LYME, NH, 03768
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS MEDICAL SCHOOL, MA USA 1964
Internship and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1965
Residency and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1967
License Expiration Date **6/30/2009**
Remarks **Retired 11/1/08**

License Number 12279
License Date 4/7/2004
Name **SLOVER, JAMES D MD**
Address 301 E FIFTH ST, STE 1616NEW YORK, NY, 10003
Specialty ORS
Board Certified
School and Year of Graduation CORNELL UNIVERSITY, NEW YORK NY US 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2010**
Remarks

License Number 15237
License Date 5/4/2011
Name **SLOVES, JAMES H MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 1989
Internship and Year WINTHROP UNIVERSITY HOSPITAL - MENEOLA, NY 1990
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1994
License Expiration Date **6/30/2013**
Remarks

License Number 9529
License Date 8/2/1995
Name **SLUSHER, CHRISTOPHER W MD**
Address HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125
Specialty EM
Board Certified IM
School and Year of Graduation LA STATE UNIV SCH OF MED IN NEW ORLEANS USA 1982
Internship and Year LA STATE UNIV MEDICAL CENTER NEW ORLEANS, LA 1983
Residency and Year LA STATE UNIV MECICAL CENTER NEW ORLEANS, LA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 11206
 License Date 3/7/2001
 Name **SLUYTERS, ROMUALD N MD**
 Address PO BOX 124, MATTITUCK, NY, 11952
 Specialty ORS
 Board Certified
 School and Year of Graduation STATE UNIV OF NEW YORK - BUFFALO, NY USA 1995
 Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1996
 Residency and Year CHILDREN'S HOSPITAL - BUFFALO, NY 2000
 License Expiration Date **6/30/2017**
 Remarks **7/7/05 - Emergency Suspension and Notice of Hearing. 11/03/06 - Settlement Agreement 1/7/2009 - Order Lifting Suspension (with condition requiring mentor)**

License Number 13996
 License Date 5/7/2008
 Name **SMALL JR, ROBERT W MD**
 Address CONCORD HOSPITAL (M. SEERY), 250 PLEASANT STCONCORD, NH, 03301
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 1988
 Internship and Year NAVAL HOSPITAL OAKLAND-BETHESDA, MD 1989
 Residency and Year NAVAL HOSPITAL OAKLAND-BETHESDA, MD 1992
 License Expiration Date **5/3/2009**
 Remarks **DECEASED 5/3/2009**

License Number 14527
 License Date 7/1/2009
 Name **SMALL, ANDREW D DO**
 Address , 1 ELLIOT WAYMANCHESTER, NH, 03103
 Specialty EM
 Board Certified EM
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
 Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2009
 License Expiration Date **6/30/2017**
 Remarks

License Number 6040
 License Date 4/16/1979
 Name **SMALL, LEONARD M MD**
 Address 58 MENDUMS LANDING, BARRINGTON, NH, 03825
 Specialty PD
 Board Certified PD
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1976
 Internship and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1977
 Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1979
 License Expiration Date **6/30/2017**
 Remarks

License Number 11291
License Date 6/6/2001
Name **SMALL, REBECCA R MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAY, 5TH FL, HOSPITALIST PROGRAMMANCHESTER, NH, 03103
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 1998
Internship and Year NEW HAMPSHIRE DARTMOUTH FAMILY- CONCORD, NH 1999
Residency and Year NEW HAMPSHIRE DARTMOUTH FAMILY - CONCORD, NH 2000
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/07 reinstated 12/3/08**
lapsed 6/30/11 reinstated 1/21/15

License Number 13231
License Date 8/2/2006
Name **SMALLWOOD, JOHN T MD**
Address 2445 BROOKWOOD DR, FLOSSMOOR, IL, 60422
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIV USA 1973
Internship and Year ABINGTON MEMORIAL HOSPITAL-ABINGTON, PA 1974
Residency and Year ABINGTON MEMORIAL HOSPITAL-ABINGTON, PA 1975
License Expiration Date **6/30/2008**
Remarks

License Number 11142
License Date 12/6/2000
Name **SMART, KIERAN T MD**
Address SARASOTA COUNTY HEALTH DEPT, 2200 RINGLING BLVDSARASOTA, FL, 34237
Specialty US
Board Certified FP
School and Year of Graduation UNIV OF BRISTOL - BRISTOL, UNITED KINGDOM UNITED KINGDOM 1992
Internship and Year UNIV OF WALES COLL OF MED - UNITED KINGDOM 1993
Residency and Year UNIV OF WALES COLL OF MED - UNITED KINGDOM 1996
License Expiration Date **6/30/2010**
Remarks

License Number 15814
License Date 8/1/2012
Name **SMETHURST, MARK E MD**
Address PATHOLOGY SPEC OF NE, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2006
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2007
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2010
License Expiration Date **6/30/2014**
Remarks

License Number 14101
License Date 7/9/2008
Name **SMIGA, SUSAN M MD**
Address DHMC/PSYCHIATRY, ONE MEDICAL CENTER DRLEBANON, NH, 02766-9933
Specialty P
Board Certified P
School and Year of Graduation STANFORD UNIV USA 1987
Internship and Year TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1988
Residency and Year TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 15047
License Date 10/6/2010
Name **SMILLIE, KENT MD**
Address PARKLAND PHYSICIAN SERVICES, 44 BIRCH ST STE 200DERRY, NH, 03038
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1997
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1998
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2002
License Expiration Date **6/30/2012**
Remarks

License Number 14604
License Date 9/2/2009
Name **SMILOWICZ, ALICIA DO**
Address ADVANCED SKIN CARE CENTER, 24 REPORTER CTN CONWAY, NH, 03860
Specialty OS
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2001
Internship and Year UNITED HEALTH SERVICES HOSPITALS - JOHNSON CITY, NY 2002
Residency and Year UNITED HEALTH SERVICES HOSPITALS - JOHNSON CITY, NY 2004
License Expiration Date **6/30/2015**
Remarks

License Number 13184
License Date 7/5/2006
Name **SMINK, DOUGLAS S MD**
Address BRIGHAM & WOMEN'S HOSPITAL, 75 FRANCIS ST BOSTON, MA, 02115
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1999
Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2001
Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2003
License Expiration Date **6/30/2008**
Remarks

License Number 13440
License Date 3/7/2007
Name **SMIRNOV, MAXIM A MD**
Address ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation ST PETERSBURG STATE IP PAVLOV MED UNIV RUSSIA 1996
Internship and Year MT VERNON HOSPITAL-MT VERNON, NY 2005
Residency and Year MT VERNON HOSPITAL-MT VERNON, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 12820
License Date 7/6/2005
Name **SMIT, LAUREN C DO**
Address CLEVELAND CLINIC - TWINSBURG FMLY HLTH & SURG CTR, 8701 DARROW RDTWINSBURG, OH, 44
Specialty FP
Board Certified FP
School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEO, KIRKSVILLE MO USA 2002
Internship and Year CONCORD HOSPITAL, CONCORD NH 2003
Residency and Year CONCORD HOSPITAL, CONCORD NH 2005
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 9201
License Date 6/1/1994
Name **SMITH III, FREDERICK R MD**
Address , PO BOX 742SUNAPEE, NH, 03782-0742
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1989
Internship and Year AMI PRESBY DENVER HOSPITAL - DENVER, CO 1990
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1993
License Expiration Date **6/30/2001**
Remarks **DECEASED 4/11/01**

License Number 2894
License Date 10/10/1951
Name **SMITH, ALEXANDER C MD**
Address 178 ESTES RD, ROCHESTER, NH, 03867
Specialty GP
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY USA 1947
Internship and Year BELLEVUE HOSPITAL - NEW YORK CITY 1948
Residency and Year BELLEVUE HOSPITAL - NEW YORK CITY 1951
License Expiration Date **6/30/2011**
Remarks

License Number 15361
License Date 8/3/2011
Name **SMITH, ARTHUR A MD**
Address SHERIDAN HEALTHCORP, 1613 N HARRISON PARKWAYSUNRISE, FL, 33323
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 1986
Internship and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1987
Residency and Year UNIVERSITY OF MIAMI SCHOOL OF MEDICINE/JACKSON MEMORIAL HOSP-MIAMI,FL 1990
License Expiration Date **6/30/2015**
Remarks

License Number 4114
License Date 8/1/1967
Name **SMITH, BARRY D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR OB/GYNLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation CORNELL UNIV MEDICAL SCHOOL, NY USA 1962
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1963
Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1967
License Expiration Date **6/30/2017**
Remarks

License Number 10544
License Date 4/7/1999
Name **SMITH, CATHY S MD**
Address MARIS GROVE, 100 MARIS GROVEWAYGLEN MILLS, PA, 19342
Specialty IM
Board Certified IM
School and Year of Graduation AUTOMOMOUS SCH OF MED SCI CENTRAL AMERICA SAN JOSE COSTA RICA 1984
Internship and Year MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1985
Residency and Year MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 8105
License Date 5/10/1989
Name **SMITH, CHARLES C MD**
Address OTOLARYNGOLOGY, 885 UNION ST STE 145BANGOR, ME, 04401
Specialty OTO
Board Certified OTO
School and Year of Graduation TULANE UNIV SCH OF MED NEW ORLEANS LA USA 1979
Internship and Year TULANE U SCH MED AFFIL HOSP NEW ORLEANS, LA 1984
Residency and Year TULANE U SCH MED AFFIL HOSP NEW ORLEANS LA 1984
License Expiration Date **6/30/2011**
Remarks

License Number 7592
License Date 5/6/1987
Name **SMITH, CLYDE W MD**
Address GIFFORD HOSPITAL, 44 SOUTH MAIN STRANDOLPH, VT, 05060
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UINIVERSITY USA 1984
Internship and Year CARNEY HOSPITAL-BOSTON 1985
Residency and Year CARNEY HOSPITAL-BOSTON 1986
License Expiration Date **6/30/2011**
Remarks **LAPSED FOR NON-RENEWAL 6/30/02 REINSTATED 6/4/03**

License Number 14211
License Date 10/1/2008
Name **SMITH, CURTIS H MD**
Address WALDO COUNTY GENERAL HOSPITAL, 118 NORTHPORT AVEBELFAST, ME, 04915
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF LOUISVILLE USA 1979
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1980
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1982
License Expiration Date **6/30/2016**
Remarks

License Number 9437
License Date 5/3/1995
Name **SMITH, DOUGLAS W MD**
Address HEALTH FIRST FAMILY CARE CTR, 841 CENTRAL STFRANKLIN, NH, 03235-
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1992
Internship and Year UNIVERSITY OF CALGARY, CALGARY ALBERTA CANADA 1992
Residency and Year UNIVERSITY OF CALGARY, CALGARY ALBERTA CANADA 1994
License Expiration Date **6/30/2001**
Remarks

License Number 6116
License Date 9/6/1979
Name **SMITH, ELIOT J MD**
Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1978
Residency and Year BOSTON CITY HOSPITAL- BOSTON, MA 1980
License Expiration Date **6/30/2017**
Remarks **lapsed 11/19/80 - reinstated 5/1/13**

License Number 11821
License Date 1/8/2003
Name **SMITH, ELIZABETH ANN R MD**
Address ALLINA HEALTH, 2925 CHICAGO AVE, MAIL RT. 10307MINNEAPOLIS, MN, 55407-1321
Specialty PD
Board Certified PD
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE, MD USA 1985
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1986
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1988
License Expiration Date **6/30/2017**
Remarks

License Number 13783
License Date 12/5/2007
Name **SMITH, ERIC E MD**
Address MASSACHUSETTS GEN HOSP, 175 CAMBRIDGE ST CPT STE 300BOSTON, MA, 02114
Specialty P
Board Certified P
School and Year of Graduation MCGILL UNIV CANADA 1998
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
License Expiration Date **6/30/2009**
Remarks

License Number 7718
License Date 9/2/1987
Name **SMITH, GAIL L MD**
Address , , ,
Specialty AN
Board Certified
School and Year of Graduation 1982
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 6076
License Date 6/11/1979
Name **SMITH, GERARD V MD**
Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-2952
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF MARYLAND SCH MED - BALTIMORE, MD USA 1972
Internship and Year Y9ORK HOSPITAL - YORK, PA 1973
Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1979
License Expiration Date **6/30/2015**
Remarks

License Number 12611
License Date 2/2/2005
Name **SMITH, HEIDI L MD**
Address MASS BIOLOGICS, 460 WALKHILL STBOSTON, MA, 02126
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 17190
License Date 7/1/2015
Name **SMITH, IRVING S DO**
Address 29 HOSPITAL HILL RD, SHARON, CT, 06069
Specialty IM
Board Certified
School and Year of Graduation NOVA SOUTHEASTERN UNIV COLLEGE OF OSTEOPATHIC MED USA 2004
Internship and Year MEDICAL UNIVERSITYOF SOUTH CAROLINA, CHARLESTON, SC 2005
Residency and Year MEDICAL UNIVERSITYOF SOUTH CAROLINA, CHARLESTON, SC 2006
License Expiration Date **6/30/2017**
Remarks

License Number 7699
License Date 8/5/1987
Name **SMITH, JAY C MD**
Address 386 PEMBROKE STREET, PEMBROKE, NH, 03275
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1978
Internship and Year MIDDLESEX MEM HOSP-MIDDLETOWN,CT 1979
Residency and Year MIDDLESEX MEM HSOP-MIDDLETOWN,CT 1981
License Expiration Date **6/30/2017**
Remarks

License Number 12765
License Date 6/1/2005
Name **SMITH, JESSE B MD**
Address PORTSMOUTH RADIOLOGICAL PA, PO BOX 1849, 40 EAST AVE., UNIT 7LEWISTON, ME, 04241
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1999
Internship and Year ST VINCENT HOSPITAL, WORCESTER MA 2000
Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 11229
License Date 4/4/2001
Name **SMITH, JOAN D MD**
Address WENTWORTH DOUGLASS PHYSICIAN CORP, 787 CENTRAL AVEDOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation DALHOUSIE UNIV - HALIFAX, NSNOVA SCOTIA CANADA CANADA 1996
Internship and Year DALHOUSIE UNIV - HALIFAX, NSNOVA SCOTIA CANADA 1997
Residency and Year DALHOUSIE UNIV - HALIFAX, NSNOVA SCOTIA CANADA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 8280
License Date 2/7/1990
Name **SMITH, JOSEPH A MD**
Address 718 SMYTH RD, MANCHESTER, NH, 03104-
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1961
Internship and Year WAYNE CO GEN HOSP-WESTLAND,MI 1962
Residency and Year WAYNE CO GEN HOSP-WESTLAND,MI 1965
License Expiration Date **6/30/2010**
Remarks

License Number 6828
License Date 1/5/1984
Name **SMITH, KATHLEEN J MD**
Address AMMONOOSUC COMMUNITY SERVICES, 25 MT EUSTIS RDLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF WASHINGOTN SCH MED-SEATTLE,WA USA 1976
Internship and Year A B CHANDLER MED CTR U HOSPITAL-LEXINGTON,KY 1977
Residency and Year UNIV WA AFFIL HOSPITAL-SEATTLE,WA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 14479
License Date 6/3/2009
Name **SMITH, KERRINGTON D MD**
Address DHMC/GENERAL SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation CORNELL UNIVERSITY USA 2000
Internship and Year UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO, IL 2001
Residency and Year UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO, IL 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10886
License Date 4/5/2000
Name **SMITH, KOERT R MD**
Address 24528 S LAKEWAY CIR SW, SUN LAKES, AZ, 85248
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF IOWA COLLEGE OF MEDICINE-IOWA CITY USA 1969
Internship and Year COOK COUNTY HOSPITAL-CHICAGO,IL 1970
Residency and Year UNIVERSITY IF IOWA HOSPITAL-IWOA CITY,IA 1976
License Expiration Date **6/30/2010**
Remarks

License Number 12439
License Date 8/4/2004
Name **SMITH, LANE F MD**
Address PROVO CANYON SCHOOL, 1350 EAST 750 NORTHOREM, UT, 84097
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1965
Internship and Year DAVID GRANT USAF MED CTR, TRAVIS AFB CA 1966
Residency and Year UNIVERSITY OF UTAH, SALT LAKE CITY UT 1972
License Expiration Date **6/30/2008**
Remarks

License Number 8208
License Date 8/9/1989
Name **SMITH, M GEOFFREY MD**
Address 36 PITTSFIELD RD, LOUDON, NH, 03307-1603
Specialty PH
Board Certified PH
School and Year of Graduation UNIV OF VERMONT COLL OF MED- BURLINGTON, VT USA 1967
Internship and Year HOSPITAL UNIV HLTH CENTER -PITTSBURGH, PA 1968
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1969
License Expiration Date **6/30/2017**
Remarks **RETIRED**

License Number 13079
License Date 5/3/2006
Name **SMITH, MARK C MD**
Address DHMC-PEDIATRIC OTOLARYNGOLOGY, ONE MEDICAL CENTER DR, CLINIC 4FLEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF CALIFORNIA USA 1999
Internship and Year UNIV OF CALIFORNIA DAVIS MEDICAL CTR- SACRAMENTO CA 2000
Residency and Year UNIV OF CALIFORNIA DAVIS HEALTH SYSTEM-SACRAMENTO CA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14942
License Date 7/7/2010
Name **SMITH, MICHAEL D MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1986
Internship and Year ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 1987
Residency and Year NORTHWESTERN UNIVERSITY MEDICAL SCHOOL - CHICAGO, IL 1991
License Expiration Date **6/30/2016**
Remarks

License Number 11465
License Date 11/7/2001
Name **SMITH, MURRAY D MD**
Address 800 E BROWARD BLVD, #507FT LAUDERDALE, FL, 33301
Specialty D
Board Certified D
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1973
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1975
Residency and Year UNIV OF MINNESOTA- MINNEAPOLIS, MN 1978
License Expiration Date **6/30/2017**
Remarks

License Number 15554
License Date 2/1/2012
Name **SMITH, NICOLE A MD**
Address MGH - OB/GYN DEPT, 75 FRANCIS STBOSTON, MA, 02115
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2003
Residency and Year BRIGHAM & WOMENS HOSPITAL - CHESTNUT HILL, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 17191
License Date 7/1/2015
Name **SMITH, ORONDE A MD**
Address 4600 SPOTSYLVANIA AVE, FREDERICKSBURG, VA, 22408
Specialty EM
Board Certified EM
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year BELLEVUE HOSPITAL CENTER - NY, NY 1999
Residency and Year BELLEVUE HOSPITAL CENTER - NY, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 12406
License Date 7/7/2004
Name **SMITH, PAMELA S MD**
Address 4115 E 900 N, ALEXANDRIA, IN, 46001
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1984
Internship and Year CHILDRENS MEDICAL CTR, DAYTON OH 1985
Residency and Year CHILDRENS MEDICAL CTR, DAYTON HO 1987
License Expiration Date **6/30/2016**
Remarks

License Number 5435
License Date 10/27/1975
Name **SMITH, PAUL C MD**
Address KAISER PERMANENTE, 280 W MAC ARTHUR BLVD OAKLAND, CA, 94611
Specialty GS
Board Certified
School and Year of Graduation GUYS HOSPITAL LONDON USA 1965
Internship and Year ROYAL SURRY HOSPITAL LONDON 1966
Residency and Year BRISTOL ROYAL INFIRMARY 1970
License Expiration Date **6/30/2005**
Remarks

License Number 11763
License Date 10/2/2002
Name **SMITH, REBECCA G MD**
Address DHMC- PAIN CLINIC, ONE MEDICAL CENTER DR LEBANON, NH, 03766
Specialty PM
Board Certified
School and Year of Graduation ST GEORGE'S UNIVERSITY, GRENADA WEST INDIES WEST INDIES 1994
Internship and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1996
Residency and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1997
License Expiration Date **6/30/2004**
Remarks

License Number 12631
License Date 3/2/2005
Name **SMITH, RICHARD B MD**
Address 9815 S MONROE ST, SUITE 300 SANDY, UT, 84070
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF TEXAS, GALVESTON TX US 1983
Internship and Year SCRIPPS MERCY HOSPITAL, SAN DIEGO CA 1984
Residency and Year SCRIPPS MERCY HOSPITAL, SAN DIEGO CA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 7660
License Date 7/8/1987
Name **SMITH, ROBERT E MD**
Address HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431
Specialty GE
Board Certified GE
School and Year of Graduation TEMPLE UNIV SCHOOL OF MEDICINE PA 1982
Internship and Year GEISINGER MEDICAL CENTER - DANVILLE PA 1983
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date **6/30/2003**
Remarks

License Number 15113
License Date 1/5/2011
Name **SMITH, ROBERT S MD**
Address ENDO CHOICE PATHOLOGY, 11390 OLD ROSWELL RD, SUITE 100ALPHARETTA, GA, 30009
Specialty PTH
Board Certified PTH
School and Year of Graduation EMORY UNIVERSITY USA 1972
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1973
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1976
License Expiration Date **6/30/2017**
Remarks

License Number 6035
License Date 4/5/1979
Name **SMITH, ROBERT W MD**
Address GI ASSOC OF NH, 60 COMMERCIAL ST STE 404CONCORD, NH, 03301
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF ROCHESTER SCHOOL MEDICINE - ROCHESTER, NY USA 1972
Internship and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1973
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1978
License Expiration Date **6/30/2011**
Remarks

License Number 9823
License Date 8/7/1996
Name **SMITH, ROBIN L MD**
Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JCT, VT, 05009-0001
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MINNESOTA MEDICAL SCHOOL - MINNEAPOLIS, MN USA 1993
Internship and Year MARY HITCHCOCK MEDICAL CENTER - HANOVER, NH 1996
Residency and Year MARY HITCHCOCK MEDICAL CENTER - HANOVER, NH 1996
License Expiration Date **6/30/1999**
Remarks

License Number 12973
License Date 12/7/2005
Name **SMITH, ROMEO MD**
Address 8406 E HARRY ST #709, WICHITA, KS, 67207
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 1994
Internship and Year BROADLAWNS MED CTR, DE MOINES IA 1995
Residency and Year BROADLAWNS MED CTR, DE MOINES IA 1997
License Expiration Date **6/30/2009**
Remarks

License Number 15773
License Date 7/11/2012
Name **SMITH, RYAN M DO**
Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STREETCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2010
Internship and Year BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER- BROCKTON, MA 02301 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 03756 2013
License Expiration Date **6/30/2016**
Remarks

License Number 7368
License Date 6/12/1986
Name **SMITH, STEPHEN J MD**
Address 4 ELLIOT WAY STE 200, MANCHESTER, NH, 03103-2787
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF MA - WORCESTER MA USA 1981
Internship and Year UNIVERSITY OF MA HOSPITAL - WORCESTER MA 1982
Residency and Year UNIVERSITY OF MA - 1983 LAHEY CLINIC FOUNDATION - 1986 1986
License Expiration Date **6/30/2016**
Remarks

License Number 12612
License Date 2/2/2005
Name **SMITH, STEVEN B MD**
Address OTTAUQUECHEE HEALTH CTR, 32 PLEASANT STWOODSTOCK, VT, 05091
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1984
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1985
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1987
License Expiration Date **6/30/2007**
Remarks

License Number 9340
License Date 12/7/1994
Name **SMITH, SUSAN F MD**
Address VERMONT GYNECOLOGY, 1775 WILLISTON RDSOUTH BURLINGTON, VT, 05403
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MI MEDICAL SCHOOL USA 1976
Internship and Year MEDICAL CENTER HOSPITAL VT - BURLINGTON VT 1977
Residency and Year MEDICAL CENTER HOSPITAL VT - BURLINGTON VT 1980
License Expiration Date **6/30/2012**
Remarks

License Number 5457
License Date 12/9/1975
Name **SMITH, VICTOR B MD**
Address 2747 TUCKALEECHEE PIKE, MARYVILLE, TN, 37803
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF GLASGOW FAC OF MED GLASGOW SCOTLAND SCOTLAND 1953
Internship and Year GLASGOW ROYAL INFIRMARY - GLASGOW 1954
Residency and Year MEDICAL OFFICER IN ROYAL AIR FORCE- GLASGOW 1956
License Expiration Date **6/30/2001**
Remarks **Deceased 2/17/2004**

License Number 10732
License Date 10/6/1999
Name **SMITH, VICTORIA C MD**
Address OKEMO REGIONAL MED CTR, RTE 103LUDLOW, VT, 05149
Specialty FOP
Board Certified FP
School and Year of Graduation WESTMINSTER MEDICAL SCHOOL-LONDON UNITED KINGSON LONDON 1992
Internship and Year IPSWICH HOSPITAL-IPSWICH ENGLAND 1995
Residency and Year WOOLPIT HEALTH CENTRE-WOOLPIT ENGLAND 1996
License Expiration Date **6/30/2005**
Remarks

License Number 9506
License Date 7/5/1995
Name **SMITH, W KENT MD**
Address PENACOOK FAMILY PHYSICIANS, 4 CRESCENT STPENACOOK, NH, 03303-
Specialty FP
Board Certified FP
School and Year of Graduation PA STATE UNIVERSITY COLLEGE OF MEDICINE USA 1979
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 1980
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 7234
License Date 11/7/1985
Name **SMITH, WILLIAM F MD**
Address BLOOMSBURG HOSP, 549 E FAIR STBLOOMSBURG, PA, 17815
Specialty FP
Board Certified FP
School and Year of Graduation LOMA LINDA UNIV SCH MED - LOS ANGELES,CA USA 1968
Internship and Year KETTERING MEDICAL CENTER - KETTERING, OH 1969
Residency and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1971
License Expiration Date **6/30/2002**
Remarks

License Number 15943
License Date 11/7/2012
Name **SMOCK, PATRICK H MD**
Address 180 THOROUGHbred TRACE, LIBERTY HILL, TX, 78642
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDIC USA 2002
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2003
Residency and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2007
License Expiration Date **6/30/2016**
Remarks

License Number 16494
License Date 2/5/2014
Name **SMOLARZ, ANGELA J MD**
Address 41 MONTGOMERY ST #1, JERSEY CITY, NJ, 07302
Specialty IM
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2010
Internship and Year JERSEY CITY MEDICAL CENTER - JERSEY CITY, NJ 2011
Residency and Year JERSEY CITY MEDICAL CENTER - JERSEY CITY, NJ 2013
License Expiration Date **6/30/2016**
Remarks

License Number 6172
License Date 3/6/1980
Name **SMOLEN, JAMIE R MD**
Address JAMES A HALEY HOSP, 13000 BRUCE B DOWNS BLVD TAMPA, FL, 33756
Specialty P
Board Certified P
School and Year of Graduation GEORGETOWN UNIV SCH MED WASHINGTON DC USA 1976
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1976
Residency and Year U MASS COORDINATED PROGRAM - WORCESTER, MA 1980
License Expiration Date **6/30/2004**
Remarks **6/10/96 - ORDER OF CONDITIONAL APPROVAL 1/14/98 RESTRICTIONS LIFTED FROM LICENSE**

License Number 10263
License Date 5/6/1998
Name **SMOLIN, MARCIA M DO**
Address VA MENTAL HEALTH SERVICES, 1 VA TOGUSAUGUSTA, ME, 01201
Specialty P
Board Certified P
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO-ME USA 1991
Internship and Year UNIV OF MASS MEDICAL CTR-MA 1996
Residency and Year UNIV OF MASS MEDICAL CTR-MA 1996
License Expiration Date **6/30/2014**
Remarks

License Number 15362
License Date 8/3/2011
Name **SMOLKIN, MATTHEW B MD**
Address WEST VIRGINIA UNIVERSITY DEPT OF PATHOLOGY, PO BOX 9203MORGANTOWN, WV, 26506
Specialty PTH
Board Certified PTH
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2000
Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2002
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2004
License Expiration Date **6/30/2013**
Remarks

License Number 9750
License Date 6/5/1996
Name **SMOOT, JAMES S MD**
Address PATHOLOGY SPECIALISTS OF N E, PO BOX 5528MANCHESTER, NH, 03103-5528
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF WASHINGTON SCHOOL OF MEDICINE USA 1990
Internship and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1991
Residency and Year UNIV OF CALIFORNIA SCHOOL OF MEDICINE - SAN FRANCISCO, CA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 13604
License Date 7/11/2007
Name **SMOTKIN, JOSEPH MD**
Address SYNERGY HOSPITALIST GROUP, 130 W PLEASANT AVEMAYWOOD, NJ, 07607
Specialty IM
Board Certified IM
School and Year of Graduation AMERICAN UNIV OF THE CARIBBEAN NETHERLANDS 2001
Internship and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2002
Residency and Year NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2004
License Expiration Date **6/30/2009**
Remarks

License Number 11678
License Date 7/3/2002
Name **SMULL, GREGORY J MD**
Address 44 BIRCH ST, DERRY, NH, 03038
Specialty PCC
Board Certified PCC
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1996
Internship and Year HAHNEMANN UNIV - PHILADELPHIA, PA 1997
Residency and Year HAHNEMANN UNIV - PHILADELPHIA, PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 5491
License Date 3/4/1976
Name **SMYTH, ALFRED C MD**
Address , , ,
Specialty ON
Board Certified IM
School and Year of Graduation JOHN HOPKINS SCHOOL OF MEDICINE USA 1971
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 13331
License Date 11/1/2006
Name **SNEAD III, MAXWELL A MD**
Address THE EYE CENTER OF CONCORD, 2 PILLSBURY ST CONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1997
Internship and Year PRESBYTERIAN/ST LUKES HOSPITAL, DENVER CO 1998
Residency and Year TUFTS UNIVERSITY, BOSTON MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 13809
License Date 1/11/2008
Name **SNEFF, HEATHER MD**
Address 173 BRACKETT ST #1, PORTLAND, ME, 04102
Specialty FP
Board Certified FP
School and Year of Graduation MCP HAHNEMANN SCHOOL OF MEDICINE USA 1999
Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 2000
Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 2002
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/12 - reinstated 6/3/15**

License Number 9116
License Date 2/2/1994
Name **SNIDER, LESLIE M MD**
Address TULANE MEDICAL CENTER, 1440 CANAL ST NEW ORLEANS, LA, 70112-
Specialty P
Board Certified P
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year DARTMOUTH-HITCHCOK MEDICAL CENTER - LEBANON NH 1992
Residency and Year DARTMOUTH-HITCHCOK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/2002**
Remarks

License Number 7739
License Date 11/4/1987
Name **SNIDER, REBECCA E MD**
Address HOSPITAL MEDICINE OF EXETER, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHL OF MED BOSTON MA USA 1984
Internship and Year BOSTON CITY HOSPITAL BOSTON MA 1985
Residency and Year BOSTON CITY HOSPITAL BOSTON MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 15735
License Date 6/6/2012
Name **SNIPES, SAMUEL T MD**
Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200 MANCHESTER, NH, 03103
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2007
Internship and Year UNIVERSITY OF ARKANSAS MEDICAL CENTER-LITTLE ROCK, AR 2008
Residency and Year UNIVERSITY OF ARKANSAS MEDICAL CENTER-LITTLE ROCK, AR 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16495
License Date 2/5/2014
Name **SNOOK, CURTIS P MD**
Address VAMC, 215 N MAIN ST WRJ, VT, 05009
Specialty EM
Board Certified EM
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS USA 1987
Internship and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1988
Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1991
License Expiration Date **6/30/2016**
Remarks

License Number 2997
License Date 12/22/1953
Name **SNOW, DAVID B MD**
Address 245 LIBERTY HILL RD, BEDFORD, NH, 03110-5632
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1951
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1952
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1953
License Expiration Date **6/30/1999**
Remarks

License Number 10675
License Date 9/1/1999
Name **SNOW, DEBORAH D MD**
Address C/O FRAN GANNEY ADM OF THE HOSPITALIST PROGRAM, CMC - 100 MACGREGOR ST SUITE D510
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON,MA USA 1996
Internship and Year YALE PRIMARY CARE PROGRAM - NEW HAVEN, CT 1997
Residency and Year YALE PRIMARY CARE PROGRAM- NEW HAVEN, CT 1998
License Expiration Date **6/30/2017**
Remarks

License Number 6401
License Date 6/4/1981
Name **SNOW, GAIL A MD**
Address 180 A WILLARD AVE, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation FACOLTA DI MEDICINA E CHIRURGIA DELL UNIV, ITALY 1977
Internship and Year MOUNT SIANI HOSP,HARTFORD,CT 1979
Residency and Year STATE UNIV OF BUFFALO,NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 7821
License Date 4/6/1988
Name **SNOW, JOSEPH R MD**
Address CONCORD HOSPITAL WOUND CTR, 250 PLEASANT ST STE 1350CONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation DUKE UNIV SCH MED - DURHAM, NC USA 1976
Internship and Year UNIV HOSPITAL -SEATTLE, WA 1978
Residency and Year UNIV HOSPITAL - SEATTLE, WA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 13332
License Date 11/1/2006
Name **SNOW, RENEE E MD**
Address WELLSRING ASSOCIATES, 11 CHESTNUT ST STE 5ANDOVER, MA, 01810
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1997
Internship and Year LAHEY CLINIC, BURLINGTON MA 1998
Residency and Year MASSACHUSETTS GENERAL HOSP, BOSTON MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 16737
License Date 8/6/2014
Name **SNOWBALL, MARCIA L MD**
Address 133 PLEASANT STREET, BERLIN, NH, 03570
Specialty OBG
Board Certified OBG
School and Year of Graduation OHIO ST UNIV COL OF MED & PUB HEALTH - COLUMBUS OH US
Internship and Year ST LUKE'S HOSPITAL - CLEVELAND, OH 1983
Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1987
License Expiration Date **6/30/2016**
Remarks

License Number 16331
License Date 9/4/2013
Name **SNOWDEN, CINDI A MD**
Address THYROID CYTOPATHOLOGY PARTNERS, PA, PO BOX 2386ROUND ROCK, TX, 78664
Specialty PTH
Board Certified PTH
School and Year of Graduation TX TECH UNIV HEALTH SCIENCES CTR SCHOOL OF MED USA 2004
Internship and Year UNIVERSITY OF TX MEDICAL BRANCH - GALVESTON, TX 2006
Residency and Year BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2008
License Expiration Date **6/30/2017**
Remarks

License Number 12539
License Date 11/3/2004
Name **SNYDER, BRADLEY J MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1990
Internship and Year MIRIAM HOSPITAL, PROVIDENCE RI 1992
Residency and Year BROWN UNIVERSITY, PROVIDENCE RI 1996
License Expiration Date **6/30/2016**
Remarks

License Number 6960
License Date 8/2/1984
Name **SNYDER, DAVID J MD**
Address ANESTHESIA ASSOC PA, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified
School and Year of Graduation JOHNS HOPKINS UNIV SCH MED-BALTIMORE,MD USA 1976
Internship and Year BETH ISRAEL HOSP-BOSTON,MA 1977
Residency and Year BETH ISRAEL HOSP-BOSTON,MA 1980
License Expiration Date **6/30/2016**
Remarks

License Number 8724
License Date 5/6/1992
Name **SNYDER, JAMES E MD**
Address 6 BUTTRICK RD, STE 301LONDONDERRY, NH, 03053
Specialty OTO
Board Certified OTO
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 1981
Internship and Year DEPT OF NAVY - NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 1982
Residency and Year DEPT OF NAVY - NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 1990
License Expiration Date **6/30/2016**
Remarks

License Number 11641
License Date 6/5/2002
Name **SNYDER, MARSHA MD**
Address 60 PRESIDENTIAL PLAZA, APT 1406SYRACUSE, NY, 13202
Specialty FP
Board Certified FP
School and Year of Graduation ALBERT EINSTEIN COLL - BRONX, NY USA 1981
Internship and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE,MD 1982
Residency and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE,MD 1984
License Expiration Date **6/30/2016**
Remarks

License Number 8269
License Date 1/10/1990
Name **SNYDER, PAUL M MD**
Address CONCORD UROLOGY, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty U
Board Certified U
School and Year of Graduation YALE UNIV SCH OF MED-NEW HAVEN,CT USA 1984
Internship and Year YALE NEW HAVEN MED CTR-NEW HAVEN,CT 1985
Residency and Year YALE NEW HAVEN MED CTR-NEW HAVEN,CT 1989
License Expiration Date **6/30/2016**
Remarks

License Number 13564
License Date 6/6/2007
Name **SO, ALICE MD**
Address 175 WILLOUGHBY ST, APT#3EBROOKLYN, NY, 11207
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIV GRENADA 2002
Internship and Year CABRINI MEDICAL CENTER - NEW YORK, NY 2003
Residency and Year CABRINI MEDICAL CENTER - NEW YORK, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12039
License Date 8/6/2003
Name **SO, CHONG S DO**
Address 1595 BRIDGE ST, STE 3DRACUT, MA, 01826
Specialty FP
Board Certified FP
School and Year of Graduation U OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year MID-HUDSON FAMILY HEALTH INSTITUTE, KINGSTON NY 2002
Residency and Year MID-HUDSON FAMILY HEALTH INSTITUTE, KINGSTON NY 2003
License Expiration Date **6/30/2011**
Remarks

License Number 15202
License Date 4/6/2011
Name **SO, RAYMOND L MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 2004
Internship and Year DANBURY HOSPITAL - DANBURY, CT 2009
Residency and Year DANBURY HOSPITAL - DANBURY, CT 2011
License Expiration Date **6/30/2017**
Remarks

License Number 9090
License Date 12/1/1993
Name **SOARES, CHRISTOPHER J MD**
Address 124 MEADOW LANE, RANDOLPH, VT, 05060
Specialty OPH
Board Certified OPH
School and Year of Graduation TX TECH UNIVERSITY SCIENCE CTR SCHOOL OF MEDICINE USA 1988
Internship and Year EMANUEL HOSPITAL HEALTH CENTER - PORTLAND OR 1989
Residency and Year UNIVERSITY TX MEDICAL SCHOOL - HOUSTON TX 1992
License Expiration Date **6/30/2017**
Remarks

License Number 7335
License Date 5/8/1986
Name **SOARES, EUGENE R MD**
Address THE CENTER FOR MEDICAL GENETICS, 15 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF N CAROLINA SCH MED- CHAPEL HILL, NC USA 1982
Internship and Year NORTH CAROLINA MEMORAL HOSPITAL - CHAPEL HILL, NC 1983
Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7103
License Date 5/2/1985
Name **SOBEL, JONATHAN W MD**
Address 49 SHEAFE ST, PORTSMOUTH, NH, 03801
Specialty ORS
Board Certified ORS
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1980
Internship and Year UNIVERSITY HOSPITALS-CLEVELAND, OH 1981
Residency and Year UNIVERSITY HOSPITALS-CLEVELAND, OH 1985
License Expiration Date **6/30/2017**
Remarks

License Number 12117
License Date 10/1/2003
Name **SOBEL, MARK MD**
Address 434 1/2 EAST 75TH ST, NEW YORK, NY, 10021
Specialty ORS
Board Certified ORS
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH US 1987
Internship and Year MT SINAI MEDICAL CTR, NEW YORK NY 1988
Residency and Year HOSPITAL FOR SPECIAL SURGERY, NEW YORK NY 1992
License Expiration Date **6/30/2007**
Remarks

License Number 6885
License Date 5/10/1984
Name **SOBELSON, GARY A MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201 CONCORD, NH, 03301-5465
Specialty FP
Board Certified FP
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS&SURGEONS,NY USA 1981
Internship and Year DUKE UNIV MED CTR-DURHAM,NC 1982
Residency and Year DUKE UNIV MED CTR-DURHAM,NC 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16432
License Date 12/4/2013
Name **SOBOTA, KRISTI D MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344-5349
Specialty DR
Board Certified DR
School and Year of Graduation CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year CREIGHTON UNIVERSITY MEDICAL CENTER- OMAHA, NE 2002
Residency and Year CREIGHTON UNIVERSITY MEDICAL CENTER- OMAHA, NE 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10455
License Date 11/4/1998
Name **SOBTI, SANDEEP MD**
Address SILVER BIRCH GERIATRICS, 84 CENTRAL AVEDOVER, NH, 03820
Specialty P
Board Certified P
School and Year of Graduation MAULANA AZAD MED COLL UNIV OF DELHI INDIA 1991
Internship and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1994
Residency and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9970
License Date 4/2/1997
Name **SOCHAT, MICHAEL MD**
Address VAMC FAYETTEVILLE, 2300 RAMSEY STFAYETTEVILLE, NC, 27606
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1980
Internship and Year VA MEDICAL CENTER WADSWORTH - LOS ANGELES, CA 1981
Residency and Year CEDARS-SINAI MEDICAL CENTER - CA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 13359
License Date 12/6/2006
Name **SOCHAT, NATACHA V MD**
Address SOC SEC DISABILITY DETERMINATION SERV., NHDDS, WALKER BLDG., 21 SO FRUIT ST., SUITE 30CO
Specialty PH
Board Certified
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1981
Internship and Year VA MEDICAL CENTER WEST LOS ANGELES, LOS ANGELES, CA 1982
Residency and Year CEDARS-SINAI MEDICAL CENTER-LOS ANGELES, CA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 12821
License Date 7/6/2005
Name **SODICKSON, AARON D MD**
Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS ST BOSTON, MA, 02115
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA USA 1999
Internship and Year BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2000
Residency and Year BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2004
License Expiration Date **6/30/2007**
Remarks

License Number 4715
License Date 6/12/1972
Name **SODLAPUR, MADHUKAR MD**
Address Deceased, , ,
Specialty OBG
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/15/1987**
Remarks **Deceased - 5/15/87**

License Number 13644
License Date 8/1/2007
Name **SOFAIR, DAVID R MD**
Address NY WESTCHESTER SQ MED CTR, 2475 ST RAYMOND AVE BRONX, NY, 10461
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIV OF NEW YORK USA 1987
Internship and Year WESTCHESTER COUNTY MEDICAL CENTER - VALHALLA, NY 1988
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - MONTEFIORE MEDICAL CENTER-BRONX, NY 1991
License Expiration Date **6/30/2011**
Remarks

License Number 13056
License Date 4/5/2006
Name **SOFFA, DAVID J MD**
Address 540 LAKE COOK RD STE 300, DEERFIELD, IL, 60015
Specialty R
Board Certified R
School and Year of Graduation UNIV OF MICHIGAN-ANN ARBOR, MI USA 1968
Internship and Year KAISER PERMANENTE MED CTR-SAN FRANCISCO, CA 1969
Residency and Year UNIV OF MICHIGAN HEALTH SYSTEMS-ANN ARBOR, MI 1972
License Expiration Date **6/30/2016**
Remarks

License Number 8940
License Date 5/5/1993
Name **SOGHIKIAN, GREGORY W MD**
Address NH ORTHOPAEDIC CENTER, 17 RIVERSIDE ST STE 101 NASHUA, NH, 03052-1383
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF TEXAS SW MEDI CENTER AT DALLAS, TX USA 1987
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1988
Residency and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL - WASHINGTON DC 1992
License Expiration Date **6/30/2017**
Remarks

License Number 4716
License Date 6/12/1972
Name **SOHN, JEUNG H MD**
Address 1533 DIMAGGIO PATH, HERMANDO, FL, 34442
Specialty P
Board Certified P
School and Year of Graduation SEOUL NATIONAL UNIVERSITY-SEOUL KOREA KOREA 1959
Internship and Year EPISCOPAL HOSP-PHILADELPHIA PA 1965
Residency and Year DETROIT GENERAL HOSP-DETROIT MI 1968
License Expiration Date **6/30/2006**
Remarks

License Number 11802
License Date 12/4/2002
Name **SOHN, STEPHEN A MD**
Address ONE BROOKLINE PL, BROOKLINE, MA, 02445
Specialty PS
Board Certified PS
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1970
Internship and Year UNIV OF ILLINOIS HOSPITAL NAD CLINICS- CHICAGO, IL 1974
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1976
License Expiration Date **6/30/2008**
Remarks

License Number 15140
License Date 2/2/2011
Name **SOKOL, LEVI O MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation COLUMBIA UNIVERSITY USA 2004
Internship and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2005
Residency and Year UNIVERSITY OF MICHIGAN HEALTH SYSTEMS - ANN ARBOR, MI 2009
License Expiration Date **6/30/2013**
Remarks

License Number 13720
License Date 10/3/2007
Name **SOKOLOW, JAY MD**
Address RADIOLOGY GROUP P C, 2447 WHITNEY AVEHAMDEN, CT, 06518
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 1983
Internship and Year YALE NEW HAVEN MEDICAL CENTER(WATERBURY)-NEW HAVEN, CT 1984
Residency and Year YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN, CT 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12230
License Date 2/4/2004
Name **SOLANKI, JAYANT H MD**
Address NORTH AMERICAN PARTNERS IN AN, VASSAR RECOVERY MED CTRPOUGHKEEPSIE, NY, 12601
Specialty AN
Board Certified AN
School and Year of Graduation INDIRA GANDHI MED COLLEGE, NAGPUR U, INDIA INDIA 1973
Internship and Year CABRINI MEDICAL CTR, NEW YORK NY 1974
Residency and Year CABRINI MEDICAL CTR, NEW YORK NY 1976
License Expiration Date **6/30/2006**
Remarks

License Number 9462
License Date 6/7/1995
Name **SOLANO, SIMON MD**
Address WOMEN'S HEALTH CENTER, 29 RIDGEWOOD RDSRINGFIELD, VT, 05156
Specialty OBG
Board Certified OBG
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1962
Internship and Year DC GENERAL HOSPITAL, WASHINGTON DC 1963
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL, WASHINGTON DC 1966
License Expiration Date **6/30/2017**
Remarks

License Number 12766
License Date 6/1/2005
Name **SOLBERG, PETER D MD**
Address DHMC-HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA US 1996
Internship and Year SAN FRANCISCO GENERAL HOSP, SAN FRANCISCO CA 1997
Residency and Year SAN FRANCISCO GENERAL HOSP, SAN FRANCISCO CA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 8183
License Date 7/12/1989
Name **SOLE, MARY-LEE MD**
Address ELLIOT ORTHOPAEDICS SURGERY SP, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF CALIFORNIA -LOS ANGELES,CA USA 1984
Internship and Year THE GRAD SCH MED AFFIL HOSP-PHIL,PA 1985
Residency and Year E VA GRAD SCH MED AFFIL HOSP-NORFOLK,VA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12224
License Date 2/4/2004
Name **SOLIDUM, ARNELI A MD**
Address GENESIS BEHAVIORAL HEALTH, 771 NORTH MAIN STLACONIA, NH, 03246
Specialty CHP
Board Certified
School and Year of Graduation LA SALLE UNIVERSITY, DASMARINAS CAVITE PHILIPPINES PHILIPPINES 1989
Internship and Year NORTH SHORE UNIVERSITY HOSP, MANHASSET NY 1999
Residency and Year NORTH SHORE UNIVERSITY HOSP, MANHASSET NY 2002
License Expiration Date **6/30/2012**
Remarks

License Number 7968
License Date 8/10/1988
Name **SOLLEE, ALISON M MD**
Address PRIMARY CARE OF DOVER, 10 MEMBERS WAY STE 300DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MED SCH-WORCHESTER,MA USA 1985
Internship and Year NEWTON WELLESLEY HOSP-NEWTN LWR FALLS 1986
Residency and Year NEWTON WELLESLEY HOSP-NEWTN LWR FALLS,MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 9054
License Date 9/1/1993
Name **SOLNIT, AARON D MD**
Address ACHS, 79 SWIFTWATER RD STE 3WOODSVILLE, NH, 03785-
Specialty FP
Board Certified FP
School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1989
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1992
Residency and Year TACOMA GENERAL HOSPITAL - TACOMA WA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9055
License Date 9/1/1993
Name **SOLNIT, LOREN L MD**
Address ACHS-WOODSVILLE, 79 SWIFTWATER RD STE 3WOODSVILLE, NH, 03785-
Specialty PD
Board Certified PD
School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1988
Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1992
Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1992
License Expiration Date **6/30/2017**
Remarks

License Number 11574
License Date 4/3/2002
Name **SOLOD, EUGENE A MD**
Address 1 CAMPFIRE LN, PO BOX 845WOLFEBORO, NH, 03894-8219
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1967
Internship and Year BOATON UNIV MEDICAL CENTER - BOSTON, MA 1968
Residency and Year BOSTON VA HEALTH CARE SYSTEM - JAMAICA PLAIN, MA 1972
License Expiration Date **6/30/2012**
Remarks

License Number 7531
License Date 3/4/1987
Name **SOLOMON, ABRAHAM MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation BELGIUM 1982
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 6402
License Date 6/4/1981
Name **SOLOMON, HAROLD S MD**
Address 25 BOYLSTON ST, STE 211CHESTNUT HILL, MA, 02467
Specialty IM
Board Certified IM
School and Year of Graduation MED COLL OF GEORGIA -AUGUSTA,GA USA 1965
Internship and Year VANDERBILT UNIV HOSP-NASHVILLE, TN 1966
Residency and Year PETER B BRINGHAM HOSP-BOSTON,MA 1972
License Expiration Date **6/30/2015**
Remarks

License Number 16053
License Date 3/6/2013
Name **SOLORIO, JAY R MD**
Address 1174 US ROUTE 2, APT 1RANDOLPH, NH, 03583
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF TENNESSEE MEMPHIS COLLEGE OF MED USA 1982
Internship and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1983
Residency and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1987
License Expiration Date **6/30/2017**
Remarks

License Number 3917
License Date 7/1/1966
Name **SOLOW, CHARLES MD**
Address NH HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty P
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1958
Internship and Year MARY IMOGENE BASSETT - COOPERTOWN, NY 1959
Residency and Year DARTMOUTH AFFILIATED HOSPITAL - HANOVER, NH 1963
License Expiration Date **6/30/2012**
Remarks

License Number 10838
License Date 2/8/2000
Name **SOLTANIAN-ZADEH, HOOMAN MD**
Address DIVISION OF PLASTIC SURGERY, 47 NEW SCOTLAND AVE MAIL 61ALBANY, NY, 12208
Specialty GS
Board Certified
School and Year of Graduation LUDWIG MAXIMILLIANS UNIV OF MUNICH- GERMANY GERMANY 1993
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date **6/30/2001**
Remarks

License Number 12081
License Date 9/3/2003
Name **SOLTIS-TYLER, KRISTEN A MD**
Address 302 NEWMARKET ST., NEWINGTON, NH, 03803
Specialty FP
Board Certified FP
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 2001
Internship and Year DAVID GRANT MEDICAL CTR, TRAVIS AFB CA 2002
Residency and Year DAVID GRANT MEDICAL CTR, TRAVIS AFB CA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16291
License Date 8/7/2013
Name **SOLZHENITSYN, CAROLYN MD**
Address HANOVER PSYCHIATRY, 23 SOUTH MAIN STREET SUITE 2BHANOVER, NH, 03755
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1999
Internship and Year UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2005
Residency and Year UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 12974
License Date 12/7/2005
Name **SOMERS, SAMUEL C MD**
Address 60 COMMERCIAL ST, STE 404CONCORD, NH, 03301
Specialty IM
Board Certified GE
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1998
Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 1999
Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 15854
License Date 9/5/2012
Name **SOMESWARANANTHAN, JANARTHANAN MD**
Address NE INPATIENT SPEC, 70 EAST STMETHUEN, MA, 01844
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SZEGED HUNGARY 1996
Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 1999
Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 16775
License Date 9/3/2014
Name **SOMMERS, KIMBERLY A MD**
Address 45 TEWKSBURY RD #1, HAMPSTEAD, NH, 03841
Specialty ID
Board Certified ID
School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 2006
Internship and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 2007
Residency and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14852
License Date 5/5/2010
Name **SOMYREDDY, KISHORI V MD**
Address 750 CENTRAL AVE STE 2, DOVER, NH, 03820
Specialty N
Board Certified N
School and Year of Graduation SRI DEVARAJ URS MEDICAL COLLEGE KARNATAKA 2002
Internship and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2004
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14853
License Date 5/5/2010
Name **SONG, ALBERT J MD**
Address 11460 PRESCOTT LN, WESTCHESTER, IL, 60154
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF ILLINOIS USA 2004
Internship and Year ST FRANCIS HOSPITAL OF EVANSTON - EVANSTON, IL 2005
Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2009
License Expiration Date **6/30/2012**
Remarks

License Number 10375
License Date 8/5/1998
Name **SONG, LIJUN MD**
Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty GP
Board Certified IM
School and Year of Graduation BEIJING MEDICAL UNIV - BEIJING, CHINA CHINA 1984
Internship and Year NATIONAL INSTITUTES OF HLTH FOGHERTY INTERNATIONAL CTR - BETHESDA, MD 1995
Residency and Year JOHNS HOPKINS UNIV BAYVIEW MED CTR - BALTIMORE, MD 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11040
License Date 8/2/2000
Name **SONG, SONG MD**
Address ANESTHETIC SOLUTIONS, 138 HAVERHILL STANDOVER, MA, 01810
Specialty AN
Board Certified AN
School and Year of Graduation PEKING UNION UNIVERSITY - BEIJING CHINA 1987
Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM MA 1996
Residency and Year BETH ISRAEL DEACONESS MED CTR - BOSTON MA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 16390
License Date 11/6/2013
Name **SONG, YOUNG S MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation SUNY DOWNSTATE MEDICAL CENTER USA 2006
Internship and Year UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE - HONOLULU, HI 2007
Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 17032
License Date 4/1/2015
Name **SONI, DEEPA MD**
Address 108 LINCOLN ST #2A, BOSTON, MA, 02111
Specialty N
Board Certified N
School and Year of Graduation HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 1994
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1999
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13760
License Date 11/7/2007
Name **SONKEN, RONALD S MD**
Address VIRTUAL RADIOLOGIC, 11955 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIFORMED SERVICES UNIV USA 1989
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1990
Residency and Year NAVAL MEDICAL CENTER SAN DIEGO - SAN DIEGO, CA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 6086
License Date 7/9/1979
Name **SONNEBORN, HENRY L MD**
Address WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty ON
Board Certified ON
School and Year of Graduation ALBANY MED COLL OF UNION UNIV - ALBANY, NY USA 1974
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1975
Residency and Year UNIV OF UTAH HOSPITAL - SALT LAKE CITY, UT 1979
License Expiration Date **6/30/2017**
Remarks

License Number 16882
License Date 12/3/2014
Name **SONNI, SMITHA MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year MOUNT SINAI MEDICAL CENTER OF FLORIDA - MIAMI BEACH, FL 2008
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16738
License Date 8/6/2014
Name **SONNIER, CHRISTOPHER S MD**
Address 1140 TRANQUILITY VIA, CHRISTIANSBURG, VA, 24073-1438
Specialty END
Board Certified END
School and Year of Graduation AMERICAN UNIV OF THE CARIBBEAN- CUPECOY ST MAARTEN NETHERLANDS 2000
Internship and Year CARILION CLINIC - ROANOKE, VA 2002
Residency and Year CARILION CLINIC - ROANOKE, VA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 15892
License Date 10/3/2012
Name **SONNIER, GEORGE B MD**
Address DMP ALLIANCE OF KY, 839 SOUTH 2ND STLOUISVILLE, KY, 40203
Specialty D
Board Certified D
School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 1989
Internship and Year LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT, LA 1990
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 1993
License Expiration Date **6/30/2016**
Remarks

License Number 10006
License Date 5/7/1997
Name **SOOD, RAJAT MD**
Address 232 SUTTON ST, N ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation COLL OF MED SCI UNIV OF DELHI INDIA 1988
Internship and Year SINAI HOSP OF BALTIMORE-MD 1992
Residency and Year HENRY FORD HOSP-MICHIGAN 1996
License Expiration Date **6/30/1998**
Remarks

License Number 8330
License Date 5/9/1990
Name **SOPHER, MARC D MD**
Address 38 GROVE RD, RYE, NH, 03870
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILA, PA USA 1987
Internship and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1988
Residency and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1989
License Expiration Date **6/30/2016**
Remarks **Not practicing - Request medical records from mdsophermd@comcast.net**

License Number 14102
License Date 7/9/2008
Name **SORENSEN, MEREDITH J MD**
Address UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CTRS, 1500 E MEDICAL CTR DR, 2920 TAUBMAN C
Specialty GS
Board Certified GS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 17133
License Date 6/3/2015
Name **SORENSEN, DAVID E MD**
Address 3P STREET, NEWBURYPORT, MA, 01950
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF NC, CHAPEL HILL NC USA 1984
Internship and Year NORTH SHORE MEDICAL CENTER-SALEM HOSPITAL, SALEM MA 1985
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER, WORCESTER MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 4767
License Date 8/15/1972
Name **SORENSEN, GEORGE D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation JEFFERSON MEDICAL COLLEGE - MO USA 1954
Internship and Year UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 1955
Residency and Year UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 1958
License Expiration Date **6/30/2008**
Remarks

License Number 3424
License Date 3/8/1961
Name **SORGE, DOMINICK V MD**
Address ST VINCENT'S IMMEDIATE HEALTH, 4490 MAIN STBRIDGEPORT, CT, 06606-1800
Specialty FP
Board Certified
School and Year of Graduation ST LOUIS UNIVERSITY USA 1959
Internship and Year ST VINCENT'S HOSPITAL- WORCESTER, MA 1960
Residency and Year ST VINCENT'S HOSPITAL - WORCESTER, MA 1960
License Expiration Date **6/30/1999**
Remarks

License Number 9751
License Date 6/5/1996
Name **SORSCHER, ADAM J MD**
Address COMMUNITY HEALTH CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI,OH USA 1990
Internship and Year ST PAUL REGIONS HOSPITAL - ST PAUL, MN 1991
Residency and Year ST PAUL REGIONS HOSPITAL - ST PAUL, MN 1993
License Expiration Date **6/30/2016**
Remarks **LAPSED 6/30/2006----REINSTATED 12/6/2006**

License Number 14103
License Date 7/9/2008
Name **SOSLOW, ARNOLD R MD**
Address 8 FOX MEADOW LANE, WAYLAND, MA, 01778
Specialty PD
Board Certified PD
School and Year of Graduation HAHNEMANN UNIV USA 1970
Internship and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1972
Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1975
License Expiration Date **6/30/2010**
Remarks

License Number 12854
License Date 8/3/2005
Name **SOTIR, CATHERINE L MD**
Address BRODY SCHOOL OF MEDICINE, 600 MOYE BLVDGREENVILLE, NC, 27858
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM US 1994
Internship and Year MOUNTAIN AREA HEALTH EDUCATION FOUNDATION, ASHEVILLE NC 1995
Residency and Year MOUNTAIN AREA HEALTH EDUCATION FOUNDATION, ASHEVILLE NC 1997
License Expiration Date **6/30/2007**
Remarks

License Number 9438
License Date 5/3/1995
Name **SOTIR, LISA W MD**
Address SO NH MED CTR, PROSPECT STNASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation COLUMBIA UNIVERSITY USA 1992
Internship and Year MEDICAL COLLEGE OF PENNSYLVANIA, PHILADELPHIA, PA 1995
Residency and Year MEDICAL COLLEGE OF PENNSYLVANIA, PHILADELPHIA PA 1995
License Expiration Date **6/30/2005**
Remarks

License Number 17236
License Date 8/5/2015
Name **SOTIROVIC, SASHA MD**
Address 69 SUMMIT AVE, BANGOR, ME, 04401-5631
Specialty GS
Board Certified GS
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 2000
Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2005
Residency and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2009
License Expiration Date **6/30/2017**
Remarks

License Number 8182
License Date 7/12/1989
Name **SOUCY JR, ROBERT G DO**
Address ROBERT SOUCY DO INTEGRATIVE FAMILY MEDICINE, 9 PLEASANT ST., STE 1COLEBROOK, NH, 0357
Specialty FP
Board Certified
School and Year of Graduation UNOV OF OSTEOPATHIC MED - DES MOINES, IA USA 1986
Internship and Year MICHIGAN STATE UNIV HOSPITAL - EAST LANDING, MI 1987
Residency and Year MICHIGAN STATE UNIV HOSPITAL - EAST LANDING, MI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 17237
License Date 8/5/2015
Name **SOUCY, ZACHARY P DO**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 2008
Internship and Year SAINT MARYS HOSPITAL - ROCHESTER, MN 2009
Residency and Year SAINT MARYS HOSPITAL - ROCHESTER, MN 2011
License Expiration Date **6/30/2017**
Remarks

License Number 16391
License Date 11/6/2013
Name **SOUKUP, ELIZABETH S MD**
Address ELLIOT HOSPITAL, NH HOSPITAL FOR CHILDREN, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 2003
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15944
License Date 11/7/2012
Name **SOULE, MATTHEW R MD**
Address 3725 29th AVE SO, #412MINNEAPOLIS, MN, 55406
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF N DAKOTA SCHOOL OF MEDICINE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 9715
License Date 5/1/1996
Name **SOUSA, ELIZABETH N MD**
Address MEDICAL DEPT CON-EDISON, INDIAN POINT NUCLEAR POWER STNBUCHANAN, NY, 10511-
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK MEDICAL COLLEGE-VALHALLA NY USA 1985
Internship and Year ST JOSEPH'S MEDICAL CENTER-YONKERS NY 1986
Residency and Year ST JOSEPH'S MEDICAL CENTER-YONKERS NY 1988
License Expiration Date **6/30/2000**
Remarks

License Number 10524
License Date 3/3/1999
Name **SOUTHARD III, JAMES B MD**
Address J & C NATIONWIDE, 1910 SEDWICH RD STE 300BDURHAM, NC, 27713
Specialty AN
Board Certified
School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON, MA USA 1974
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1975
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1978
License Expiration Date **6/30/2000**
Remarks

License Number 16292
License Date 8/7/2013
Name **SOUTHGATE, GABRIELE MD**
Address LAHEY ONCOLOGY & HEMATOLOGY AT PARKLAND SALEM, 31 STILES ROADSALEM, NH, 03079
Specialty HO
Board Certified HO
School and Year of Graduation UNIVERSITY OF HAMBURG GERMANY 1987
Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1989
Residency and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 7700
License Date 8/5/1987
Name **SOUTHWORTH, DOUGLAS B MD**
Address VA MEDICAL CENTER - 116A, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-HANOVER USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1986
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 8539
License Date 5/8/1991
Name **SOUTHWORTH, MICHAEL MD**
Address COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 3 TERRASCAPE PKWYSOMERSWORTH, NH, 03
Specialty VS
Board Certified GS
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year NEW ROCHELLE HOSPITAL - NEW ROCHELLE, NY 1986
Residency and Year NEW ROCHELLE HOSPITAL - NEW ROCHELLE, NY 1990
License Expiration Date **6/30/2017**
Remarks

License Number 17087
License Date 5/6/2015
Name **SOWDEN, GILLIAN L MD**
Address DHMC - DEPT OF PSYCHIATRY, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty P
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2011
Internship and Year CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2012
Residency and Year CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 4717
License Date 6/12/1972
Name **SOX JR, HAROLD C MD**
Address AMERICAN COLLEGE OF PHYSICIANS, 190 N INDEPENDENCE MALL WESTPHILADELPHIA, PA, 19106-
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD UNIV, MA USA 1966
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1967
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1968
License Expiration Date **6/30/2010**
Remarks

License Number 12206
License Date 1/7/2004
Name **SPADONE, SHERYL K MD**
Address MID-HUDSON MEDICAL GROUP, 64 JACKSON ST FISHKILL, NY, 12524
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1990
Internship and Year LONG ISLAND JEWISH MED CTR, NEW HYDE PARK NY 1991
Residency and Year NORTH SHORE UNIVERSITY HOSP, MANHASSET NY 1996
License Expiration Date **6/30/2006**
Remarks

License Number 14943
License Date 7/7/2010
Name **SPANGLER, CHAD C MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation RUSH UNIVERSITY USA 2003
Internship and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2004
Residency and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2007
License Expiration Date **6/30/2012**
Remarks

License Number 16464
License Date 1/8/2014
Name **SPANGLER, EMILY L MD**
Address DHMC - VASCULAR SURGERY, 3V, 1 MED CTR DR LEBANON, NH, 03756
Specialty VS
Board Certified
School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 15643
License Date 4/4/2012
Name **SPANIOLAS, KONSTANTINOS MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation UNIVERSITY OF ATHENS GREECE 2004
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2008
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2012
License Expiration Date **6/30/2014**
Remarks

License Number 16776
License Date 9/3/2014
Name **SPARGER, KATHERINE A MD**
Address MASSACHUSETTS GENERAL HOSPITAL, 55 FRUIT ST BOSTON, MA, 02114
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 2006
Internship and Year CHILDRENS HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 2007
Residency and Year CHILDRENS HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14574
License Date 8/5/2009
Name **SPARKS, DAWN A DO**
Address 911 CART RD, EDMONDS, WA, 98020
Specialty AN
Board Certified
School and Year of Graduation OHIO UNIVERSITY USA 2004
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2005
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 10404
License Date 9/2/1998
Name **SPARKS, MICHAEL B MD**
Address DHMC-ORTHOPAEDICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1989
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON ,NH 1990
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13024
License Date 3/1/2006
Name **SPATOLA, ELIZABETH J MD**
Address ST JOSEPH'S HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty IM
Board Certified END
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1985
Internship and Year STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1986
Residency and Year STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1988
License Expiration Date **6/30/2016**
Remarks

License Number 8402
License Date 7/11/1990
Name **SPAULDING, RICHARD P MD**
Address AMOSKEAG ANESTHESIOLOGISTS, ONE ELLIOT WAYMANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH MED - OH USA 1982
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1983
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14605
License Date 9/2/2009
Name **SPECHT, LINDA A MD**
Address DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CHN
Board Certified CHN
School and Year of Graduation CORNELL UNIVERSITY USA 1980
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1981
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 12632
License Date 3/2/2005
Name **SPECTOR, ANDREW R MD**
Address EAR NOSE THROAT OF SO NH, 30 CANTON ST #2MANCHESTER, NH, 03103
Specialty OTO
Board Certified OTO
School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 2000
Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2001
Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15945
License Date 11/7/2012
Name **SPECTOR, JONATHAN M MD**
Address 34 AVON ST, CAMBRIDGE, MA, 02138
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1997
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1999
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date **6/30/2014**
Remarks

License Number 10456
License Date 11/4/1998
Name **SPECTOR, MICHAEL A MD**
Address LOWELL ANESTHESIOLOGY SRVC INC, 60 EAST STMETHUEN, MA, 01844-4597
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL COLL OF WISCONSIN - MILWAUKEE,WI USA 1975
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1976
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 7894
License Date 6/8/1988
Name **SPELLER, JEFFREY L MD**
Address SIX COURTHOUSE LN, UNIT 12CHELMSFORD, MA, 01824-1725
Specialty P
Board Certified P
School and Year of Graduation HARVARD MED SCH - BOSTON, MA USA 1974
Internship and Year HOSPITAL OF THE GOOD SAMARITAN - LOS ANGELES, CA 1975
Residency and Year MC LEAN HOSPITAL - BELMONT, MA 1978
License Expiration Date **6/30/2016**
Remarks

License Number 12118
License Date 10/1/2003
Name **SPENCE, BRIAN C MD**
Address DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 2000
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16496
License Date 2/5/2014
Name **SPENCER JR, BYRON R MD**
Address MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation MEHARRY MEDICAL COLLEGE SCHOOL OF MED USA 2004
Internship and Year MAYO CLINIC - PHOENIX, AZ 2005
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - SCOTTSDALE, AZ 2008
License Expiration Date **6/30/2016**
Remarks

License Number 15494
License Date 12/7/2011
Name **SPENCER JR, LINDO TERRY MD**
Address 275 MAMMOTH ROAD, STE 1 MANCHESTER, NH, 03109
Specialty PDP
Board Certified PDP
School and Year of Graduation CHAPEL HILL SCHOOL OF MEDICINE USA 1994
Internship and Year SHANDS HOSPITAL ST THE UNIVESITY OF FLORIDA, GAINESVILLE, FL 32610 1994
Residency and Year SHANDS HOSPITAL ST THE UNIVESITY OF FLORIDA, GAINESVILLE, FL 32610 1996
License Expiration Date **6/30/2017**
Remarks

License Number 8494
License Date 2/6/1991
Name **SPENCER, HAVEN T MD**
Address MT ASCUTNEY HOSP AND HLTH CTR, 289 COUNTY RD WINDSOR, VT, 05089
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1984
Internship and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1985
Residency and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 17134
License Date 6/3/2015
Name **SPENCER, HILLARY MD**
Address ONE MEDICAL CENTER DR, LEBANON, NH, 03766
Specialty PD
Board Certified
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MED, INDIANAPOLIS IN USA 2012
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2014
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15269
License Date 6/1/2011
Name **SPENCER, JAMES B DO**
Address 90 SWIFTWATER ROAD, WOODSVILLE, NH, 03785
Specialty IM
Board Certified
School and Year of Graduation KANSAS CITY UNIVERSITY USA 2008
Internship and Year UNIVERSITY OF MISSOURI-DANSAS CITY SCHOOL OF MED - KANSAS CITY, MO 2009
Residency and Year UNIVERSITY OF MISSOURI-DANSAS CITY SCHOOL OF MED - KANSAS CITY, MO 2011
License Expiration Date **6/30/2015**
Remarks

License Number 10290
License Date 5/6/1998
Name **SPENCER, MICHELLE T MD**
Address PENACOOK FAMILY PHYSICIANS, 4 CRESCENT STPENACOOK, NH, 03303
Specialty FP
Board Certified FP
School and Year of Graduation U OF NEW YORK HLTH SCIENCE CTR AT SYRACUSE USA 1995
Internship and Year LATROBE AREA HOSPITAL, LATROBE, PA 1998
Residency and Year LATROBE AREA HOSPITAL, LATROBE, PA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 16847
License Date 11/6/2014
Name **SPENCER, REBECCA J MD**
Address 227 WINCHESTER ST #2, BROOKLINE, MA, 02446
Specialty AN
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2010
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2011
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2014
License Expiration Date **6/30/2016**
Remarks

License Number 17192
License Date 7/1/2015
Name **SPENCER, ROBERT D MD**
Address 736 CAMBRIDGE ST, BOSTON, MA, 02135
Specialty IM
Board Certified IM
School and Year of Graduation NATIONAL UNIV OF IRELAND UNIV COLLEGE DUBLIN IRELAND 2008
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2009
Residency and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 9752
License Date 6/5/1996
Name **SPENCER, ROBERT F MD**
Address CONCORD PAIN CONSULTATION SER, 130 PEMBROKE RD STE 250CONCORD, NH, 03301
Specialty APM
Board Certified AN
School and Year of Graduation YALE UNIV SCHOOL OF MED - NEW HAVEN, CT USA 1990
Internship and Year WILSON MEMORIAL REGIONAL MEDICAL CENTER JOHNSON CITY, NY 1991
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1995
License Expiration Date **6/30/2016**
Remarks

License Number 4579
License Date 6/30/1970
Name **SPENCER, STEVEN K MD**
Address RIVER RUN MEDICAL OFFICES, 63 SOUTH MAIN ST LOWER LEVELHANOVER, NH, 03755
Specialty D
Board Certified D
School and Year of Graduation ALBANY MEDICAL COLLEGE, NY USA 1966
Internship and Year GOOD SAMARITAN HOSPITAL - LOS ANGELES, CA 1967
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1970
License Expiration Date **6/30/2012**
Remarks

License Number 8577
License Date 6/26/1991
Name **SPENCER, SUSAN S MD**
Address 5 DOW JONES AVE, NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1984
Internship and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1985
Residency and Year WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1987
License Expiration Date **8/9/2007**
Remarks **DECEASED 8/9/07**

License Number 7009
License Date 12/18/1984
Name **SPENCER-GREEN, GEORGE T MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty RHU
Board Certified RHU
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1974
Internship and Year UNIV OF CINNCINNATI HOSP MED CTR 1975
Residency and Year UNIV OF CINNCINNATI HOSP-MED CTR 1976
License Expiration Date **6/30/1998**
Remarks

License Number 12855
License Date 8/3/2005
Name **SPENCER-SMITH, ELIZABETH M MD**
Address 599 SIR FRANCES DRAKE BLVD, STE 204GREENBARE, CA, 94904
Specialty IM
Board Certified IM
School and Year of Graduation JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 1970
Internship and Year UNIVERSITY OF MISSOURI, COLUMBIA MO 1971
Residency and Year UNIVERSITY OF MISSOURI, COLUMBIA MO 1972
License Expiration Date **6/30/2009**
Remarks

License Number 5533
License Date 6/14/1976
Name **SPENGLER JR, KENNETH C MD**
Address CORE ORTHOPAEDICS, 3 ALUMNI DR STE 301EXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIVERSITY USA 1969
Internship and Year BERNALILLO CO MEDICAL CENTER-ALBUQUERQUE NEW MEX 1970
Residency and Year BERNALILLO CO MEDICAL CENTER-ALBUQUERQUE NEW MEX 1971
License Expiration Date **6/30/2016**
Remarks

License Number 12280
License Date 4/7/2004
Name **SPENNY, MICHELLE L MD**
Address DHMC-DERMATOLOGY 3D, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty D
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 2001
Internship and Year VIRGINIA MASON MED CTR, SEATTLE WA 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2006**
Remarks

License Number 7800
License Date 3/9/1988
Name **SPICER, JOHN H MD**
Address 580 ST JOHNSBURY RD, SUITE KLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation PENNSYLVANIA STATE UNIV COLL OF MED-HERSHEY,PA USA 1985
Internship and Year ST VINCENT HLTH CTR-ERIE,PA 1986
Residency and Year ST VINCENT HLTH CTR-ERIE,PA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 16923
License Date 1/21/2015
Name **SPIEGEL, JEREMY A MD**
Address 377 FORE ST STE 300, PORTLAND, ME, 04101
Specialty P
Board Certified P
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1996
Internship and Year UNIVERSITY OF NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 1997
Residency and Year UNIVERSITY OF NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 2000
License Expiration Date **6/30/2017**
Remarks

License Number 4173
License Date 1/18/1968
Name **SPIEGEL, PETER K MD**
Address DHMC - RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL - CAMBRIDGE, MA USA 1961
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1962
Residency and Year PETER BENT BRIGHAM - BOSTON, MA 1965
License Expiration Date **6/30/2016**
Remarks

License Number 13333
License Date 11/1/2006
Name **SPIEGEL, RONALD H MD**
Address 104 SOUTH 5TH ST, LEWISBURG, PA, 17837
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF IOWA, IOWA CITY IA US 1974
Internship and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1975
Residency and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1977
License Expiration Date **6/30/2010**
Remarks

License Number 16332
License Date 9/4/2013
Name **SPIEGELMAN, DAVID M MD**
Address PEPPERELL FAMILY PRACTICE, 68 MAIN STREETPEPERELL, MA, 01463
Specialty FP
Board Certified FP
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 1970
Internship and Year ABINGTON MEMORIAL HOSPITAL - JENKINTOWN, PA 1971
Residency and Year UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 12119
License Date 10/1/2003
Name **SPIELBERG, STEPHEN P MD**
Address CHILDREN MERCY HOSPITAL, 2400 GILLHAM RD KANSAS CITY, MO, 64108
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CHICAGO, CHICAGO IL US 1973
Internship and Year CHILDRENS HOSPITAL, BOSTON MA 1975
Residency and Year NATIONAL INSTITUTES OF HEALTH, BETHESDA MD 1977
License Expiration Date **6/30/2011**
Remarks

License Number 6162
License Date 2/15/1980
Name **SPIELER, PAUL J MD**
Address 1079 BEACON ST, APT 2 BROOKLINE, MA, 02446-5639
Specialty HEM
Board Certified HEM
School and Year of Graduation NEW YORK UNIV. SCH OF MED. NY USA 1971
Internship and Year NEW YORK UNIV. MED. CTR, NY 1972
Residency and Year NEW YORK UNIV. MED. CTR, NY 1977
License Expiration Date **6/30/2016**
Remarks

License Number 6657
License Date 2/3/1983
Name **SPIELER, PHYLLIS N MD**
Address DOCTORS PARK II, 138 HAVERHILL STANDOVER, MA, 01810-1501
Specialty RHU
Board Certified RHU
School and Year of Graduation NEW YORK UNIV SCHOOL MEDICAL - NY, NY USA 1972
Internship and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1973
Residency and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1976
License Expiration Date **6/30/2013**
Remarks

License Number 12014
License Date 7/2/2003
Name **SPIN, FREDERICK P MD**
Address CHESHIRE MEDICAL CTR, 590 COURT ST KEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MED COLL - NEW YORK, NY USA 1967
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1968
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1971
License Expiration Date **6/30/2017**
Remarks

License Number 7773
License Date 1/6/1988
Name **SPINA, WILLIAM J MD**
Address PO BOX 99, GUILDHALL, VT, 05905
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1978
Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL QUEBEC CANADA 1979
Residency and Year RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7104
License Date 5/2/1985
Name **SPINDEL, GERALD P MD**
Address 6 TSIENNETO RD STE 101, DERRY, NH, 03038-1584
Specialty OPH
Board Certified OPH
School and Year of Graduation BOSTON UNIVERSITY-BOSTON, MA USA 1981
Internship and Year CAMBRIDGE HOSP-CAMBRIDGE, MA 1982
Residency and Year CAMBRIDGE HOSP-CAMBRIDGE ,MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 10457
License Date 11/4/1998
Name **SPIRO, AMANDA J MD**
Address HITCHCOCK CLINIC, 25 S RIVER RDBEDFORD, NH, 03110
Specialty PD
Board Certified PD
School and Year of Graduation ALBERT EINSTEIN COLL OF MED YESHIVA - BRONX, NY USA 1991
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1992
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 11466
License Date 11/7/2001
Name **SPIRO, RHONDA P MD**
Address 40 SECOND AVE 520, WALTHAM, MA, 02451
Specialty MG
Board Certified MG
School and Year of Graduation DUKE UNIV SCH OF MED- DURHAM, NC USA 1977
Internship and Year UNIV OF CHICAGO CHILDREN HOSPITAL - CHICAGO, IL 1978
Residency and Year UNIV OF CHICAGO CHILDREN HOSPITAL - CHICAGO, IL 1980
License Expiration Date **6/30/2007**
Remarks

License Number 7740
 License Date 11/4/1987
 Name **SPIRO, RICHARD I MD**
 Address MILTON MEDICAL BLDG, 100 HIGHLAND ST STE 109MILTON, MA, 02186-0000
 Specialty P
 Board Certified P
 School and Year of Graduation UNIV CATHDE LOUVAIN FAC DE MED-BRUXELLS BELGIUM 1983
 Internship and Year TEMPLE U-HLTH SCI CTR SCH MED-PA 1984
 Residency and Year UNIV HOSP-BOSTON,MA 1989
 License Expiration Date **6/30/2013**
 Remarks

License Number 12322
 License Date 5/5/2004
 Name **SPITZ, DAMON J MD**
 Address NE BAPTIST-DEPT OF RADIOLOGY, 125 PARKER HILL AVEBOSTON, MA, 02120
 Specialty R
 Board Certified R
 School and Year of Graduation UNIVERSITY OF NEW YORK, SYRACUSE NY US 1994
 Internship and Year WINTHROP-UNIVERSITY HOSP, MINEOLA NY 1995
 Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1999
 License Expiration Date **6/30/2016**
 Remarks

License Number 8849
 License Date 11/4/1992
 Name **SPITZER, ILENE B MD**
 Address 230 LAFAYETTE RD BLDG C, PORTSMOUTH, NH, 03801-
 Specialty CHP
 Board Certified
 School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1986
 Internship and Year CHILDRENS DIVISION MENNINGER CLINIC TOPEKA KS 1992
 Residency and Year CHILDRENS DIVISION MENNINGER CLINIC TOPEKA KS 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 7629
 License Date 6/3/1987
 Name **SPIVACK, PAUL S MD**
 Address HITCHCOCK CLINIC, 25 SOUTH RIVER RDBEDFORD, NH, 03110
 Specialty PD
 Board Certified PD
 School and Year of Graduation STATE UNIV OF NY DOWNSTATE MED CTR - NY USA 1975
 Internship and Year LOS ANGELES CO USC MEDICAL CENTER - LOS ANGELES, CA 1976
 Residency and Year LOS ANGELES CO USC MEDICAL CENTER - LOS ANGELES, CA 1978
 License Expiration Date **6/30/2017**
 Remarks

License Number 9131
License Date 3/2/1994
Name **SPLAINE, MARK E MD**
Address DARTMOUTH INST FOR HEALTH POLI, 30 LAFAYETTE ST(NOVELL3RD FL)LEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/2012**
Remarks **3/7/11 - Settlement Agreement**
5/3/13 - Settlement Agreement

License Number 14575
License Date 8/5/2009
Name **SPONSELLER, BRIAN R MD**
Address PRIMARY CARE @ MEMORIAL HOSP, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2006
Internship and Year MERCY HEALTH SYSTEM - JANESVILLE, WI 2007
Residency and Year MERCY HEALTH SYSTEM - JANESVILLE, WI 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11397
License Date 9/5/2001
Name **SPORER, SCOTT M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 5126
License Date 12/3/1973
Name **SPRAGG, JANE N MD**
Address 56 N SPRING ST APT #1, CONCORD, NH, 03301
Specialty GYN
Board Certified
School and Year of Graduation UNIVERSITY OF CHICAGO-CHICAGO IL USA 1948
Internship and Year WOODLAWN HOSP-CHICAGO IL 1949
Residency and Year WOODLAWN HOSPITAL - CHICAGO, IL 1949
License Expiration Date **6/30/2011**
Remarks

License Number 16777
License Date 9/3/2014
Name **SPRAGUE, ROBERT R MD**
Address SO NH RADIOLOGY ASSOC, 703 RIVERWAY PLBEDFORD, NH, 03110-6745
Specialty DR
Board Certified DR
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2004
Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2005
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2009
License Expiration Date **6/30/2016**
Remarks

License Number 13691
License Date 9/5/2007
Name **SPRINKLE, ROBERT H MD**
Address SCHOOL OF PUBLIC POLICY, UNIV OF MD COLLEGE PARK, MD, 20742
Specialty PD
Board Certified FP
School and Year of Graduation UNIV OF CINCINNATI USA 1975
Internship and Year UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1978
Residency and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15774
License Date 7/11/2012
Name **SPROUL, KATHERIN A M MD**
Address WV UNIVERSITY - DEPT OF ANESTHESIA, 1 MEDICAL CTR DR., PO BOX 8255MORGANTOWN, WV, 2
Specialty AN
Board Certified AN
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH USA 2005
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 03756 2006
Residency and Year STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER, NY 14642 2009
License Expiration Date **6/30/2014**
Remarks

License Number 13605
License Date 7/11/2007
Name **SPRUNGER, PHILIP D MD**
Address CONCORD HOSPITAL, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SOUTH CAROLINA USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 12952
License Date 11/2/2005
Name **SPURLOCK, BRUCE W MD**
Address 1750 HOWE AVE, #300SACRAMENTO, CA, 95825
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CALIFORNIA, DAVIS CA US 1986
Internship and Year KAISER PERMANENTE MED CTR, SANTA CLARA CA 1987
Residency and Year KAISER PERMANENTE MED CTR, SANTA CLARA CA 1990
License Expiration Date **6/30/2015**
Remarks

License Number 4883
License Date 1/19/1972
Name **SQUIRES, E CHADWICK MD**
Address 17 HAVARD ST, LACONIA, NH, 03246-3055
Specialty IM
Board Certified
School and Year of Graduation TEMPLE UNIVERSITY-PHILADELPHIA PA USA 1965
Internship and Year LANKENAU HOSP-PHILADELPHIA PA 1966
Residency and Year LANKENAU HOSP-PHILADELPHIA PA 1969
License Expiration Date **6/30/2016**
Remarks

License Number 4776
License Date 5/17/1971
Name **SQUIRES, JAMES W MD**
Address PO BOX 900, HOLLIS, NH, 03049
Specialty GS
Board Certified GS
School and Year of Graduation MCGILL UNIV MEDICAL SCHOOL - MONTREAL CANADA 1963
Internship and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1964
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1970
License Expiration Date **6/30/2000**
Remarks

License Number 10667
License Date 8/4/1999
Name **SRAMCIK, JULIE L MD**
Address DEPT OF ANESTHESIOLOGY, 333 CEDAR ST #TMP 3NEW HAVEN, CT, 06510
Specialty AN
Board Certified AN
School and Year of Graduation NORTHEASTERN OHIO UNIV COL-ROOTSTOWN,OH USA 1994
Internship and Year SUMMA HLTH SYSTEM AKRON CITY HOSP - AKRON,OH 1995
Residency and Year YALE UNIV - NEW HAVEN, CT 1996
License Expiration Date **6/30/2017**
Remarks

License Number 12975
License Date 12/7/2005
Name **SREEKUMAR, BEENA MD**
Address 14200 RIDGE RD, NORTH ROYALTON, OH, 44133
Specialty IM
Board Certified IM
School and Year of Graduation KOTTAYAM MED COLLEGE, KERALA INDIA INDIA 1991
Internship and Year ERIE COUNTY MED CTR, BUFFALO NY 2002
Residency and Year ERIE COUNTY MED CTR, BUFFALO 2004
License Expiration Date **6/30/2007**
Remarks

License Number 16139
License Date 5/1/2013
Name **SREETHARAN, SREELAVANIYA L MD**
Address 1290 BRIDLETOWNE CIR, UNIT 50, SCARBOROUGH, ON, CA, M1W 2V4
Specialty FP
Board Certified
School and Year of Graduation MEDICAL UNIVERSITY OF THE AMERICAS NEVIS 2009
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2011
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 11940
License Date 5/7/2003
Name **SRINIVASAN, MELUKOTE MD**
Address 21 ORCHARD CROSSING, ANDOVER, MA, 01810
Specialty R
Board Certified R
School and Year of Graduation MYSORE MEDICAL COLLEGE - KARNATAKA STATE INDIA INDIA 1966
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1980
Residency and Year NEW ENGLAND MEDICAL CENTER - TUFTS UNIV - BOSTON, MA 1981
License Expiration Date **11/8/2010**
Remarks **Deceased 11/8/2010**

License Number 13272
License Date 9/6/2006
Name **SRIVASTAVA, AMITABH MD**
Address BRIGHAM AND WOMEN'S HOSPITAL - DEPT OF PATHOLOGY, 75 FRANCIS ST BOSTON, MA, 02115
Specialty PTH
Board Certified PTH
School and Year of Graduation KING GEORGE MED UNIVERSITY, INDIA INDIA 1992
Internship and Year NEW ENGLAND MED CTR HOSPITALS, BOSTON MA 2001
Residency and Year NEW ENGLAND MED CTR HOSPITALS, BOSTON MA 2004
License Expiration Date **6/30/2012**
Remarks

License Number 14147
License Date 8/6/2008
Name **SRIVASTAVA, GITANJALI MD**
Address THE CENTER FOR OBESITY MEDICINE, 410 CELEBRATION PLACE SUITE 302ORLANDO, FL, 32827
Specialty PD
Board Certified PD
School and Year of Graduation LOUISIANA STATE UNIV USA 2003
Internship and Year MOUNT SINAI MED CENTER-NY, NY 2004
Residency and Year MOUNT SINAI MED CENTER - NY, NY 2007
License Expiration Date **6/30/2014**
Remarks

License Number 15421
License Date 10/5/2011
Name **SRIVASTAVA, SWATI MD**
Address DHMC-PATHOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified
School and Year of Graduation KING GEORGE MEDICAL UNIVERSITY INDIA 2005
Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 2008
Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 2011
License Expiration Date **6/30/2013**
Remarks

License Number 15775
License Date 7/11/2012
Name **SROKA, THOMAS C MD**
Address NORRIS COTTON CANCER CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty RO
Board Certified RO
School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 2007
Internship and Year TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM- TUSCON, AZ 85733 2008
Residency and Year UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE - TUSCON, AZ 85724 2012
License Expiration Date **6/30/2016**
Remarks

License Number 6809
License Date 10/6/1983
Name **ST GERMAIN, DONALD L MD**
Address DHMC-ENDO, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty END
Board Certified END
School and Year of Graduation JOHNS HOPKINS UNIV SCH MED-BALTIMORE MD USA 1976
Internship and Year UNIV HOSPITAL-CLEVELAND,OH 1977
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1981
License Expiration Date **6/30/2017**
Remarks

License Number 12180
License Date 12/3/2003
Name **ST JOHN, JEFFREY L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date **6/30/2005**
Remarks

License Number 8503
License Date 3/6/1991
Name **ST ONGE, RICHARD A MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 1970
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 16924
License Date 1/21/2015
Name **STABLEFORD, JENNIFER A MD**
Address DHMC-SECTION OF VASCULAR SURG, 1 MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified GS
School and Year of Graduation LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICI USA 2002
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2003
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 11398
License Date 9/5/2001
Name **STACEY, COOPER B MD**
Address 253 PLEASANT ST, CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation MCGILL UNIV FAC OF MED - MONTEAL QUEBEC CANADA 1978
Internship and Year DALHOUSIE UNIV FAC OF MEDICINE - HALIFAZ NOVA SCOTIA, CANADA 1979
Residency and Year DALHOUSIE UNIV FAC OF MEDICINE - HALIFAZ NOVA SCOTIA, CANADA 1980
License Expiration Date **6/30/2009**
Remarks

License Number 10064
License Date 7/2/1997
Name **STACEY, SARA J DO**
Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty FP
Board Certified FP
School and Year of Graduation UMDNJ SCHOOL OF OSTEO MED - STRATFORD, NJ USA 1987
Internship and Year SETON HALL UNIN SCHOOL GRAD MED ED-NJ 1990
Residency and Year SETON HALL UNIN SCHOOL GRAD MED ED - NJ 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15394
License Date 9/7/2011
Name **STACK, LORI J MD**
Address PLYMOUTH OB-GYN, 16 HOSPITAL RD PLYMOUTH, NH, 03264
Specialty OBG
Board Certified OBG
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1994
Internship and Year DETROIT MEDICAL CENTER / HUTZEL WOMENS HOSPITAL - DETROIT, MI 1995
Residency and Year DETROIT MEDICAL CENTER / HUTZEL WOMENS HOSPITAL - DETROIT, MI 1998
License Expiration Date **6/30/2013**
Remarks

License Number 11822
License Date 1/8/2003
Name **STADELMANN, WAYNE K MD**
Address CENTER FOR PLASTIC SURGERY, 246 PLEASANT ST STE 210 CONCORD, NH, 03301
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH OF MED- CHICAGO, IL USA 1990
Internship and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 1991
Residency and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 1994
License Expiration Date **6/30/2017**
Remarks

License Number 12147
License Date 11/5/2003
Name **STADLER, DANIEL S MD**
Address DHMC-GENERAL INTERNAL MED, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN UNIVERSITY, CLEVELAND OH US 1998
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2001
License Expiration Date **6/30/2017**
Remarks **Lapsed 6/30/09 - reinstated 8/4/10**

License Number 10887
License Date 4/5/2000
Name **STAFFORD, EDWARD MD**
Address REGIONAL PARTNERS IN OCC, 275 MAMMOTH RDMANCHESTER, NH, 03109
Specialty OM
Board Certified OM
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year DETROIT MEDICAL CTR DETROIT,MI 1976
Residency and Year UNIVERSITY OF UTAH-SALT LAKE CITY,UT 1985
License Expiration Date **6/30/2002**
Remarks

License Number 15095
License Date 12/1/2010
Name **STAHL, BRANDON C MD**
Address EASTERN CT UROLOGY, 330 WASHINGTON ST SUITE 350NORWICH, CT, 06360
Specialty U
Board Certified U
School and Year of Graduation BOSTON UNIVERSITY USA 2003
Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2004
Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 14854
License Date 5/5/2010
Name **STAHL, GREGORY D MD**
Address 14 LAKE SHORE DR, WALES, ME, 04280
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1979
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1980
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1982
License Expiration Date **6/30/2012**
Remarks

License Number 17238
License Date 8/5/2015
Name **STAHL, JAMES E MD**
Address 100 GREENWOOD AVE, SWAMPSCOTT, MA, 01907-2166
Specialty IM
Board Certified IM
School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE- CANADA CANADA 1992
Internship and Year NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 1993
Residency and Year NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 1995
License Expiration Date **6/30/2017**
Remarks

License Number 9145
License Date 4/6/1994
Name **STAHL, KEITH A MD**
Address FAMILY HEALTH & WELLNESS CTR, 188 ROUTE 101BEDFORD, NH, 03110
Specialty
Board Certified IM
School and Year of Graduation NORTHEASTERN OHIO COLLEGE OF MEDICINE USA 1989
Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND OH 1992
Residency and Year METROHEALTH MEDICAL CENTER - CLEVELAND OH 1992
License Expiration Date **6/30/2016**
Remarks

License Number 13360
License Date 12/6/2006
Name **STAHL, SIMONNE MD**
Address 9 JACK RABBIT RUN, HAMPSTEAD, NH, 03841
Specialty IM
Board Certified IM
School and Year of Graduation UNIV CLAUDE BERNARD FRANCE 1978
Internship and Year ST MARY HOSPITAL-HOBOKEN, NJ 1980
Residency and Year ST MICHAELS MEDICAL CTR-NEWARK, NJ 1983
License Expiration Date **6/30/2014**
Remarks

License Number 16194
License Date 6/5/2013
Name **STAI, ANCA MD**
Address SO. NH DIABETES & ENDOCRINOLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03063-4068
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITATEA DE MEDICINA SI FARMACIE VICTOR BABES ROMANIA 1999
Internship and Year BASSETT MEDICAL CENTER - COOPERSTOWN, NY 2004
Residency and Year GRADUATE HOSPITAL TENET HEALTH SYSTEM-PHILADELPHIA, PA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16252
License Date 7/3/2013
Name **STALLINGS, RAYVELLE A MD**
Address 11525 N COMMUNITY HOUSE RD, SUITE 410CHARLOTTE, NC, 28277
Specialty FP
Board Certified
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC USA 1992
Internship and Year GHSU MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA 1995
Residency and Year GHSU MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA 1995
License Expiration Date **6/30/2015**
Remarks **ADMINISTRATIVE LICENSE**

License Number 11010
License Date 7/5/2000
Name **STAM JR, ALLAN C MD**
Address 33 MESERVE HILL RD, N CONWAY, NH, 03860
Specialty EM
Board Certified
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED- ROCHESTER, NY USA 1963
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1965
Residency and Year UNITED STATES PULBIC HLTH SERVICES - ROCKVILLE, MD 1967
License Expiration Date **6/30/2016**
Remarks

License Number 8903
License Date 3/3/1993
Name **STAMBOVSKY, MARSHALL K MD**
Address 1605 OSCEOLA ST, JOHNSON CITY, TN, 37604
Specialty FP
Board Certified
School and Year of Graduation ST GEORGE UNIVERSITY SCHOOL OF MEDICINE GRENADA 1988
Internship and Year EAST TENNESSEE STATE UNIVERSITY - BRISTOL, TN 1990
Residency and Year EAST TENNESSEE STATE UNIVERSITY - BRISTOL, TN 1993
License Expiration Date **6/30/2017**
Remarks

License Number 5423
License Date 9/4/1975
Name **STAMMERS, THOMAS W MD**
Address PHYSICIANS PAIN CTRS OF GA, 3550 SUWANEE RD LAWRENCEVILLESUWANEE, GA, 30024
Specialty APM
Board Certified AN
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1966
Internship and Year GREENWICH HOSPITAL GREENWICH - CONNECTICUT 1967
Residency and Year NAVAL HOSPITAL CHELSEA - MASSACHUSETTS 1969
License Expiration Date **6/30/2003**
Remarks **DECEASED 2/7/2008**

License Number 10007
License Date 5/7/1997
Name **STAMPS, WILLIAM H MD**
Address 37966 S SPOON DR, TUCSON, AZ, 85739
Specialty GS
Board Certified GS
School and Year of Graduation HAHNEMANN UNIV SCH MED PHIL,PA USA 1963
Internship and Year ABINGTON MEM HOSP-PA 1964
Residency and Year ABINGTON MEM HOSP-PA 1968
License Expiration Date **6/30/2002**
Remarks

License Number 15515
License Date 1/4/2012
Name **STANCOVEN, KEVIN M DO**
Address BRAZOS VALLEY PATHOLOGY, PO BOX 2386ROUND ROCK, TX, 78664
Specialty
Board Certified PTH
School and Year of Graduation UNIVERSITY OF NORTH TX HEALTH SCIENCE CTR USA 2006
Internship and Year BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2007
Residency and Year BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2010
License Expiration Date **6/30/2016**
Remarks

License Number 3391
License Date 9/14/1960
Name **STANDOW, HANS W MD**
Address 68 MINISTERIAL RD, BEDFORD, NH, 03110-5335
Specialty P
Board Certified P
School and Year of Graduation JOG. W. GOETHE UNIVERSITY GERMANY 1952
Internship and Year METHODIST HOSPITAL OF CENTRAL ILLINOIS 1955
Residency and Year BRATTLEBORO RETREAT 1957
License Expiration Date **11/26/2000**
Remarks **DECEASED 11/26/2000**

License Number 15776
License Date 7/11/2012
Name **STANHISER, DANIEL E MD**
Address 300 MAIN STREET, LEWISTON, ME, 04240
Specialty FP
Board Certified FP
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year CENTRAL WASHINGTON FAMILY MEDICINE- YAKIMA, WA 2002
Residency and Year CENTRAL WASHINGTON FAMILY MEDICINE- YAKIMA, WA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 16025
License Date 2/6/2013
Name **STANITSKI SR, CARL L MD**
Address 2 WHARFSIDE ST 5C, CHARLESTON, SC, 29401
Specialty ORS
Board Certified ORS
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 1967
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1972
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1974
License Expiration Date **6/30/2015**
Remarks

License Number 13997
License Date 5/7/2008
Name **STANIZZI, MATTHEW A MD**
Address NEW ENGLAND UROLOGY, 10 PROSPECT ST STE 302NASHUA, NH, 03060
Specialty U
Board Certified U
School and Year of Graduation UNIV OF NEW YORK USA 2003
Internship and Year MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 2004
Residency and Year MT SINAI MEDICAL CENTER - NEW YORK, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13080
License Date 5/3/2006
Name **STANKOVIC, ANA R MD**
Address NEPHROLOGY AND HYPERTENSION, 31 STYLES RD STE 2100SALEM, NH, 03079
Specialty NEP
Board Certified NEP
School and Year of Graduation BROWN UNIV USA 2001
Internship and Year GEORGETOWN UNIV MEDICAL CTR-WASHINGTON DC 2002
Residency and Year HARVARD MEDICAL SCHOOL/MT AUBURN HOSPITAL-CAMBRIDGE MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15993
License Date 1/9/2013
Name **STANLEY, JOHN J MD**
Address 91 ROWELL HILL RD, NEW LONDON, NH, 03257
Specialty DR
Board Certified DR
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year SAINT JOHNS DETROIT HOSPITAL - DETROIT, MI 1990
Residency and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1994
License Expiration Date **6/30/2017**
Remarks

License Number 11884
License Date 4/2/2003
Name **STANNARD, VICTORIA A MD**
Address REDINGTON FAIRFIEL GEN HOSPITA, 40 FAIRVIEW AVESHOWHEGAN, ME, 04976
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF NOTTINGHAM MED SCH - NOTTINGHAM UNITED KINGDOM 1982
Internship and Year SUNY AT BUFFALO GRADUATE MEDICAL - DENTAL EDUCATION CONSORTIUM - BUFFALO, NY 1992
Residency and Year SUNY AT BUFFALO - BUFFALO, NY 1994
License Expiration Date **6/30/2009**
Remarks

License Number 14779
License Date 3/3/2010
Name **STANTON, ASHTON L MD**
Address CORE PHYSICIANS, 3 ALUMNI DR STE 301EXETER, NH, 03833
Specialty PM
Board Certified PM
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2003
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2004
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 17239
License Date 8/5/2015
Name **STANTON, EDWARD S MD**
Address 275 EAST 200 SOUTH, SALT LAKE CITY, UT, 84111
Specialty GS
Board Certified GS
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE-DURHAM,NC USA 1979
Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1980
Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15680
License Date 5/2/2012
Name **STAPP, BRENN A C DO**
Address MANCHESTER OBGYN ASSOC, 150 TARRYTOWN RD MANCHESTER, NH, 03103
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2008
Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2009
Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2012
License Expiration Date **6/30/2016**
Remarks

License Number 15681
License Date 5/2/2012
Name **STAPP, SHAWN W DO**
Address ELLIOT HOSP, ONE ELLIOTT WAY MANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2009
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 2010
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16195
License Date 6/5/2013
Name **STAR, KREMENA V MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2008
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2009
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 16356
License Date 10/2/2013
Name **STARK, ALEKSANDRA MD**
Address DHMC - DEPT OF NEUROLOGY 3C, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty N
Board Certified N
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2007
Internship and Year UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2009
Residency and Year UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2011
License Expiration Date **6/30/2017**
Remarks

License Number 8107
License Date 5/10/1989
Name **STARK, JAMES P MD**
Address 85 SPRING ST, LACONIA, NH, 03246-3113
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF N MEXICO SCHL OF MED ALBUQUERQUE USA 1984
Internship and Year KAISER FOUND HOSP SAN FRANCISCO CA 1985
Residency and Year THOS JEFFERSON UNIV HOSP PHILADELPHIA PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9824
License Date 8/7/1996
Name **STARK, JOHN C D MD**
Address MARTINS POINT HEALTH CENTER, 161 CORPORATE DRPORTSMOUTH, NH, 03801-
Specialty FP
Board Certified FP
School and Year of Graduation MT SINAI SCH OF MED OF THE CITY UNIV OF NY USA 1983
Internship and Year UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1984
Residency and Year UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1986
License Expiration Date **6/30/2016**
Remarks

License Number 3500
License Date 3/14/1962
Name **STARKE, JAMES C MD**
Address , , ,
Specialty D
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks **Deceased 7/6/14**

License Number 15165
License Date 3/2/2011
Name **STARLEY, JAMES W MD**
Address 1694 MARTINET LANE, OGDEN, UT, 84403
Specialty OBG
Board Certified OBG
School and Year of Graduation CREIGHTON UNIVERSITY USA 1972
Internship and Year CREIGHTON UNIVERSITY MEDICAL CENTER - OMAHA, NE 1973
Residency and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1976
License Expiration Date **6/30/2013**
Remarks

License Number 16054
License Date 3/6/2013
Name **STARLING, CHERRY E MD**
Address THYROID CYTOPATHOLOGY PARTNERS, PA, PO BOX 2386ROUND ROCK, TX, 78664
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MED UKSA 2005
Internship and Year BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2007
Residency and Year BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2009
License Expiration Date **6/30/2017**
Remarks

License Number 10259
License Date 4/1/1998
Name **STARR, GEOFFREY E MD**
Address CORE PHYSICIANS, LLC, 9 BUZELL AVEEXETER, NH, 03833
Specialty N
Board Certified N
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1991
Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1992
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1995
License Expiration Date **6/30/2016**
Remarks

License Number 3306
License Date 7/10/1957
Name **STARR, ISADORE MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **1/16/1991**
Remarks **DECEASED 1/16/91**

License Number 16026
License Date 2/6/2013
Name **STARTZ, ROBERT F MD**
Address AURORA DIAGNOSTIC/SEACOAST PATHOLOGY, 1 HAMPTON ROAD EXETER, NH, 03833
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF NORTH DAKOTA SCHOOL OF MED USA 1981
Internship and Year UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH - GRAND FORKS, ND 1982
Residency and Year UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH - GRAND FORKS, ND 1985
License Expiration Date **6/30/2015**
Remarks

License Number 6454
License Date 9/9/1981
Name **STASHWICK, CAROLE A MD**
Address DHMC-PEDIATRICS, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation YALE UNIV SCH MED-NEW HAVEN, CT USA 1973
Internship and Year YALE UNIV SCH MED-NEW HAVEN, CT 1974
Residency and Year HOSP OF ST RAPHAEL-NEW HAVEN, CT 1976
License Expiration Date **6/30/2013**
Remarks

License Number 10695
License Date 9/1/1999
Name **STASNY, ELAINE V MD**
Address 97 SHERMAN DR, ST JOHNSBURY, VT, 05819
Specialty PD
Board Certified
School and Year of Graduation W VIRGINIA UNIV SCH OF MED - MORGANTOWN, WV USA 1985
Internship and Year UNIV OF VERMONT COLL OF MED - BURLINGTON, VT 1986
Residency and Year UNIV OF VERMONT COLL OF MED - BURLINGTON, VT 1978
License Expiration Date **6/30/2017**
Remarks

License Number 6748
License Date 7/7/1983
Name **STATUTO, DONALD T MD**
Address 429 SAND HILL RD, PETERBOROUGH, NH, 03458
Specialty OM
Board Certified OM
School and Year of Graduation FACOLTA DI MEDICINA -BOLOGNA ITALY 1978
Internship and Year LUTHERAN MEDICAL CENTER - BROOKLYN, NY 1980
Residency and Year LUTHERAN MEDICAL CTR-BROOKLYN,NY 1980
License Expiration Date **6/30/2007**
Remarks

License Number 11467
License Date 11/7/2001
Name **STAUBER, JAMES A MD**
Address CHESHIRE MEDICAL CTR / DHMC, 580-90 COURT STKEENE, NH, 03431
Specialty IM
Board Certified
School and Year of Graduation STATE UNIV OF NEW YORK - BROOKLYN, NY USA 1997
Internship and Year STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 1998
Residency and Year STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15516
License Date 1/4/2012
Name **STAUBER, ZIVA MD**
Address SENTIENT MEDICAL, 11011 MCCORMICK RD STE 200HUNT VALLEY, MD, 21031
Specialty N
Board Certified N
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1995
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1996
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1998
License Expiration Date **6/30/2016**
Remarks

License Number 5885
License Date 4/6/1978
Name **STAUFFER, MARTHA E MD**
Address 31 PLEASNT ST, APT 50W LEBANON, NH, 03784-1442
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MARYLAND SCHOOL OF MEDICINE - BALTIMORE,MD USA 1960
Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1961
Residency and Year UNIV OF WASHINGTON AFFILIATED HOSPITAL - SEATTLE, WA 1972
License Expiration Date **6/30/2016**
Remarks

License Number 7507
 License Date 2/5/1987
 Name **STEAD, DAVID A MD**
 Address 74 GREENSBORO RD, HANOVER, NH, 03755
 Specialty P
 Board Certified P
 School and Year of Graduation UNIV OF MINNESOTA MED SCH MINNEAPOLIS, MN USA 1968
 Internship and Year LINCOLN MEDICAL MENTAL HEALTH CENTER - BRONX, NY 1969
 Residency and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1975
 License Expiration Date **6/30/1999**
 Remarks **5/17/90 - LICENSE SUSPENDED 8/31/90 - FURTHER DECISION AND ORDER - RESTRICTIONS PLACED ON LICENSE**

License Number 15328
 License Date 7/6/2011
 Name **STEAD, JENNIFER A DO**
 Address DARTMOUTH-HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
 Specialty D
 Board Certified D
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
 Internship and Year PCOM/ARIA HEALTH - PHILADELPHIA, PA 2008
 Residency and Year ST JOSEPH MERCY LIVINGSTON HOSPITAL - CLINTON TOWNSHIP, MI 2011
 License Expiration Date **6/30/2017**
 Remarks

License Number 6665
 License Date 3/3/1983
 Name **STEARNS III, HARRY C MD**
 Address ANDROSCOGGIN VALLEY SURGICAL, 7 PAGE HILL RDBERLIN, NH, 03570
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation UNIV OF ILLINOIS COLL MED CTR-CHICAGO,IL USA 1976
 Internship and Year UNIV OF IL HOSP-TAYLOR UNIT-CHICAGO,IL 1977
 Residency and Year UNIV OF IL HOSP-TAYLOR UNIT-CHICAGO,IL 1979
 License Expiration Date **6/30/2017**
 Remarks

License Number 12407
 License Date 7/7/2004
 Name **STEARNS, BRENT A MD**
 Address 6018 POWDER POINT DR, HICKORY, NC, 28601
 Specialty DR
 Board Certified DR
 School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 1987
 Internship and Year LOUIS A WEISS MEMORIAL HOSP, CHICAGO IL 1988
 Residency and Year STATE UNIVERSITY OF NY, BUFFALO NY 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 11642
License Date 6/5/2002
Name **STEBBING, JENNIFER K DO**
Address 1 GREENLEAF WOODS DRIVE SUITE 102, PORTSMOUTH, NH, 03801
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL - PHILADELPHIA, PA USA 1995
Internship and Year HEALTHONE PRESBYTERIAN- ST LUKES MEDICAL CENTER - DENVER, CO 1996
Residency and Year HEALTHONE PRESBYTERIAN- ST LUKES MEDICAL CENTER - DENVER, CO 1998
License Expiration Date **6/30/2016**
Remarks

License Number 6432
License Date 7/13/1981
Name **STEBBINS, PHILIP C MD**
Address 19 MAIN ST, SALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1978
Internship and Year RIVERSIDE GEN HOSP MED CTR-RIVERSIDE,CA 1979
Residency and Year RIVERSIDE GEN HOSP MED CTR-RIVERSIDE,CA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 7135
License Date 6/6/1985
Name **STECKOWYCH, JAYDE M MD**
Address 21 FRANKLIN TURNPIKE, STE 2111MAHWAH, NJ, 07430
Specialty OTO
Board Certified OTO
School and Year of Graduation FAR EASTERN UNIV DR NICANOR REYES MED INST PHILIPPINES 1981
Internship and Year ST LUKES-ROOSEVELT HOSP CTR - NEW YORK 1985
Residency and Year ST LUKES-ROOSEVELT HOSP CTR-NEW YORK 1985
License Expiration Date **6/30/2017**
Remarks

License Number 8895
License Date 2/3/1993
Name **STECKOWYCH, LEE N MD**
Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO IL 1993
Residency and Year NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO IL 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15815
License Date 8/1/2012
Name **STEELE, DANIEL P DO**
Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year YORK HOSPITAL - YORK, PA 2010
Residency and Year YORK HOSPITAL - YORK, PA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 14780
License Date 3/3/2010
Name **STEELE, RICHARD J MD**
Address ANESTHIA ASSOCIATES PA, 1 PILLSBURY ST STE 202 CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1993
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1994
Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10594
License Date 6/2/1999
Name **STEEVENS, CHRISTOPHER C MD**
Address ONE PARKLAND DR, DERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1991
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1992
Residency and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1997
License Expiration Date **6/30/2001**
Remarks

License Number 12976
License Date 12/7/2005
Name **STEEVES, GLEN L MD**
Address ANESTHESIA CARE GROUP PC, 88 MCGREGOR ST STE 303 MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MANITOBA, CANADA CANADA 1994
Internship and Year UNIVERSITY OF MANITOBA, WINNIPEG MANITOBA CANADA 1995
Residency and Year UNIVERSITY OF MANITOBA, WINNIPEG MANITOBA CANADA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 6681
License Date 4/7/1983
Name **STEFFEN, SUSAN MD**
Address UTAH VALLEY REG MED CTR, 1034 N 500 WPROVO, UT, 84605
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF UTAH COLL MED -SALT LAKE CITY USA 1977
Internship and Year LDS HOSP-SALT LAKE CITY 1978
Residency and Year BETH ISREAL HOSP-BOSTON,MA 1981
License Expiration Date **6/30/2013**
Remarks

License Number 14362
License Date 3/4/2009
Name **STEICHEN, JENNIFER L MD**
Address ELLIOT HOSP MEDICINE, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2002
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2003
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11468
License Date 11/7/2001
Name **STEIMAN, ROY P MD**
Address 45 READE PL, POUGHKEEPSIE, NY, 12601
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF OKLAHOMA HLTH SCI CTR - OKLAHOMA CITY, OK USA 1973
Internship and Year UNIV OF OKLAHOMA HEALTH SCIENCE CENTER - OKLAHOMA CITY, OK 1974
Residency and Year UNIV OF OKLAHOMA HEALTH SCIENCE CENTER - OKLAHOMA CITY, OK 1977
License Expiration Date **6/30/2009**
Remarks

License Number 8139
License Date 6/7/1989
Name **STEIN, ALAN M MD**
Address ELLIOT PHYSICIAN NETWORK, PO BOX 9001, 50 PINWOOD RDALLENSTOWN, NH, 03275
Specialty FP
Board Certified FP
School and Year of Graduation ST UNIV OF NY @ BUFFALO SCH MED BUFFALONY USA 1986
Internship and Year MED CTR OF DELAWARE WILMINGTON DE 1987
Residency and Year MED CTR OF DELAWARE WILMINGTON DE 1988
License Expiration Date **6/30/2017**
Remarks **7/12/05 - Settlement Agreement**

License Number 14606
 License Date 9/2/2009
 Name **STEIN, BARRY S MD**
 Address 113 HOLLAND AVE, ALBANY, NY, 12208
 Specialty U
 Board Certified U
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 1974
 Internship and Year LANKENAU HOSPITAL - WYNNEWOOD, PA 1975
 Residency and Year LANKENAU HOSPITAL - WYNNEWOOD, PA 1976
 License Expiration Date **6/30/2013**
 Remarks

License Number 13692
 License Date 9/5/2007
 Name **STEIN, CARL S MD**
 Address 10 MELOON RD, GREENLAND, NH, 03840
 Specialty AN
 Board Certified AN
 School and Year of Graduation WAKE FOREST UNIV USA 1993
 Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1994
 Residency and Year YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN, CT 1997
 License Expiration Date **6/30/2017**
 Remarks

License Number 15395
 License Date 9/7/2011
 Name **STEIN, ERIC H MD**
 Address MASS ENT ASSOCIATES, 3 MEETING HOUSE RD CHELMSFORD, MA, 01824
 Specialty OTO
 Board Certified OTO
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1986
 Internship and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1987
 Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 1992
 License Expiration Date **6/30/2017**
 Remarks

License Number 5778
 License Date 7/7/1977
 Name **STEIN, GEOFFREY P MD**
 Address FRISBIE MEMORIAL HOSP, WHITEHALL RD ROCHESTER, NH, 03867
 Specialty EM
 Board Certified
 School and Year of Graduation UNIVERSITY OF BOLOGNA ITALY 1971
 Internship and Year LONG ISLAND COLLEGE HOSPITAL BROOKLYN - NY 1973
 Residency and Year LONG ISLAND COLLEGE HOSPITAL BROOKLYN - NY 1976
 License Expiration Date **11/6/2011**
 Remarks **DECEASED 11/6/11**

License Number 16392
License Date 11/6/2013
Name **STEIN, GERALD S MD**
Address 645 COUNTY RD 235, EUREKA SPRINGS, AR, 72632
Specialty P
Board Certified P
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1968
Internship and Year ALTA BATES SUMMIT MEDICAL CENTER - BERKELEY, CA 1969
Residency and Year UNIVERSITY OF COLORADO SCHOOL OF MEDICINE - AURORA, CO 1970
License Expiration Date **6/30/2015**
Remarks

License Number 14643
License Date 10/7/2009
Name **STEIN, JEFFREY MD**
Address PO BOX 3, HAWTHORNE, NV, 89415
Specialty OS
Board Certified OS
School and Year of Graduation SACKLER SCHOOL OF MEDICINE ISRAEL 1990
Internship and Year LOUIS A WEISS MEMORIAL HOSPITAL - UNIVERSITY OF CHICAGO - CHICAGO, IL 1991
Residency and Year UNITED HEALTH SERVICES HOSPITALS - JOHNSON CITY, NY 1994
License Expiration Date **6/30/2015**
Remarks

License Number 9530
License Date 8/2/1995
Name **STEIN, JOEL MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation HAHNEMANN UNIVERSITY USA 1962
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 7661
License Date 7/8/1987
Name **STEIN, MICHAEL J MD**
Address 22 KEEWAYDIN DR, SALEM, NH, 03079
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE USA 1981
Internship and Year ST THOMAS HOSPITAL MEDICAL CENTER - AKRON OH 1982
Residency and Year ST THOMAS HOSPITAL MEDICAL CENTER - AKRON OH 1984
License Expiration Date **6/30/2017**
Remarks **6/24/03 - ORDER DISMISSING CHARGES**

License Number 5937
License Date 7/3/1978
Name **STEIN, RICHARD H MD**
Address 39 HARKNESS RD, JAFFREY, NH, 03452
Specialty P
Board Certified P
School and Year of Graduation UNIV OF KANSAS SCH OF MED LAWRENCE KANSAS USA 1975
Internship and Year TULANE UNIV HOSPITAL - NEW ORLEANS, LA 1976
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1980
License Expiration Date **6/30/2016**
Remarks

License Number 11224
License Date 4/4/2001
Name **STEIN, SUSAN K DO**
Address 40 CLARKAVE, BRATTLEBORO, VT, 05301-6373
Specialty
Board Certified AN
School and Year of Graduation DES MOINES UNIV - DES MOINES, IA USA 1986
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1987
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1988
License Expiration Date **6/30/2011**
Remarks

License Number 8876
License Date 1/6/1993
Name **STEINBERG, DAVID I DO**
Address ORTHOPAEDICS INDIANAPOLIS, 8450 NORTHWEST BLVD INDIANAPOLIS, IN, 46278
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF OSTEOPATHIC MEDICINE & HEALTH SCI USA 1985
Internship and Year SINAI HOSPITAL - DETROIT MI 1990
Residency and Year SINAI HOSPITAL - DETROIT MI 1990
License Expiration Date **6/30/2017**
Remarks

License Number 13518
License Date 5/9/2007
Name **STEINBERG, JOSHUA A MD**
Address UNIVERSITY OF PENNSYLVANIA, 399 SOUTH 34TH ST PHILADELPHIA, PA, 19104
Specialty IM
Board Certified
School and Year of Graduation TUFTS UNIV USA 2002
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR - LEBANON, NH 2006
License Expiration Date **6/30/2009**
Remarks **REQUESTED INACTIVE 6/30/09**

License Number 11610
License Date 5/1/2002
Name **STEINBERG, PAUL DO**
Address 1711 S 8TH ST, PHILADELPHIA, PA, 19148
Specialty FP
Board Certified FP
School and Year of Graduation KIRKSVILLE COLL OF OSTEOPATHIC MED-KIRKSVILLE, MO USA 1960
Internship and Year METROPOLITAN HOSPITAL - PHILADELPHIA, PA 1961
Residency and Year NONE
License Expiration Date **6/30/2006**
Remarks

License Number 13273
License Date 9/6/2006
Name **STEINBERG, PETER L MD**
Address DHMC-DEPT OF UROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty U
Board Certified
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 2003
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year NEW ENGLAND MED CTR, BOSTON MA 2005
License Expiration Date **6/30/2010**
Remarks

License Number 11400
License Date 9/5/2001
Name **STEINBRECHER, BARBARA L DO**
Address 22 1/2 BAKER ST, DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1997
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1998
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE - AUGUSTA, ME 2000
License Expiration Date **6/30/2015**
Remarks **lapsed 6/30/09 - reinstated 8/7/13**

License Number 11885
License Date 4/2/2003
Name **STEINER, PAUL R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1985
Internship and Year UNIV OF VERMONT - FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1986
Residency and Year UNIV OF VERMONT - FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1988
License Expiration Date **6/30/2017**
Remarks

License Number 6527
License Date 4/1/1982
Name **STEINGISSER, LEE J MD**
Address BLUE CROSS BLUE SHIELD OF MA, ONE ENTERPRISE DRQUINCY, MA, 02171
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1979
Internship and Year BOSTON VA HOSPITAL - BOSTON, MA 1980
Residency and Year BOSTON VA HOSPITAL - BOSTON, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 10065
License Date 7/2/1997
Name **STEINHILBER, E JOHN III MD**
Address 103 ENCLAVE LN, ST SIMONS ISLAND, GA, 31522
Specialty P
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE VALHALLA, NY USA 1957
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1958
Residency and Year WEST ROS PARK MENTAL HEALTH CENTER - MA 1962
License Expiration Date **6/30/2000**
Remarks

License Number 5054
License Date 7/20/1973
Name **STEINMULLER, STEPHEN R MD**
Address , PO BOX 53SUGARLOAF SHORES, FL, 33044
Specialty NEP
Board Certified NEP
School and Year of Graduation TUFTS UNIVERSITY-MEDFORD MA USA 1966
Internship and Year MAIMONIDES HOSP-BROOKLYN NY 1967
Residency and Year MAIMONIDES HOSP-BROOKLYN NY 1968
License Expiration Date **1/28/2002**
Remarks **DECEASED 1/28/02**

License Number 12856
License Date 8/3/2005
Name **STELLA, MICHAEL H MD**
Address BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty R
Board Certified R
School and Year of Graduation TEL AVIV UNIVERSITY, TEL AVIV-YAFO ISRAEL ISRAEL 1999
Internship and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 2000
Residency and Year BETH ISRAEL DEACONISS MED CTR, BOSTON MA 2004
License Expiration Date **6/30/2007**
Remarks

License Number 15644
License Date 4/4/2012
Name **STENSBY, JAMES D MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year EMORY UNIVERSITY - ATLANTA, GA 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2014**
Remarks

License Number 5927
License Date 6/12/1978
Name **STEPHAN, WILLIAM C MD**
Address PULMONARY ASSOC, 166 KINSLEY ST STE 101NASHUA, NH, 03060-
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIV OF ALABAMA SCHOOL OF MEDICINE USA 1973
Internship and Year UNIV OF WASHINGTON - SEATTLE, WA 1974
Residency and Year UNIV OF WASHINGTON - SEATTLE, WA 1976
License Expiration Date **6/30/2016**
Remarks

License Number 6798
License Date 9/8/1983
Name **STEPHENS, FREDERICK P MD**
Address 169 PORTSMOUTH ST NO 3, CONCORD, NH, 03301-5806
Specialty P
Board Certified
School and Year of Graduation CHARING CROSS HOSPITAL LONDON ENGLAND 1950
Internship and Year CHARING CROSS HOSPITAL - ENGLAND 1952
Residency and Year ROYAL AIR FORCE MEDICAL BRANCH - ENGLAND 1968
License Expiration Date **6/30/2003**
Remarks

License Number 11838
License Date 2/5/2003
Name **STEPHENS, MARGARET D MD**
Address ROBERT A MESROPIAN CTR COMMUN, 125 MASCOMA STLEBANON, NH, 03766
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 1988
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1989
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 7983
License Date 10/5/1988
Name **STEPRO, DENNIS C MD**
Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125
Specialty ORS
Board Certified ORS
School and Year of Graduation INDIANA UNIV SCHOOL OF MEDICINE USA 1977
Internship and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS IN 1978
Residency and Year INDIANA UNIV MEDICAL CENTER HOSPITAL - INDIANAPOLIS IN 1982
License Expiration Date **6/30/2016**
Remarks

License Number 10260
License Date 4/1/1998
Name **STERITI, JOHN MD**
Address UNION ANESTHESIA ASSOC, 500 LYNNFIELD STLYNN, MA, 01904
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1991
Internship and Year SALEM HOSPITAL - MA 1992
Residency and Year BETH ISRAEL HOSPITAL - MA 1995
License Expiration Date **6/30/2008**
Remarks

License Number 12586
License Date 1/5/2005
Name **STERLING, DANIEL A MD**
Address STERLING PLASTIC SURGERY PLLC, 2 WASHINGTON PLBEDFORD, NH, 03110
Specialty PS
Board Certified PS
School and Year of Graduation ROSS UNIVERSITY, PORTSMOUTH DOMINICA DOMINICA 1996
Internship and Year HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 2001
Residency and Year NASSAU UNIVERESITY, EAST MEADOW NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 13274
License Date 9/6/2006
Name **STERLING, MICHAEL J MD**
Address CENTRAL MAINE MEDICAL, 300 MAIN STLEWISTON, ME, 04240
Specialty IM
Board Certified IM
School and Year of Graduation ST LOUIS UNIVERSITY, ST LOUIS MO US 1980
Internship and Year ST LOUIS UNIVERSITY, ST LOUIS MO 1981
Residency and Year ST LOUIS UNIVERSITY, ST LOUIS MO 1983
License Expiration Date **6/30/2010**
Remarks

License Number 6383
License Date 5/7/1981
Name **STERN, BARRY L MD**
Address UNIV OF MA MED SCHOOL, DEPT OF FAMILY HEALTH, MA,
Specialty FP
Board Certified FP
School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA ,JALISCO MEXICO 1976
Internship and Year SOMERSET MED CTR,SOMERSET,NJ 1978
Residency and Year SOMERSET MED CTR, SOMERSET,NJ 1980
License Expiration Date **7/29/2010**
Remarks **Deceased 7/29/10**

License Number 14607
License Date 9/2/2009
Name **STERN, SUSAN W MD**
Address PHYSICIANS HEALTHY WEIGHT CTR, 64 LAFAYETTE RD STE 2N HAMPTON, NH, 03862
Specialty IM
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY USA 1992
Internship and Year TUFTS UNIVERSITY/NEWENGLAND MEDICAL CENTER - BOSTON, MA 1993
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1996
License Expiration Date **6/30/2013**
Remarks

License Number 3575
License Date 11/7/1962
Name **STETSON, GRACE A MD**
Address , PO BOX 210ANDOVER, NH, 03216-0210
Specialty DR
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 1958
Internship and Year SWEDISH HOSPITAL- SEATTLE WA 1959
Residency and Year SWEDISH HOSPITAL - SEATTLE, WA 1959
License Expiration Date **6/30/2004**
Remarks

License Number 13839
License Date 2/6/2008
Name **STETZER, PAMELA A DO**
Address MONADNOCK OB/GYN ASSOC, 454 OLD STREET RD STE 302PETERBOROUGH, NH, 03458
Specialty OBG
Board Certified OBG
School and Year of Graduation MICHIGAN UNIV USA 1997
Internship and Year ST JOHN DETROIT RIVERVIEW HOSPITAL - DETROIT, MI 1998
Residency and Year BI-COUNTY COMMUNITY HOSPITAL - WARREN, MI 2002
License Expiration Date **6/30/2016**
Remarks

License Number 14944
License Date 7/7/2010
Name **STEVANOVIC, GORDANA MD**
Address 1101 GLEN OAKS BLVD, PASADENA, CA, 91105
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF BELGRADE YUGOSLAVIA 1972
Internship and Year LOS ANGELES COUNTY UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1990
Residency and Year LOS ANGELES COUNTY UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1992
License Expiration Date **6/30/2014**
Remarks

License Number 16651
License Date 6/4/2014
Name **STEVENS, CYNTHIA B MD**
Address 172 ROSEWOOD AVE, LANDER, WY, 82520
Specialty P
Board Certified P
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1986
Residency and Year GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1987
License Expiration Date **6/30/2016**
Remarks

License Number 12767
License Date 6/1/2005
Name **STEVENS, DONALD S MD**
Address PAIN MANAGEMENT ASSOC, 157 UNION ST MARLBOROUGH, MA, 01752
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NEW YORK, SYRACUSE NY US 1977
Internship and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1978
Residency and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1980
License Expiration Date **6/30/2011**
Remarks

License Number 5695
License Date 4/7/1977
Name **STEVENS, JAMES C MD**
Address , PO BOX 130 LYNDON CTR, VT, 05850
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF VERMONT COLLEGE OF MED BURLINGTON USA 1960
Internship and Year BOSTON CITY HOSPITAL 1961
Residency and Year MADIGAN ARMY MED CENTER 1963
License Expiration Date **6/30/2002**
Remarks

License Number 10438
License Date 10/7/1998
Name **STEVENS, LESLIE C MD**
Address WINTHROP UNIVERSITY HOSP, MINEOLA, NY,
Specialty IM
Board Certified IM
School and Year of Graduation MED COLL OF GEORGIA SCH OF MED-AUGUSTA,GA USA 1995
Internship and Year WINTHROP - UNIV HOSPITAL - MINEOLA, NY 1996
Residency and Year WINTHROP- UNIV HOSPITAL - MINEOLA, NY 1997
License Expiration Date **6/30/2000**
Remarks

License Number 9531
License Date 8/2/1995
Name **STEVENS, MARK A MD**
Address MONADNOCK BEHAVIORAL HEALTH, 458 OLD STREET RD STE 202PETERBOROUGH, NH, 03458-120
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF TEXAS MEDICAL BRANCH USA 1988
Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON TX 1992
Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON TX 1992
License Expiration Date **6/30/2017**
Remarks

License Number 14644
License Date 10/7/2009
Name **STEVENS, MICHAEL B MD**
Address MASSTEX IMAGING LLC, 3 ELECTRONICS AVEDANVERS, MA, 01923
Specialty FP
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 2001
Internship and Year TUFTS UNIVERSITY @ CAMBRIDGE HEALTH ALLIANCE - MALDEN, MA 2002
Residency and Year TUFTS UNIVERSITY @ CAMBRIDGE HEALTH ALLIANCE - MALDEN, MA 2004
License Expiration Date **6/30/2017**
Remarks **12/12/11 - Settlement Agreement**

License Number 12920
License Date 10/5/2005
Name **STEVENS, MICHAEL J DO**
Address CORE PHYSICIANS, 21 HAMPTON ROAD BUILDING 3EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 2000
Internship and Year ST FRANCIS MED CTR, PITTSBURGH PA 2001
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY, AUGUSTA ME 2003
License Expiration Date **6/30/2017**
Remarks

License Number 8725
 License Date 5/6/1992
 Name **STEVENS, OWEN R MD**
 Address PORTSMOUTH HOSPITAL, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801
 Specialty R
 Board Certified R
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1985
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER 1986
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER 1990
 License Expiration Date **6/30/2016**
 Remarks

License Number 8806
 License Date 9/2/1992
 Name **STEVENS, ROSALIND A MD**
 Address DHMC-OPH, ONE MEDICAL CENTER DR LEBANON, NH, 03756
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1978
 Internship and Year KAISER-PERMANENTE MEDICAL CENTER OAKLAND - CA 1979
 Residency and Year PACIFIC PRESBYTERIAN MEDICAL CENTER SAN FRANCISCO - CA 1982
 License Expiration Date **6/30/2016**
 Remarks

License Number 5430
 License Date 9/9/1975
 Name **STEVENSON JR, CHARLES S MD**
 Address 2962 EAST CONWAY RD, N CONWAY, NH, 03813
 Specialty EM
 Board Certified EM
 School and Year of Graduation COLUMBIA UNIV COLLEGE USA 1969
 Internship and Year ST LUKES HOSPITAL - NY, NY 1970
 Residency and Year MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1971
 License Expiration Date **6/30/1998**
 Remarks **Deceased 7/6/1999**

License Number 8064
 License Date 3/29/1989
 Name **STEVENSON, ANNE V MD**
 Address 85 SPRING ST, LACONIA, NH, 03246
 Specialty PS
 Board Certified GS
 School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1978
 Internship and Year CHARITY HOSPITAL OF LOUISIANA NEW ORLEANS - LOUISIANA 1979
 Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE NEW ORLEANS - LOUISIANA 1983
 License Expiration Date **6/30/2001**
 Remarks

License Number 9439
License Date 5/3/1995
Name **STEVENSON, DAVID A MD**
Address CONCORD OBSTETRICS GYNECOLOGY, 189 MAIN ST CONCORD, NH, 03301-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT USA 1987
Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1991
Residency and Year TRIPLER ARMY MEDICAL CENTER, HONOLULU HI 1991
License Expiration Date **6/30/2017**
Remarks

License Number 8069
License Date 3/29/1989
Name **STEWART, ANDREW M MD**
Address LAKEVIEW NEURO REHAB HOSP, 101 HIGHWATCH RDEFFINGHAM FALLS, NH, 03814
Specialty PD
Board Certified
School and Year of Graduation UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1961
Internship and Year MEDICAL CENTER HOSPITAL VERMONT BURLINGTON, VT 1962
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1964
License Expiration Date **6/30/2002**
Remarks **DECEASED 11/7/2009**

License Number 14745
License Date 2/3/2010
Name **STEWART, DANIEL B MD**
Address DH - DERMATOLOGY, 100 HITCHCOCK WAY MANCHESTER, NH, 03104
Specialty D
Board Certified D
School and Year of Graduation STANFORD UNIVERSITY USA 2002
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 2003
Residency and Year STANFORD UNIVERSITY HOSPITAL - REDWOOD CITY, CA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 17135
License Date 6/3/2015
Name **STEWART, JEFFREY D MD**
Address 3647 EAST 96TH PLACE, TULSA, OK, 74137
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK USA 1992
Internship and Year UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK 1993
Residency and Year UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK 1996
License Expiration Date **6/30/2017**
Remarks

License Number 15007
License Date 9/1/2010
Name **STEWART, KIM M MD**
Address PO BOX 374, NEWPORT, ME, 04953-0374
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1985
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1986
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1988
License Expiration Date **6/30/2012**
Remarks

License Number 13721
License Date 10/3/2007
Name **STEWART, LAIANDREA M MD**
Address ONLINE RADIOLOGIC, 1770 IOWA AVE STE 280RIVERSIDE, CA, 92507
Specialty R
Board Certified R
School and Year of Graduation MEHARRY MEDICAL COLLEGE USA 2001
Internship and Year HOWARD UNIV HOSPITAL-WASHINGTON, DC 2002
Residency and Year HARLEM HOSPITAL CENTER-NEW YORK, NY 2006
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal on 6/30/2015. Renewed 8/31/15.**

License Number 9785
License Date 7/3/1996
Name **STEWART, LINDA S MD**
Address MV HOSP OB/GYN SVC, PO BOX 1477OAK BLUFFS, MA, 02557
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF CA DAVIS SCHOOL OF MEDICINE - DAVIS, CA USA 1986
Internship and Year CEDARS-SINAI MEDICAL CENTER - CA 1990
Residency and Year CEDARS-SINAI MEDICAL CENTER - CA 1990
License Expiration Date **6/30/2010**
Remarks

License Number 11839
License Date 2/5/2003
Name **STEWART, MARGARET I MD**
Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NO ANDOVER, MA, 01845
Specialty D
Board Certified D
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1988
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1989
Residency and Year STANFORD UNIV HOSPITAL - STANFORD, CA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 17240
License Date 8/5/2015
Name **STEWART, ROBYN D DO**
Address 57 FLOYD RD, DERRY, NH, 03038-4712
Specialty FP
Board Certified FP
School and Year of Graduation UNIV NO TX HEALTH SCIENCE CTR FT WORTH TX USA 2002
Internship and Year MCLENNAN COUNTY MED EDUCATION & RESEARCH FOUNDATION- WACO TX 2003
Residency and Year MCLENNAN COUNTY MED EDUCATION & RESEARCH FOUNDATION- WACO TX 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10247
License Date 3/4/1998
Name **STICH, ROBERT A MD**
Address 85 LONG POND RD, DUNBARTON, NH, 03045
Specialty RNR
Board Certified R
School and Year of Graduation UNIV OF MISSOURI MED SCH - COLUMBIA, MO USA 1989
Internship and Year UNIV HOSPITAL - SUNY HEALTH SCIENCE CENTER - NY 1993
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1995
License Expiration Date **6/30/2014**
Remarks

License Number 9632
License Date 1/3/1996
Name **STIDWILL, ROBB J MD**
Address FAMILY PHYSICIANS OF PEMBROKE, 121 PEMBROKE STPEMBROKE, NH, 03275-
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF WESTERN ONTARIO, FAC OF MED, LONDON,ONT CANADA 1984
Internship and Year OTTAWA CIVIC HOSPITAL - ONTARIO CANADA 1985
Residency and Year OTTAWA CIVIC HOSPITAL - ONTARIO CANADA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 4971
License Date 4/27/1973
Name **STIEGLITZ, LEWIS N MD**
Address 21 FOXCROSS CIR, CONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation ST MARY'S HOSPITAL MEDICAL SCHOOL ENGLAND 1968
Internship and Year GENESEE HOSPITAL - ROCHESTER, NY 1969
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1972
License Expiration Date **6/30/2009**
Remarks **Deceased 4/27/10**

License Number 16925
License Date 1/21/2015
Name **STIEN, ERIK M MD**
Address 29 PELHAM RD, W HARTFORD, CT, 06107
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2001
Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2002
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 17241
License Date 8/5/2015
Name **STILES, LINDA E MD**
Address 75 STATE ST 26TH FL, BOSTON, MA, 02109
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CA SAN FRAN SCHOOL OF MED - CA USA 1978
Internship and Year GROUP HEALTH COOPERATIVE - SEATTLE WA 1979
Residency and Year GROUP HEALTH COOPERATIVE - SEATTLE WA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 8209
License Date 8/9/1989
Name **STILLWELL, BRIAN J MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102-3770
Specialty EM
Board Certified FP
School and Year of Graduation UNIV OF MASS MED CTR - WORCESTER, MA USA 1985
Internship and Year ST VINCENT HEALTH CENTER - ERIE, PA 1986
Residency and Year ST VINCENT HEALTH CENTER - ERIE, PA 1987
License Expiration Date **6/30/2005**
Remarks

License Number 12040
License Date 8/6/2003
Name **STINGER III, HARRY K MD**
Address EMCARE ACUTE CARE SURGERY, 4001 W 15TH ST, SUITE 200PLANO, TX, 75093
Specialty
Board Certified GS
School and Year of Graduation F EDWARD HEBERT SCHOOL OF MED, BETHESDA MD US 1985
Internship and Year EISENHOWER ARMY MEDICAL CTR, FORT GORDON GA 1986
Residency and Year BOSTON UNIVERSITY MEDICAL CTR, ROXBURY MA 1991
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/07**
REINSTATED 8/6/14

License Number 16926
License Date 1/21/2015
Name **STIRLING, ERIC L MD**
Address 250 CUSHMAN ST STE 4J, FAIRBANKS, AK, 99701
Specialty IM
Board Certified IM
School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1976
Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 9663
License Date 3/6/1996
Name **STOCK, MARJORIE K MD**
Address EAR, NOSE & THROAT PHYSICIANS & SURGEONS, PA, 130 TARRYTOWN RDMANCHESTER, NH, 0310
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF MASSACHUSETTS-WORCESTER MA USA 1987
Internship and Year MONTEFLORE MEDICAL CENTER-NEW YORK NY 1989
Residency and Year MONTEFLORE MEDICAL CENTER-NEW YORK NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 4550
License Date 4/14/1970
Name **STOEV, DIMITRE S MD**
Address 9870 WATERMILL CIRCLE, BOYNTAN BEACH, FL, 33437
Specialty IM
Board Certified FP
School and Year of Graduation ACADEMY OF MEDICINE V TCHERVENKOV, SOFIA, BULGARIA 1951
Internship and Year -ACADEMY OF MEDICINE - SOFIA 1952
Residency and Year SUPERIOR MEDICAL INSTITUTE - SOFIA 1957
License Expiration Date **6/30/1999**
Remarks

License Number 8419
License Date 8/8/1990
Name **STOHRER, ANNE E MD**
Address WOMENS HEALTH ASSOC, 121 JOHN JENSEN RDPERKINSVILLE, VT, 05151
Specialty OBG
Board Certified OBG
School and Year of Graduation VA COMMONWEALTH UNIV, MED COLL OF VA MED RICHMOND USA 1982
Internship and Year JEWISH HOSPITAL ST LOUIS-WA U ST LOUIS MO 1983
Residency and Year BARNES HOSPITAL ST LOUIS MO 1986
License Expiration Date **6/30/2014**
Remarks

License Number 12082
License Date 9/3/2003
Name **STOKES, DENNIS C MD**
Address LE BONHEUR CHILDREN MED CTR, 50 N DUNLAPMEMPHIS, TN, 38103
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF KENTUCKY, LEXINGTON KY US 1973
Internship and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1974
Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1976
License Expiration Date **6/30/2009**
Remarks

License Number 9262
License Date 8/3/1994
Name **STOKES, MONICA J MD**
Address 117 ELSIE ST, SAN FRANCISCO, CA, 94110
Specialty OBG
Board Certified OBG
School and Year of Graduation MEGARRY MEDICAL COLLEGE SCHOOL OF MEDICINE USA 1983
Internship and Year NAVAL HOSPITAL - OAKLAND CA 1984
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO CA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 13415
License Date 2/7/2007
Name **STOLL, NANCY MD**
Address ADULT & CHILDREN'S MEDICINE OF DOVER, 10 MEMBERS WAY, SUITE 201DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV USA 2003
Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 2004
Residency and Year OVERLOOK HOSPITAL - SUMMIT, NJ 2006
License Expiration Date **6/30/2017**
Remarks

License Number 8599
License Date 7/17/1991
Name **STOLPER, LISA K MD**
Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NC CHAPEL HILL SCH OF MED - NC USA 1987
Internship and Year UNIV OF CONNETICUT SCH OF MED - FARMINGTON, CT 1988
Residency and Year J DEMPSEY HOSPITAL - FARMINGTON, CT 1991
License Expiration Date **6/30/2017**
Remarks

License Number 4662
License Date 2/16/1971
Name **STOLTMANN, HENRY F MD**
Address 460 WESTON RD, WELLESLEY, MA, 02482
Specialty NS
Board Certified NS
School and Year of Graduation NEW YORK MEDICAL COLLEGE, NY USA 1954
Internship and Year MERCY HOSPITAL - WILKES BARRE, PA 1955
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1962
License Expiration Date **6/30/2002**
Remarks

License Number 8237
License Date 10/4/1989
Name **STOMMEL, ELIJAH W MD**
Address DARTMOUTH HITCHCOCK MEDICAL CT, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date **6/30/2017**
Remarks

License Number 15461
License Date 11/2/2011
Name **STONE, ALAN B MD**
Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty DR
Board Certified DR
School and Year of Graduation UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENC USA 1990
Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1991
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13057
License Date 4/5/2006
Name **STONE, AMY C MD**
Address ELLIOT HOSP - HOSPITALIST PROGRAM, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF S CALIFORNIA-LOS ANGELES CA USA 2001
Internship and Year LOS ANGELES COUNTY-USC MEDICAL CENTER-LOS ANGELES CA 2004
Residency and Year LOS ANGELES COUNTY-USC MEDICAL CENTER-LOS ANGELES CA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11977
 License Date 6/4/2003
 Name **STONE, ANDREW D MD**
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03750
 Specialty IM
 Board Certified
 School and Year of Graduation SUNY AT BUFFALO - BUFFALO NY USA 2000
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 2001
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 2003
 License Expiration Date **6/30/2007**
 Remarks

License Number 8600
 License Date 7/17/1991
 Name **STONE, BRYAN D MD**
 Address PENTUCKET MEDICAL AT RIVERWALK, 500 MERRIMACK STLAWRENCE, MA, 01843
 Specialty AI
 Board Certified AI
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1986
 Internship and Year FAULKNER HOSPITAL- BOSTON, MA 1987
 Residency and Year FAULKNER HOSPITAL - BOSTON, MA 1989
 License Expiration Date **6/30/2017**
 Remarks

License Number 13722
 License Date 10/3/2007
 Name **STONE, DAVID H MD**
 Address DHMC-VASCULAR SURGERY SECT, ONE MED CTR DRLEBANON, NH, 03756
 Specialty GS
 Board Certified GS
 School and Year of Graduation NEW YORK UNIV USA 1977
 Internship and Year NEW YORK UNIV MEDICAL CENTER-NY, NY 1998
 Residency and Year NEW YORK UNIV MEDICAL CENTER-NY, NY 2004
 License Expiration Date **6/30/2017**
 Remarks

License Number 8663
 License Date 12/4/1991
 Name **STONE, DONALD A MD**
 Address COASTAL NEUROLOGY SERVICE, 113 NEW ROCHESTERRD STE 5DOVER, NH, 03820
 Specialty N
 Board Certified N
 School and Year of Graduation MOUNT SINAI SCHOOL OF MEDICINE UNITED STATES 1986
 Internship and Year ST VINCENTS HOSPITAL AND MEDICAL CENTER NEW YORK - NEW YORK 1987
 Residency and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL WASHINGTON DC 1990
 License Expiration Date **6/30/2005**
 Remarks

License Number 13127
License Date 6/7/2006
Name **STONE, JEFFREY L MD**
Address WEST BENCH RD, PO BOX 222ROBERTS, MT, 59070
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MEAMI, MIAMI FL US 1977
Internship and Year EMORY UNIVERSITY, ATLANTA GA 1984
Residency and Year EMORY UNIVERSITY, ATLANTA GA 1985
License Expiration Date **6/30/2008**
Remarks

License Number 13723
License Date 10/3/2007
Name **STONE, MICHAEL O MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW MEXICO USA 1974
Internship and Year CARILION FAMILY MEDICINE-ROANOKE/SALEM - ROANOKE, VA 1976
Residency and Year CARILION FAMILY MEDICINE-ROANOKE/SALEM - ROANOKE, VA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 6980
License Date 9/6/1984
Name **STONE, PAMELA J MD**
Address , , ,
Specialty PD
Board Certified
School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 1981
Internship and Year
Residency and Year
License Expiration Date **6/30/1989**
Remarks

License Number 15462
License Date 11/2/2011
Name **STONE, PATRICK A MD**
Address 3200 MACCORKLE AVE SE, CHARLESTON, WV, 25304
Specialty VS
Board Certified VS
School and Year of Graduation MARSHALL UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 2000
Residency and Year WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 2004
License Expiration Date **6/30/2015**
Remarks

License Number 6053
License Date 5/14/1979
Name **STONE, WILLIAM D MD**
Address 420 CROWELL RD, HOPKINTON, NH, 03229
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF MICHIGAN MEDICINE SCHOOL - ANN ARBOR, MI USA 1971
Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1972
Residency and Year UNIV HOSPITAL - ANN ARBOR, MI 1977
License Expiration Date **6/30/2015**
Remarks

License Number 6317
License Date 11/6/1980
Name **STONE, XENIA W MD**
Address 22 ORIOLE RD, WINDHAM, NH, 03087-
Specialty FP
Board Certified
School and Year of Graduation UNIV OF MIAMI SCH OF MED-MIAMI,FL USA 1976
Internship and Year MEMORIAL HOSP-PAWTUCKET,RI 1977
Residency and Year MEMORIAL HOSP-PAWTUCKET,RI 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11340
License Date 7/11/2001
Name **STONE-DORSHOW, TANNI L MD**
Address 10900 HAMPSHIRE AVE S., MINNEAPOLIS, MN, 55305
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1986
Internship and Year UNIVERSITY OF MINNESOTA 1987
Residency and Year UNIVERSITY OF MINNESOTA 1988
License Expiration Date **6/30/2011**
Remarks

License Number 11611
License Date 5/1/2002
Name **STORM, CRAIG A MD**
Address DHMC-DEPT PATHOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNAEPOLIS,MN USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2002
License Expiration Date **6/30/2014**
Remarks

License Number 3411
License Date 12/27/1960
Name **STORM, GEORGE MD**
Address 2 MARSHALL RD, PO BOX 935KINGSTON, NH, 03848
Specialty PD
Board Certified PD
School and Year of Graduation COLUMBIA COLLEGE PHYSICIANS AND SURGEONS- NY USA 1959
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1960
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL 1960
License Expiration Date **2/6/2002**
Remarks **DECEASED 2/6/02**

License Number 9440
License Date 5/3/1995
Name **STORO, WILLIAM R MD**
Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1992
Internship and Year UNIV OF VIRGINIA MED CTR, CHARLOTTEVILLE, VA 1995
Residency and Year UNIV OF VIRGINIA MED CTR, CHARLOTTEVILLE VA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10106
License Date 8/6/1997
Name **STOTLAND, MITCHELL A MD**
Address SIDRA MEDICAL & RESEARCH CTR/RM 2308 AL NASR TOWER, QATAR FOUNDATION - PO BOX 2699
Specialty PS
Board Certified PS
School and Year of Graduation MC GILL UNIV FAC OF MED MONTREAL QUEBEC CANADA 1989
Internship and Year MC GILL UNIV - MONTREAL QUEBEC 1994
Residency and Year UCLA UNIV - LOS ANGELES, CA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16433
License Date 12/4/2013
Name **STOVROFF, MARK C MD**
Address 45 HONOUR AVE NW, ATLANTA, GA, 30305-1119
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1983
Internship and Year UNIVERSITY OF MICHIGAN HEALTH SYSTEM - ANN ARBOR, MI 1984
Residency and Year UNIVERSITY OF MICHIGAN HEALTH SYSTEM - ANN ARBOR, MI 1986
License Expiration Date **6/30/2015**
Remarks

License Number 9341
License Date 12/7/1994
Name **STRACESKI, ANTHONY J MD**
Address 25 MARSTON ST STE 404, LAWRENCE, MA, 01841
Specialty CD
Board Certified IM
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS AND SURGEONS USA 1985
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK NY 1986
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK NY 1987
License Expiration Date **6/30/2016**
Remarks

License Number 16739
License Date 8/6/2014
Name **STRAHOSKY, SUSAN M MD**
Address ELLIOT DEVELOPMENTAL & BEHAVIORAL PEDIATRICS, 275 MAMMOTH RD, STE 1MANCHESTER, NH
Specialty
Board Certified PD
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA US 1980
Internship and Year YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 1981
Residency and Year YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 1983
License Expiration Date **6/30/2016**
Remarks

License Number 4637
License Date 12/1/1970
Name **STRAJA, ALEXANDER M MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks **DECEASED 7/4/2009**

License Number 4622
License Date 10/7/1970
Name **STRAM, JOHN R MD**
Address 700 CENTRAL AVE, DOVER, NH, 03820
Specialty OTO
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 9202
License Date 6/1/1994
Name **STRAMPFER, MICHAEL J MD**
Address INFECT DISEASE ASSOC/TRAV MED, 399 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty ID
Board Certified ID
School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT BROOKLYN, COL OF MED USA 1981
Internship and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1982
Residency and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 9532
License Date 8/2/1995
Name **STRANG, DAVID E MD**
Address FRANKLIN REGIONAL HOSPITAL, 15 AIKEN AVENUEFRANKLIN, NH, 03246
Specialty EM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1986
Internship and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER MA 1987
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12516
License Date 10/6/2004
Name **STRAPKO, STEFAN I MD**
Address NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-1373
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF MED & DENTISTRY OF NJ, NEWARK NJ US 1998
Internship and Year GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 1999
Residency and Year GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12517
License Date 10/6/2004
Name **STRATTON JR, ROBERT G MD**
Address , PO BOX 800LEY, PA, 19547
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY, PHILADELPHIA PA US 1984
Internship and Year READING HOSPITAL & MED CTR, READING PA 1984
Residency and Year READING HOSPITAL & MED CTR, READING PA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 7426
License Date 8/14/1986
Name **STRAUB, RICHARD MD**
Address PO BOX 515, WINDHAM, NH, 03087-0515
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIV SCH MED WASHINGTON DC USA 1979
Internship and Year UNIV HOSP INC -BOSTON,MA 1984
Residency and Year UNIV HOSP INC- BOSTON MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 5686
License Date 3/17/1977
Name **STRAUGHN III, WILLIAM R MD**
Address 2485 ELM ST, MANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NORTH CAROLINA-CHAPEL HILL NC USA 1970
Internship and Year MOFFITT UNIVERSITY OF CA HOSP-SAN FRANCISCO CA 1971
Residency and Year MOFFITT UNIVERSITY OF CA HOSP-SAN FRANCISCO CA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 2727
License Date 3/10/1949
Name **STRAUS, DAVID A MD**
Address 4 ROBIN LANE, PLEASANT POINTPORTSMOUTH, NH, 03801
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1943
Internship and Year ST VINCENT CHARITY HOSPITAL - CLEVELAND, OH 1944
Residency and Year LAWSON VA HOSPITAL - CHAMBLEE, GA 1948
License Expiration Date **6/30/2000**
Remarks

License Number 17088
License Date 5/6/2015
Name **STRAUSS, ADAM C MD**
Address 114 SCHOOL ST APT 15, LEBANON, NH, 03766
Specialty IM
Board Certified
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 5209
License Date 7/12/1974
Name **STRAUSS, WILLIAM T MD**
Address 21 STRATHAM GREEN, STRATHAM, NH, 03885-2341
Specialty IM
Board Certified
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1937
Internship and Year MEADOWBROOK HOSPITAL - HEMPSTEAD, NY 1939
Residency and Year MEADOWBROOK HOSPITAL - HEMPSTEAD, NY 1940
License Expiration Date **6/30/2001**
Remarks **DECEASED 08/06/2007**

License Number 8649
License Date 11/6/1991
Name **STRECKER, MARK N MD**
Address 100 BANKS ST, CAMBRIDGE, MA, 02138-6121
Specialty CHP
Board Certified CHP
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE UNITED STATES 1984
Internship and Year BOOTH MEMORIAL MEDICAL CENTER QUEENS - NEW YORK 1985
Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER BOSTON - MASSACHUSETTS 1988
License Expiration Date **10/26/1999**
Remarks **10/26/99 - DECISION AND ORDER - LICENSE SUSPENDED UNTIL 10/26/2000**

License Number 15463
License Date 11/2/2011
Name **STREETS, DAVID T MD**
Address NAVAL HEALTH CLINIC NE, 43 SMITH RDNEWPORT, RI, 02841
Specialty ORS
Board Certified ORS
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2005
Internship and Year MONMOUTH MEDICAL CENTER-LONG BRANCH, NJ 2006
Residency and Year MONMOUTH MEDICAL CENTER-LONG BRANCH, NJ 2010
License Expiration Date **6/30/2017**
Remarks

License Number 4179
License Date 2/15/1968
Name **STRICKLER, JAMES C MD**
Address DARTMOUTH MEDICAL SCHOOL, HB 7250HANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE - NY USA 1953
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1954
Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1959
License Expiration Date **6/30/2006**
Remarks

License Number 12892
License Date 9/7/2005
Name **STRICOFF, ALAN L DO**
Address MEDICAL GROUP OF MANCHESTER, 775 SOUTH MAIN STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK COLLEGE, OLD WESTBURY NY US 2000
Internship and Year ALBERT EINSTEIN COLLEGE, BRONX NY 2001
Residency and Year ALBERT EINSTEIN COLLEGE, BRONX NY 2003
License Expiration Date **6/30/2009**
Remarks

License Number 12440
License Date 8/4/2004
Name **STRIPLING, DENISE L MD**
Address DHMC - RHEUMATOLOGY CLINIC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ALABAMA, BIRMINGHAM AL US 1998
Internship and Year CARRAWAY METHODIST MED CTR, BIRMINGHAM AL 1999
Residency and Year CARRAWAY METHODIST ME CTR, BIRMINGHAM AL 2000
License Expiration Date **6/30/2006**
Remarks

License Number 10545
License Date 4/7/1999
Name **STROBECK, JOHN E MD**
Address 297 LAFAYETTE AVE, HAWTHORNE, NJ, 07506
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI,OH USA 1974
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1975
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1976
License Expiration Date **6/30/2007**
Remarks

License Number 12015
License Date 7/2/2003
Name **STROBEL, ALAN MD**
Address NORTH AMERICAN PARTNER, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF NEW YORK - BROOKLYN, NY USA 1987
Internship and Year STLUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1988
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1991
License Expiration Date **6/30/2017**
Remarks

License Number 14746
License Date 2/3/2010
Name **STROBEL, SEBASTIAN G MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MUNICH GERMANY 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 10888
License Date 4/5/2000
Name **STROHBEHN, KRIS MD**
Address DHMC - OB/GYN DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1988
Internship and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO ,CA 1989
Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR,MI 1995
License Expiration Date **6/30/2016**
Remarks

License Number 13932
License Date 4/2/2008
Name **STROKOFF, HARRIS K MD**
Address KPMC - DEPT OF PSYCHIATRY, 901 NEVIN AVERICHMOND, CA, 94801
Specialty CHP
Board Certified P
School and Year of Graduation TEMPLE UNIV USA 2004
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2014**
Remarks

License Number 7925
License Date 7/6/1988
Name **STROMQUIST, DONALD L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03576
Specialty IM
Board Certified
School and Year of Graduation YALE UNIVESITY USA 1982
Internship and Year
Residency and Year
License Expiration Date **6/30/1992**
Remarks

License Number 8998
License Date 7/7/1993
Name **STRONG III, RUSSELL A MD**
Address CONCORD SURGICAL ASSOC, 246 PLEASANT ST STE 205CONCORD, NH, 03301-2952
Specialty CRS
Board Certified GS
School and Year of Graduation UNIVERSITY OF IL COLLEGE OF MEDICINE USA 1987
Internship and Year UNIVERSITY OF IL COLLEGE OF MEDICINE - CHICAGO IL 1992
Residency and Year UNIVERSITY OF IL COLLEGE OF MEDICINE - CHICAGO IL 1992
License Expiration Date **6/30/2017**
Remarks

License Number 12719
License Date 5/4/2005
Name **STRONG, BENJAMIN W MD**
Address VITUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ARIZONA, TUCSON AZ US 1993
Internship and Year DARTMOUTH HITCHCOCK, LEBANON NH 1994
Residency and Year DARTMOUTH HITCHCOCK, LEBANON NH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 12921
License Date 10/5/2005
Name **STRONG, CEDRIC J MD**
Address PORTSMOUTH REGIONAL HOSPITAL, PO BOX 7004PORTSMOUTH, NH, 03802-7004
Specialty IM
Board Certified IM
School and Year of Graduation MEHARRY MEDICAL COLLEGE, NASHVILLE TN US 2000
Internship and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2002
Residency and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15495
License Date 12/7/2011
Name **STROUB, KENNETH JOHN DO**
Address 2300 SOUTHWOOD DR, NASHUA, NH, 03063
Specialty
Board Certified FP
School and Year of Graduation MEDWESTERN UNIVERSITY, DOWNERS GROVE, IL USA 1994
Internship and Year MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE, E LANSING, MI 48824 1995
Residency and Year MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE, E LANSING, MI 48824 1997
License Expiration Date **6/30/2017**
Remarks

License Number 15777
License Date 7/11/2012
Name **STROUD, ANDREA M MD**
Address DHMC - DEPT OF SURGERY, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 03756 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 03756 2012
License Expiration Date **6/30/2016**
Remarks

License Number 6826
License Date 12/1/1983
Name **STUART, JAMES H MD**
Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909
Specialty GS
Board Certified GS
School and Year of Graduation WAYNE STATE UNIVERSITY-MI USA 1968
Internship and Year MAINE MEDICAL CENTER-ME 1969
Residency and Year MAINE MEDICAL CENTER-ME 1974
License Expiration Date **6/30/2017**
Remarks

License Number 14725
License Date 1/6/2010
Name **STUART, LORI A DO**
Address COASTAL NEUROLOGY SERVICES, 113 NEW ROCHESTER RD STE 5DOVER, NH, 03820
Specialty N
Board Certified N
School and Year of Graduation OHIO UNIVERSITY USA 2002
Internship and Year SOUTHERN OHIO MEDICAL CENTER - PORTSMOUTH, OH 2003
Residency and Year OUCOM/GRANDVIEW HOSPITAL - DAYTON, OH 2006
License Expiration Date **6/30/2012**
Remarks

License Number 12857
License Date 8/3/2005
Name **STULAC, SARA N MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PDT
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 2002
Internship and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2003
Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2005
License Expiration Date **6/30/2011**
Remarks

License Number 15464
License Date 11/2/2011
Name **STUMP, KIMBERLY S MD**
Address GEORGETOWN SUN CITY CLINIC, 4945 WILLIAMS DRGEORGETOWN, TX, 78633
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF TX SOUTH WESTERN MED CTR USA 2006
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 10973
License Date 6/7/2000
Name **STUOPIS, CECILIA W MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NEVADA SCH - RENO, NV USA 1996
Internship and Year OHIO STATE UNIV HOSPITAL - COLUMBUS- OH 1999
Residency and Year OHIO STATE UNIV HOSPITAL - COLUMBUS- OH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14820
License Date 4/7/2010
Name **STUPNYTSKYI, OLEKSANDR MD**
Address EAGLE MEDICAL ASSOC, 25 MARSTON ST STE 405LAWRENCE, MA, 01841
Specialty IM
Board Certified
School and Year of Graduation DANYLO HALYTSKY LVIV NAT'L MEDICAL UNIV UKRAINE 1988
Internship and Year MONTEFIORE MEDICAL CENTER NORTH DIVISION - BRONX, NY 1999
Residency and Year MONTEFIORE MEDICAL CENTER NORTH DIVISION - BRONX, NY 2001
License Expiration Date **6/30/2014**
Remarks

License Number 13694
License Date 9/5/2007
Name **STURGEON, JOHN M MD**
Address RADIOLOGY INC, 10567 SAWMILL PARKWAY STE 100POWELL, OH, 43065
Specialty R
Board Certified R
School and Year of Graduation OHIO STATE UNIV USA 2001
Internship and Year INDIANAPOLIS UNIV SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2002
Residency and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 2006
License Expiration Date **6/30/2009**
Remarks

License Number 7662
License Date 7/8/1987
Name **STURM, JEROME MD**
Address WOMEN'S HEALTH ASSOC OF DERRY, 6 TSIENNTD RD STE 204DERRY, NH, 03038
Specialty OBG
Board Certified OBG
School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE COLLEGE MEICAL SCH USA 1983
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1984
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1987
License Expiration Date **6/30/2015**
Remarks **9/4/2012 - Settlement Agreement**

License Number LT889
License Date 2/6/1995
Name **STURM, SUSAN E MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN 1987
Internship and Year
Residency and Year
License Expiration Date **2/24/1995**
Remarks

License Number 13606
License Date 7/11/2007
Name **STURTEVANT, NORMAN V MD**
Address FAHC - RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 1980
Internship and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1981
Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1983
License Expiration Date **6/30/2013**
Remarks

License Number 7419
License Date 8/14/1986
Name **STYS, STANLEY J MD**
Address 1401 CRYSTAL VALLEY WAY, AMBLER, PA, 19002
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MICH MED SCHOOL ANN ARBOR MI USA 1971
Internship and Year HENRY FORD HOSPITAL DETROIT MI 1974
Residency and Year UNIV CO SCH OF MED DENVER CO 1977
License Expiration Date **6/30/2014**
Remarks

License Number 10376
License Date 8/5/1998
Name **STYSLINGER, EDWARD W MD**
Address DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL COLL OF WISCONSIN -MILWAUKEE, WI USA 1989
Internship and Year UNIV OF NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 1990
Residency and Year ST JOSEPH HOSPITAL HEALTH CENTER - SYRACUSE, NY 1994
License Expiration Date **6/30/1999**
Remarks

License Number 12893
License Date 9/7/2005
Name **SU, ALBERT T MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1998
Internship and Year NEW YORK UNIVERSITY, NEW YORK NY 1999
Residency and Year ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 2003
License Expiration Date **6/30/2013**
Remarks

License Number 15600
License Date 3/7/2012
Name **SU, MARK MD**
Address SANTE CTR FOR NATURAL HEALING, LLC, 540 LAFAYETTE RD, UNIT 2HAMPTON, NH, 03842
Specialty FP
Board Certified FP
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN MA 2001
Residency and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN MA 2003
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/25/14

License Number 16242
License Date 7/3/2013
Name **SUAREZ, RAYMOND E MD**
Address GENESIS BEHAVIORAL HEALTH, 111 CHURCH STLACONIA, NH, 03246
Specialty P
Board Certified P
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNI USA 2003
Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE/MONTEFIORE MED - BRONX, NY 2004
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE/MONTEFIORE MED - BRONX, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 16740
License Date 8/6/2014
Name **SUBRAMANIAM, SATHYASEELAN MD**
Address 410 STATE STREET APT 24, BROOKLYN, NY, 11217
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF GLASGOW - GLASGOW UNITED KINGDOM 2008
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 13416
License Date 2/7/2007
Name **SUBRAMANIAN, UMA M MD**
Address ELLIOT HOSP - HOSP PROGRAM, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK USA 1994
Internship and Year OHIO STATE UNIV 1995
Residency and Year OHIO STATE UNIV 1998
License Expiration Date **6/30/2017**
Remarks

License Number 11041
License Date 8/2/2000
Name **SUCHAN, SIMONA MD**
Address ST THOMAS HOSPITAL, 444 N. MAIN STAKRON, OH, 44310
Specialty P
Board Certified P
School and Year of Graduation CHARLES UNIVERSITY - PRAGUE CZECHOSLOVAKIA CZECHOSLOVAKIA 1989
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 1999
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10439
License Date 10/7/1998
Name **SUCHDEV, PRAVEEN K MD**
Address PAIN SOLUTIONS, 280 MAIN ST STE 420NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation NORTHWESTERN UNIV MED SCH- CHICAGO, IL USA 1991
Internship and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1992
Residency and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16984
License Date 3/4/2015
Name **SUCHECKI, BRYAN T MD**
Address 33 LAFAYETTE ST, NEWBURYPORT, MA, 01950
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2004
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2005
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2012
License Expiration Date **6/30/2017**
Remarks

License Number 8367
License Date 6/6/1990
Name **SUDAKOV, NATALIA MD**
Address HALE HOSP, 140 LINCOLN AVEHAVERHILL, MA, 01830
Specialty AN
Board Certified
School and Year of Graduation LENINGRAD PEDIATRIC MED INST - LENINGRAD RUSSIAN 1971
Internship and Year THE BROOKDALE HOSPITAL MEDICAL CENTER 1984
Residency and Year THE BROOKDALE HOSPITAL MEDICAL CENTER 1986
License Expiration Date **6/30/2002**
Remarks

License Number 13441
License Date 3/7/2007
Name **SUDDALA, SATHEESH MD**
Address OUTPATIENT MEDICAL CENTER, 900 N5TH ST STE 14LEESVILLE, LA, 71446
Specialty FP
Board Certified
School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 1997
Internship and Year ST MARYS MEDICAL CTR-EVANSVILLE, IN 2005
Residency and Year ST MARYS MEDICAL CTR-EVANSVILLE, IN 2006
License Expiration Date **6/30/2009**
Remarks

License Number 4480
License Date 9/9/1969
Name **SUDDUTH, S SCOTT MD**
Address 27 STRATHAM GREET, STRATHAM, NH, 03885
Specialty OBG
Board Certified OBG
School and Year of Graduation JOHNS HOPKINS - BALTIMORE, MD USA 1962
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1964
Residency and Year BOSTON HOSPITAL FOR WOMEN - BOSTON, MA 1969
License Expiration Date **6/30/2015**
Remarks

License Number 6290
License Date 9/9/1980
Name **SUDHIR, KENKERE G MD**
Address GRANITE STATE ANESTHESIOLOGIST, 168 KINSLEY ST STE 4NASHUA, NH, 03060-3676
Specialty AN
Board Certified
School and Year of Graduation GOVERNMENT MED COLL - MYMORE MYSORE 1968
Internship and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1974
Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1975
License Expiration Date **6/30/2012**
Remarks

License Number 16807
License Date 10/1/2014
Name **SUEN, WINNIE E MD**
Address 121 SPEAR ST STE 420, SAN FRANCISCO, CA, 94105
Specialty PLM
Board Certified PLM
School and Year of Graduation JOHN A BURNS SCHOOL OF MEDICINE USA 2001
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2002
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 7532
License Date 3/4/1987
Name **SUEOKA, BEN L MD**
Address WM BACKUS HOSP, 326 WASHINGTON STNORWICH, CT, 06360
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF VERMONT USA 1980
Internship and Year TRIPLER ARMY MED CTR-HI 1981
Residency and Year TRIPLER ARMY MED CTR 1984
License Expiration Date **6/30/2005**
Remarks

License Number 12083
License Date 9/3/2003
Name **SUGUITAN, EDEN A MD**
Address 4361 FERNCREEK DR, FAYETTEVILLE, NC, 28314
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF EAST AURORA BOULEVARD, QUEZON CITY P PHILIPPINES 1967
Internship and Year WAYNE COUNTY GENERAL HOSPITAL, WAYNE MI 1968
Residency and Year WAYNE COUNTY GENERAL HOSPITAL, WAYNE ME 1972
License Expiration Date **6/30/2009**
Remarks

License Number 14821
License Date 4/7/2010
Name **SUKUMARAN, ANJU P MD**
Address 8015 41ST AVE #542, ELMHURST, NY, 11373
Specialty PD
Board Certified
School and Year of Graduation TRICHUR MEDICAL COLLEGE INDIA 2000
Internship and Year ELMHURST HOSPITAL CENTER-ELMHURST, NY 2008
Residency and Year ELMHURST HOSPITAL CENTER-ELMHURST, NY 2009
License Expiration Date **6/30/2012**
Remarks

License Number 13810
License Date 1/11/2008
Name **SULLIVAN II, CLYDE D MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation UNIV OF TENNESSEE USA 2004
Internship and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2005
Residency and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2007
License Expiration Date **6/30/2010**
Remarks

License Number 3570
License Date 9/15/1962
Name **SULLIVAN JR, VINCENT P MD**
Address 84 PLEASANT WOODS LN, HANOVER, MA, 02339-1882
Specialty PD
Board Certified PD
School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON,DC USA 1961
Internship and Year ST ELIZABETH HOSPITAL - BOSTON, MA 1962
Residency and Year BOSTON FLOATING HOSPITAL - BOSTON, MA 1963
License Expiration Date **6/30/1998**
Remarks

License Number 13933
License Date 4/2/2008
Name **SULLIVAN, CHRISTOPHER J MD**
Address UNIV OF MINNESOTA/PULMMARY, 420 DEKAWARE ST SE MMC 276MINNENPOLIS, MN, 55455
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV USA 1980
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1981
Residency and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1983
License Expiration Date **6/30/2012**
Remarks

License Number 16357
License Date 10/2/2013
Name **SULLIVAN, CORINNE K MD**
Address ASSOC IN MEDICINE PEDIATRICS, 9 DUNNING ST STE 1CLAREMONT, NH, 03743
Specialty PD
Board Certified PD
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2009
Internship and Year MOUNT SINAI MEDICAL CENTER- NY, NY 2010
Residency and Year MOUNT SINAI MEDICAL CENTER- NY, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 8224
License Date 9/6/1989
Name **SULLIVAN, CORNELIUS A MD**
Address CHILDREN'S HOSP BOSTON - DEPT OF ANESTHESIOLOGY, 300 LONGWOOD AVEBOSTON, MA, 0211
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1983
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1984
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1988
License Expiration Date **6/30/2013**
Remarks

License Number 9608
License Date 12/6/1995
Name **SULLIVAN, DANIEL B DO**
Address YORK HOSP, 15 HOSPITAL DRYORK, ME, 03909
Specialty AN
Board Certified AN
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO MEDICAL PA USA 1986
Internship and Year ST JOSEPHS HOSPITAL - PHILADELPHIA, PA 1987
Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1990
License Expiration Date **6/30/1999**
Remarks

License Number 10170
License Date 11/5/1997
Name **SULLIVAN, DELPHINE G MD**
Address 7 PAGE HILL RD, BERLIN, NH, 03570
Specialty ORS
Board Certified
School and Year of Graduation MCGILL UNIV - MONTREAL CANADA CANADA 1992
Internship and Year MCGILL UNIV - MONTREAL CANADA 1997
Residency and Year MCGILL UNIV - MONTREAL CANADA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 3533
License Date 7/26/1962
Name **SULLIVAN, JAMES A MD**
Address 155 KINSLEY ST, NASHUA, NH, 03060-3701
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1960
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1961
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1961
License Expiration Date **6/30/2002**
Remarks

License Number 17089
License Date 5/6/2015
Name **SULLIVAN, KATHERINE P MD**
Address DHMC-NEONATOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation GEORGETOWN UNIVERISTY SCHOOL OF MEDICINE USA 2008
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2017**
Remarks

License Number 7632
License Date 6/3/1987
Name **SULLIVAN, KEVIN P MD**
Address 8609 164TH ST COURT EAST, PUYALLUP, WA, 98373-
Specialty FP
Board Certified FP
School and Year of Graduation UNIV IL AT CHICAGO HLTH SCI CTR - CHICAGO, IL USA 1977
Internship and Year M L KING JR GENERAL HOSPITAL - LOS ANGELES, CA 1977
Residency and Year M L KING JR GENERAL HOSPITAL - LOS ANGELES, CA 1979
License Expiration Date **6/30/1998**
Remarks **9/8/98 - DECISION AND ORDER**

License Number 9367
License Date 2/1/1995
Name **SULLIVAN, MITCHELL J MD**
Address CORNER MEDICAL, 195 INDUSTRIAL PARKWAYLYNDON, VT, 05849
Specialty FP
Board Certified
School and Year of Graduation MC GILL UNIVERSITY FACILLITY OF MEDICINE CANADA 1992
Internship and Year ST MARY'S HOSPITAL CENTER - QUEBEC CANADA 1994
Residency and Year ST MARY'S HOSPITAL CENTER - QUEBEC CANADA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 8331
License Date 5/9/1990
Name **SULLIVAN, PHILIP W MD**
Address SNH MEDICAL CTR BEHAVIORAL HEA, 29 NORTHWEST BLVD NASHUA, NH, 03063
Specialty CHP
Board Certified CHP
School and Year of Graduation BROWN UNIV PROGRAM IN MED - PROVIDENCE, RI USA 1982
Internship and Year WALTHAM HOSPITAL - WALTHAM, MA 1983
Residency and Year MASS MENTAL HEALTH CENTER - BOSTON, MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 12323
License Date 5/5/2004
Name **SULLIVAN, SARAH B MD**
Address SKYHAVEN IM, 6 HEALTHCARE DR STE 2 ROCHESTER, NH, 03867
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 2001
Internship and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2002
Residency and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 6311
License Date 11/6/1980
Name **SULLIVAN, THOMAS J MD**
Address 5 PAINE RD, ETNA, NH, 03750
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1966
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1967
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1970
License Expiration Date **6/30/2006**
Remarks **Deceased 12/7/2010**

License Number 16565
License Date 4/2/2014
Name **SULLIVAN, TIMOTHY W MD**
Address 834 CHESTNUT ST #1230, PHILADELPHIA, PA, 19107
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2009
Internship and Year ST FRANCIS HOSPITAL OF EVANSTON - EVANSTON, IL 2010
Residency and Year NEW YORK EYE & EAR INFIRMARY - NY, NY 2013
License Expiration Date **6/30/2016**
Remarks

License Number 7856
License Date 5/4/1988
Name **SULLIVAN-DURAND, JANE A MD**
Address CENTER FOR INTEGRATIVE MED, 81 HALL STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1985
Internship and Year WHEELING HOSPITAL FAMILY HEALTH CENTER - WHEELING, WV 1986
Residency and Year WHEELING HOSPITAL FAMILY HEALTH CENTER - WHEELING, WV 1988
License Expiration Date **6/30/2016**
Remarks

License Number 9753
License Date 6/5/1996
Name **SULS, HOWARD L MD**
Address DR SULS FAMILY & SPORTS MED, 601 RIVERWAY PL UNIT 6BEDFORD, NH, 03110
Specialty FP
Board Certified FP
School and Year of Graduation UNIFORMED SER UNIV OF HLTH SCI, BETHESDA, MD USA 1985
Internship and Year WRIGHT PATTERSON MEDICAL CENTER - OHIO 1986
Residency and Year MALCOLM GROW MEDICAL CENTER - MARYLAND 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12858
License Date 8/3/2005
Name **SUMMER-BRASON, BEATA W DO**
Address STRAUB HOSPITAL, 888 S KING STHONOLULU, HI, 96813
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2002
Internship and Year UNITED HEALTH SERVICES HOSP, JOHNSON CITY NY 2003
Residency and Year BAYSTATE MED CTR, SPRINGFIELD MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12557
License Date 12/1/2004
Name **SUMMERMATTER, RICHARD C MD**
Address RICHARD C SUMMERMATTER, MP, FACOG, 29 RIDGEWOOD RDSRINGFIELD, VT, 05156
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF ALABAMA, BIRMINGHAM AL US 1980
Internship and Year STATE UNIVERSITY OF NY, BUFFALO NY 1981
Residency and Year STATE UNIVERSITY OF NY, BUFFALO NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 10248
License Date 3/4/1998
Name **SUMMERS, MICHAEL C MD**
Address REPRODUCTIVE SCIENCE CTR, ONE FORBES RD LEXINGTON, MA, 02421
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF PA SCH OF MED - PHILADELPHIA, PA USA 1989
Internship and Year PENNSYLVANIA HOSPITAL - PA 1993
Residency and Year PENNSYLVANIA HOSPITAL - PA 1993
License Expiration Date **6/30/2010**
Remarks

License Number 13607
License Date 7/11/2007
Name **SUNDARAM, MALATHY MD**
Address 312 COTTAGE ST, SANFORD, ME, 04073
Specialty FP
Board Certified FP
School and Year of Graduation MADURAI UNIV INDIA 2000
Internship and Year MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2002
Residency and Year MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15048
License Date 10/6/2010
Name **SUNDRAM, HARIHARAN V MD**
Address H2NOVATIONS, 78 HARVARD AVE #2BROOKLINE, MA, 02446
Specialty AN
Board Certified AN
School and Year of Graduation WAYNE STATE UNIVERSITY USA 2000
Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2003
Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2006
License Expiration Date **6/30/2012**
Remarks

License Number 14439
License Date 5/6/2009
Name **SUOZZI, JAMES C DO**
Address CHESHIRE MEDICAL CENTER, 580 COURT ST KEENE, NH, 03431
Specialty EM
Board Certified EM
School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY USA 2005
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 2006
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11491
License Date 1/2/2002
Name **SUPATTAPONE, SURACHAI MD**
Address DARTMOUTH MED SCH, 7200 VAIL BLDG DEPT BIOCHEMISTHANOVER, NH, 03755
Specialty ID
Board Certified ID
School and Year of Graduation JOHNS HOPKINS UNIV SCH - BALTIMORE, MD USA 1992
Internship and Year MASSACHUSETTS GENERA HOSPITAL- BOSTON, MA 1993
Residency and Year MASSACHUSETTS GENERA HOSPITAL- BOSTON, MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12148
License Date 11/5/2003
Name **SUPPAN, THOMAS MD**
Address FLETCHER ALLAN HEALTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1994
Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1995
Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VAT 1998
License Expiration Date **6/30/2007**
Remarks

License Number 7285
License Date 3/6/1986
Name **SUPULSKI, JOHNYNE J MD**
Address CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation MEDICAL COLL OF PENNSYLVANIA - PHILA, PA USA 1974
Internship and Year WILKES-BARRE GENERAL HOSPITAL - WILKES-BARRE, PA 1975
Residency and Year WILKES-BARRE GENERAL HOSPITAL - WILKES BARRE, PA 1975
License Expiration Date **12/6/2004**
Remarks **DECEASED 12/6/04**

License Number 10440
License Date 10/7/1998
Name **SURANYI JR, LESLIE MD**
Address LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03247
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1996
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1997
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13565
License Date 6/6/2007
Name **SURBER II, WILLIAM A MD**
Address MISSOULA ANESTHESIOLOGIST, 2825 STOCKYARD RD BLD I-200MISSOULA, MT, 95808
Specialty AN
Board Certified
School and Year of Graduation NORTHWESTERN UNIV USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2009**
Remarks

License Number 13305
License Date 10/4/2006
Name **SURESH, GAUTHAM K MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation MYSORE UNIV INDIA 1986
Internship and Year UNIV OF VT COLLEGE OF MEDICINE/FLETCHER ALLEN HEALTH CTR - BURLINGTON, VT 1997
Residency and Year UNIV OF VT COLLEGE OF MEDICINE/FLETCHER ALLEN HEALTH CTR - BURLINGTON, VT 1998
License Expiration Date **6/30/2016**
Remarks

License Number 9909
License Date 1/8/1997
Name **SURGENOR, STEPHEN D MD**
Address DHMC/CRITICAL CARE ADM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VT COLLEGE OF MEDICINE-BURLINGTON USA 1993
Internship and Year UNIV OF MASS MEDICAL CENTER - MA 1994
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 11978
License Date 6/4/2003
Name **SURIAWINATA, ARIEF A MD**
Address DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation FACULTY OF MED, INDONESIA UNIVERSITY - JAKARTA INDONESIA 1995
Internship and Year MT SINAI MEDICAL CENTER - NEW YORK NY 2000
Residency and Year MEMORIAL SLOAN-KETTERING CANCER CENTER - NEW YORK NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 16959
License Date 2/4/2015
Name **SURIEL, MARY ANN M MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2010
Internship and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2011
Residency and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 15682
License Date 5/2/2012
Name **SURU, MIHAELA R MD**
Address LITTLETON HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 2007
Internship and Year LOUIS A WEISS MEMORIAL HOSPITAL - CHICAGO, IL 2010
Residency and Year LOUIS A WEISS MEMORIAL HOSPITAL - CHICAGO, IL 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16528
License Date 3/5/2014
Name **SURYADEVARA, SREENIJA MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR 5CLEBANON, N, 03756
Specialty IM
Board Certified IM
School and Year of Graduation SIDDHARTHA MEDICAL COLLEGE - GUNADALA, INDIA INDIA 2003
Internship and Year ST VINCENT CHARITY MEDICAL CENTER - CLEVELAND, OH 2008
Residency and Year ST VINCENT CHARITY MEDICAL CENTER - CLEVELAND, OH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 9609
License Date 12/6/1995
Name **SUSKIND, LIESELOTTE MD**
Address 988 MEMORIAL DR 389, CAMBRIDGE, MA, 02138-5761
Specialty CHP
Board Certified P
School and Year of Graduation SUNY-HLTH SCIENCE CENTER AT BROOKLYN, NY USA 1947
Internship and Year BELLEVUE HOSPITAL CENTER NEW YORK, NY 1948
Residency and Year BOSTON UNIV MEDICAL CENTER BOSTON, MA 1962
License Expiration Date **6/30/2009**
Remarks **4/19/99 - CONSENT DECREE**
Deceased - 4/4/14

License Number 11011
License Date 7/5/2000
Name **SUSSER-LEVINBOOK, WENDY S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty D
Board Certified
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON,CT USA 1998
Internship and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2002**
Remarks

License Number 15778
License Date 7/11/2012
Name **SUSSMAN, ARLENE MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGELTREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE - NY USA 1990
Internship and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1991
Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 13645
License Date 8/1/2007
Name **SUSSMAN, BETSY L MD**
Address FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VERMONT USA 1981
Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1983
Residency and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1986
License Expiration Date **6/30/2013**
Remarks

License Number 14781
License Date 3/3/2010
Name **SUSSMAN, LOUIS S MD**
Address 20 YORK ST, NEW HAVEN, CT, 06510
Specialty IM
Board Certified IM
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2012**
Remarks

License Number 9633
License Date 1/3/1996
Name **SUTCLIFFE, JOAN H MD**
Address MIDCOAST HOSPITAL, 123 MEDICAL CTR DRBRUNSWICK, ME, 04011
Specialty DR
Board Certified R
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1987
Internship and Year UNIV CO HEALTH SCIENCE CENTER - DENVER,CO 1988
Residency and Year UNIV CO HEALTH SCIENCE CENTER - DENVER, CO 1992
License Expiration Date **6/30/2008**
Remarks

License Number 10261
License Date 4/1/1998
Name **SUTHERLAND, JAMES P MD**
Address ORTHOPAEDIC ASSOC OF WAUSAU, 3200 WESTHILL DR STE 201WAUSAU, WI, 54401
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE,KY USA 1989
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1990
Residency and Year WILFORD HALL MEDICAL CENTER - TX 1996
License Expiration Date **6/30/2016**
Remarks

License Number 14608
License Date 9/2/2009
Name **SUTHERLAND, JESSICA A MD**
Address CORE CARDIOLOGY, 3 ALUMNI DR STE 101EXETER, NH, 03833
Specialty CD
Board Certified CD
School and Year of Graduation LOYOLA UNIVERSITY USA 2002
Internship and Year LOYOLA UNIVERSITY SCHOOL OF MEDICINE - MAYWOOD, IL 2003
Residency and Year LOYOLA UNIVERSITY SCHOOL OF MEDICINE - MAYWOOD, IL 2005
License Expiration Date **6/30/2017**
Remarks

License Number 8404
License Date 7/11/1990
Name **SUTHERLAND, WILLIAM S MD**
Address SPORTS MED ATLANTIC ORTHOPEDIC, 150 ROUTE ONE BY-PASSPORTSMOUTH, NH, 03801-4189
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1984
Internship and Year BETH ISRAEL HOSITAL - BOSTON, MA 1985
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1990
License Expiration Date **6/30/2016**
Remarks

License Number 6413
License Date 6/18/1981
Name **SUTTON JR, JOHN E MD**
Address VA MEDICAL CENTER, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty GS
Board Certified GS
School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1974
Internship and Year DARTMOUTH MED SCH AFFIL HOSP-HANOVER,NH 1975
Residency and Year DARTMOUTH MED SCH AFFIL HOSP-HANOVER,NH 1976
License Expiration Date **6/30/2017**
Remarks

License Number 11643
License Date 6/5/2002
Name **SUTTON, MARK S MD**
Address HUNTINGTON BEACH COMM CLINIC, 8041 NEWMAN AVEHUNTINGTON BEACH, CA, 92647
Specialty FP
Board Certified FP
School and Year of Graduation LOMA LINDA UNIV - LOMA LINDA, CA USA 1990
Internship and Year LOMA LINDA UNIV COMMUNITY MEDICAL CENTER - LOMA LINDA, CA 1991
Residency and Year LOMA LINDA UNIV COMMUNITY MEDICAL CENTER - LOMA LINDA, CA 1993
License Expiration Date **6/30/2003**
Remarks

License Number 7451
License Date 10/2/1986
Name **SUTTON, MARY KELLY MD**
Address RAPHAEL HOUSE, 7953 CALIFORNIA AVEFAIR OAKS, CA, 95628
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MO COLUMBIA SCH OF MED COLUMBIA MO USA 1971
Internship and Year MED UNIV SC TEACH HOSP CHARLESTON SC 1972
Residency and Year MENORAH MED CTR KANSAS CITY MO 1974
License Expiration Date **6/30/2006**
Remarks **REQUESTED INACTIVE 6/30/04-----REINSTATED 8/3/05**

License Number 11575
License Date 4/3/2002
Name **SUTTON, SHAWN I MD**
Address FAMILY TREE HEALTHCARE, 2 E MAIN ST #2WARNER, NH, 03278
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA USA 1999
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2001
License Expiration Date **6/30/2016**
Remarks

License Number 16612
License Date 5/7/2014
Name **SVERRISSON, EINAR F MD**
Address 10126 HEATHER SOUND DR, TAMPA, FL, 33647
Specialty U
Board Certified
School and Year of Graduation UNIVERSITY OF ICELAND ICELAND 2002
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 17283
License Date 9/2/2015
Name **SVOBODA, RYAN M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty VS
Board Certified
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, HERSHEY, PA USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH 2016
License Expiration Date **6/30/2017**
Remarks

License Number 12324
License Date 5/5/2004
Name **SWAMI, ASHWIN MD**
Address 58 BAY STATE ROAD, APT 5BOSTON, MA, 02215
Specialty IM
Board Certified IM
School and Year of Graduation GULBARGA UNIVERSITY, INDIA INDIA 1999
Internship and Year ST VINCENT HOSP, WORCESTER MA 2002
Residency and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2003
License Expiration Date **6/30/2016**
Remarks

License Number 6467
License Date 11/5/1981
Name **SWAN II, CHANNING S MD**
Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIV SCH MED -BOSTON,MA USA 1975
Internship and Year CARNEY HOSP-BOSTON MA 1976
Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1980
License Expiration Date **6/30/2015**
Remarks

License Number 10008
License Date 5/7/1997
Name **SWANSON, RONALD A MD**
Address LAHEY-HITCHCOCK MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805
Specialty PCH
Board Certified PCH
School and Year of Graduation UNIV OF MN SCH MINNEAPOLIS,MN USA 1973
Internship and Year UNIV OF WA MED CTR 1974
Residency and Year MAYO GRAD SCH MED -MN 1981
License Expiration Date **6/30/1999**
Remarks

License Number 6038
License Date 4/12/1979
Name **SWARTOUT, DENNIS L MD**
Address 149 EMEARALD ST, STE SKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MICHIGAN MED SCH ANN ARBOR, MI USA 1976
Internship and Year YORK HOSPITAL - YORK, PA 1977
Residency and Year YORK HOSPITAL - YORK, PA 1979
License Expiration Date **6/30/2009**
Remarks [1/14/98 Settlement Agreement](#)
[4/11/06 Settlement Agreement](#)
[7/9/09 Voluntary Surrender of License.](#)

License Number 17242
License Date 8/5/2015
Name **SWEENEY, BRETT J MD**
Address 1952 1ST AVE APT 7M, NEW YORK, NY, 10029-6413
Specialty EM
Board Certified
School and Year of Graduation UNIVERSIDAD CENTRA DEL CARIBE SCH OF MED - BAYAMON PUERTO RICO 2012
Internship and Year NEW YORK MEDICAL COLLEGE - NY, NY 2013
Residency and Year NEW YORK MEDICAL COLLEGE - NY, NY 2015
License Expiration Date **6/30/2017**
Remarks

License Number 12358
License Date 6/2/2004
Name **SWEENEY, BRIAN G DO**
Address ST JOSEPH'S HOSPITAL, DEPT OF EMERGENCY, 172 KINSLEY STNASHUA, NH, 03060
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF KANSAS CITY, KANSAS CITY MO US 1998
Internship and Year UNIVERSITY OF MASS, WORCESTER MA 1999
Residency and Year PONTIAC OSTEOPATHIC HOSP, PONTIAC MI 2002
License Expiration Date **6/30/2016**
Remarks [lapsed 6/30/08 - reinstated 12/5/12](#)

License Number 16566
License Date 4/2/2014
Name **SWEENEY, ELIZABETH R DO**
Address INDIAN STREAM HEALTH CTR, 141 CORLISS LN COLEBROOK, NH, 03576
Specialty FP
Board Certified FP
School and Year of Graduation WESTERN UNIVERSITY OF HEALTH SCIENCES USA 2009
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2010
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2012
License Expiration Date **6/30/2016**
Remarks

License Number 7633
License Date 6/3/1987
Name **SWEENEY, EUGENE J MD**
Address PO BOX 7359, NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1957
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1958
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1961
License Expiration Date **6/30/2005**
Remarks **Deceased 8/31/04**

License Number 15049
License Date 10/6/2010
Name **SWEENEY, ANGELA H MD**
Address ST JOSEPH'S HOSPITAL/EMERGENCY, 172 KINGSLEY ST NASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1998
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 1999
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2001
License Expiration Date **6/30/2014**
Remarks

License Number 15946
License Date 11/7/2012
Name **SWEETSER, SETH R MD**
Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE USA 2002
Internship and Year NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2003
Residency and Year NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2005
License Expiration Date **6/30/2016**
Remarks

License Number 15396
License Date 9/7/2011
Name **SWENDRIS, RONALD P MD**
Address KRESGE EYE INSTITUTE, 4717 ST ANTOINEDETROIT, MI, 48201
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1986
Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1987
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - 1990
License Expiration Date **6/30/2017**
Remarks

License Number 8999
License Date 7/7/1993
Name **SWENSON, RAND S MD**
Address DARTMOUTH MEDICAL SCHOOL, DEPARTMENT OF ANATOMYHANOVER, NH, 03755
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF IL COLLEGE OF MEDICINE USA 1989
Internship and Year MARY I BASSETT HOSPITAL - COPPERSTOWN NY 1990
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16140
License Date 5/1/2013
Name **SWENSON, REBECCA A MD**
Address DARTMOUTH MEDICAL CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2006
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2007
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2010
License Expiration Date **6/30/2017**
Remarks

License Number 15397
License Date 9/7/2011
Name **SWERIDUK JR, STEPHEN T MD**
Address SHIELDS HEALTH CARE GROUP, 265 WESTGATE DRBROCKTON, MA, 02301
Specialty DR
Board Certified DR
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1982
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 8262
License Date 12/6/1989
Name **SWETT JR, CHESTER P MD**
Address BROCKTON VAMC, 940 BELMONT STBROCKTON, MA, 02301
Specialty P
Board Certified P
School and Year of Graduation HARVARD MED SCH - BOSTON, MA USA 1966
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year MASS MENTAL HEALTH CENTER - BOSTON,MA 1972
License Expiration Date **6/30/2001**
Remarks

License Number 11941
License Date 5/7/2003
Name **SWETT, JAY W MD**
Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 201EXETER, NH, 03833
Specialty GS
Board Certified GS
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1994
Internship and Year UNIV OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1995
Residency and Year UNIV OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11546
License Date 3/6/2002
Name **SWIATECKA-URBAN, AGNIESZKA MD**
Address DARTMOUTH MEDICAL SCHOOL, 604 REMSEN BLDGHANOVER, NH, 03755
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL ACADEMY OF GDANSK - POLAND POLAND 1991
Internship and Year NEW YORK MEDICAL COLLEGE HOSPITAL - NEW YORK, NY 1995
Residency and Year NEW YORK MEDICAL COLLEGE HOSPITAL - NEW YORK, NY 1997
License Expiration Date **6/30/2008**
Remarks

License Number 13128
License Date 6/7/2006
Name **SWIFT-CROFT, CINDI K DO**
Address FAMILY CARE OF CONCORD, 248 PLEASANT ST STE 2600CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1997
Internship and Year BARBERTON CITIZENS HOSP, BARBERTON OH 1998
Residency and Year BARBERTON CITIZENS HOSP, BARBERTON OH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 8048
License Date 3/1/1989
Name **SWIGGETT JR, ROBERT L MD**
Address 4600 4TH ST NORTH, ST PETERSBURG, FL, 33703
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1978
Internship and Year NEW ENGLAND MEDICAL CENTER- BOSTON,MA 1979
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1984
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/15**
Renewed 7/29/15

License Number 4094
License Date 6/29/1967
Name **SY, WALTER P MD**
Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-1718
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF ROCHESTER - NY USA 1962
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1963
Residency and Year YALE-NEW HAVEN - NEW HAVEN, CT 1965
License Expiration Date **6/30/1998**
Remarks **Deceased 2/17/2011**

License Number 11097
License Date 10/4/2000
Name **SYIEK, LINDA J MD**
Address BEDFORD WOMEN'S CARE ASSOC, 160 SOUTH RIVER RD STE 100BEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1987
Internship and Year STRONG MEMORIAL HOSPITAL- ROCHESTER NY 1988
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1991
License Expiration Date **6/30/2016**
Remarks

License Number 13129
License Date 6/7/2006
Name **SYMANOWICZ, DONALD B MD**
Address , PO BOX 629INTERVALE, NH, 03845
Specialty ORS
Board Certified ORS
School and Year of Graduation HAHNEMANN UNIVERSITY, PHILADELPHIA PA US 1970
Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 1971
Residency and Year DREXEL UNIVERSITY, PHILADELPHIA PA 1977
License Expiration Date **6/30/2016**
Remarks

License Number 17136
License Date 6/3/2015
Name **SYMONS, IAN R MD**
Address CHESHIRE MEDICAL CTR, 580-90 COURT STKEENE, NH, 03431
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF CAPE TOWN, CAPE TOWN SOUTH AFRICA SOUTH AFRICA 2003
Internship and Year TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA PA 2013
Residency and Year TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 17193
License Date 7/1/2015
Name **SYMONS, RORY K MD**
Address CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty FP
Board Certified
School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 2004
Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2013
Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 9689
License Date 4/3/1996
Name **SYMRENG, TOMMY MD**
Address ST MARY'S HOSPITAL, 3700 WASHINGTON AVEEVANSVILLE, IN, 47750
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF LINKOPING SWEDEN 1974
Internship and Year UNIVERSITY HOSPITAL-LINKOPING, SWEDEN 1975
Residency and Year UNIVERSITY HOSPITAL-LINKOPING, SWEDEN 1979
License Expiration Date **6/30/2004**
Remarks

License Number 8743
License Date 6/3/1992
Name **SYNAN, THOMAS J MD**
Address 373 NORTH AMHERST RD, BEDFORD, NH, 03110
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1987
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER WORCESTER - MASSACHUSETTS 1990
Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 12084
License Date 9/3/2003
Name **SYREK, DAVID J MD**
Address DALLAS MED CTR, 812 GORMAN AVEELKINS, WV, 26241
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF NEW YORK, NEW YORK NY US 1997
Internship and Year BOSTON UNIVERSITY MED CTR, BOSTON MA 1999
Residency and Year BOSTON UNIVERSITY MED CTR, BOSTON MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 7719
License Date 9/2/1987
Name **SZAKACS, JULIANA G MD**
Address HARVARD VANGUARD, 152 SECOND AVENEEDHAM, MA, 02494
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF SOUTH FLORIDA USA 1984
Internship and Year MEDICAL CENTER OF BEAVER COUNTY - BEAVER, PA 1985
Residency and Year MEDICAL CENTER OF BEAVER COUNTY - BEAVER, PA 1987
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NON-RENEWAL 6/30/97..
REINSTATED ON 1/11/08**

License Number 10668
License Date 8/4/1999
Name **SZAL, MARK A MD**
Address 248 PLEASANT ST STE 1600, CONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER,NY USA 1988
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1989
Residency and Year MOUNT SINAI MEDICAL CENTER - CLEVELAND, OH 1995
License Expiration Date **6/30/2017**
Remarks

License Number 12041
License Date 8/6/2003
Name **SZCZEPIORKOWSKI, ZBIGNIEW M MD**
Address DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation MEDICAL ACADEMY OF WARSAR, POLAND POLAND 1991
Internship and Year MASS GENERAL HOSPITAL, BOSTON MA 1995
Residency and Year MASS GENERAL HOSPITAL, BOSTON MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14307
License Date 1/7/2009
Name **SZE, KARL C MD**
Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified CD
School and Year of Graduation CORNELL UNIV USA 1972
Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1974
Residency and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1975
License Expiration Date **6/30/2017**
Remarks

License Number 8037
License Date 2/1/1989
Name **SZLYK, JOHN J MD**
Address SALEM PSYCHOLOGICAL ASSOC, 87 STILES RD STE 106SALEM, NH, 03087
Specialty P
Board Certified P
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1973
Internship and Year NEW ENGLAND MED CTR HOSPITAL- BOSTON, MA 1975
Residency and Year NEW ENGLAND MED CTR HOSPITAL - BOSTON, MA 1975
License Expiration Date **6/30/2003**
Remarks

License Number 7371
License Date 6/12/1986
Name **SZMYD JR, LUCIAN MD**
Address EYESIGHT, 155 BORTHWICK AVE STE 200 EASTPORTSMOUTH, NH, 03801
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF WA - SEATTLE USA 1980
Internship and Year UC-SAN DIEGO MED CTR 1981
Residency and Year NY EYE EAR INFIRMARY-1986 NEW ENGLAND MED CTR-BOSTON-1983 1986
License Expiration Date **6/30/2016**
Remarks

License Number 7753
License Date 12/2/1987
Name **SZNYCER, LILIANE A MD**
Address 104 PEELE ROAD, NASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation UNIV LIBRE DEBRUXELLES BELGIUM BELGIUM 1977
Internship and Year STRONG MEMORIAL HOSP ROCHESTER NY 1978
Residency and Year STRONG MEMORIAL HOSP ROCHESTER NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 11077
License Date 9/6/2000
Name **SZOT JR, CARL R MD**
Address 590 COURT ST, KEENE, NH, 03431
Specialty IM
Board Certified CD
School and Year of Graduation UNIV OF ROCHESTER SCH MED- ROCHESTER, NY USA 1989
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1990
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10348
License Date 7/1/1998
Name **SZYMANSKI, BRIAN J MD**
Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty R
Board Certified DR
School and Year of Graduation SUNY AT BUFFALO SCH OF MED - BUFFALO, NY USA 1993
Internship and Year STATE UNIV OF NEW YORK AT BUFFALO- BUFFALO, NY 1994
Residency and Year STATE UNIV OF NEW YORK AT BUFFALO - BUFFALO, NY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 14148
License Date 8/6/2008
Name **TABATCHNICK, LARRY MD**
Address , 2409 ROBESON STFAYETTENVILLE, NC, 28305
Specialty GS
Board Certified
School and Year of Graduation UNIV OF TEXAS USA 1996
Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1996
Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1997
License Expiration Date **6/30/2010**
Remarks

License Number 15114
License Date 1/5/2011
Name **TABBAH, HALA S MD**
Address WESTSIDE HEALTHCARE, 125 SOUTH MAIN STFRANKLIN, NH, 03235
Specialty PD
Board Certified PDT
School and Year of Graduation LEBANESE UNIVERSITY LEBANON 2004
Internship and Year ST JOSEPHS REGIONAL MEDICAL CENTER - PATERSON, NJ 2008
Residency and Year ST JOSEPHS REGIONAL MEDICAL CENTER - PATERSON, NJ 2010
License Expiration Date **6/30/2017**
Remarks

License Number 14979
License Date 8/4/2010
Name **TABE, JULIUS T MD**
Address 3 NAUSET DRIVE, WESTBOROUGH, MA, 01581
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY DE YAOUNDE I CAMEROON 2000
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010
License Expiration Date **6/30/2014**
Remarks

License Number 8184
License Date 9/26/1996
Name **TADIRI, RONALD S MD**
Address PRIMARY CARE PHYSICIANS, PO BOX 904SPENCER, MA, 01562-
Specialty PD
Board Certified PD
School and Year of Graduation OHIO STATE UNIV COLL OF MED COLUMBUS, OH USA 1987
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1987
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1990
License Expiration Date **6/30/2000**
Remarks

License Number 12518
License Date 10/6/2004
Name **TAENZER, ANDREAS H MD**
Address DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation MEDIZINISCHE UNIVERSITY, LUBECK GERMANY GERMANY 1991
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1996
Residency and Year MAINE MEDICAL CENTER, PORTLAND ME 1999
License Expiration Date **6/30/2016**
Remarks

License Number 14179
License Date 9/3/2008
Name **TAFAZOLI, FARANAK S MD**
Address IMAGING ON CALL LLC, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation UNIV OF WIEN AUSTRIA 1996
Internship and Year SUNY @ STONY BROOK, STONY BROOK, NY 2000
Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 2003
License Expiration Date **6/30/2010**
Remarks

License Number 14904
License Date 6/2/2010
Name **TAFE, LAURA J MD**
Address DHMC - DEPT OF PATHOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation WAYNE STATE UNIVERSITY USA 2004
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 5468
License Date 1/21/1976
Name **TAGGART JR, F HOWARD MD**
Address SO NH REGIONAL MED CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation BOSTON UNIV. OF MEDICINE BOSTON USA 1963
Internship and Year BOSTON CITY HOSPITAL 1964
Residency and Year MASS GENERAL HOSPITAL 1966
License Expiration Date **6/30/1998**
Remarks

License Number 14104
License Date 7/9/2008
Name **TAKAHASHI, GUY H MD**
Address 95-933 KELAKELA ST, MILILANI, HI, 96789
Specialty R
Board Certified R
School and Year of Graduation UNIV OF HAWAII USA 2002
Internship and Year TRIPLER ARMY MEDICAL CENTER- HONOLULU, HI 2003
Residency and Year TRIPLER ARMY MEDICAL CENTER-HONOLULU, HI 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13784
License Date 12/5/2007
Name **TAKAKI, MARK T MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF HAWAII USA 2001
Internship and Year VIRGINIA MASON MEDICAL CENTER - SEATTLE, WA 2002
Residency and Year VIRGINIA MASON MEDICAL CENTER - SEATTLE, WA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 13785
License Date 12/5/2007
Name **TAKEUCHI, SEAN Y MD**
Address 2716 W 48TH ST, KEARNEY, NE, 68845
Specialty R
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1996
Internship and Year ABINGTON MEMORIAL HOSPITAL-ABINGTON,PA 1997
Residency and Year ABINGTON MEMORIAL HOSPITAL-ABINGTON,PA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 16778
License Date 9/3/2014
Name **TAKEYAMA, PETER H M**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2002
Internship and Year NEW YORK MEDICAL COLLEGE - NEW ROCHELLE, NY 2003
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 12211
License Date 2/4/2004
Name **TALBOT, ELIZABETH A MD**
Address INFECTIOUS DISEASE HEALTH SECT, DHMC ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW JERSEY, PISCATAWAY NJ US 1992
Internship and Year UNIVERSITY OF IOWA, IOWA CITY IA 1993
Residency and Year DUKE UNIVERSITY MEDICAL CTR, DURHAM NC 1995
License Expiration Date **6/30/2016**
Remarks

License Number 14396
License Date 4/1/2009
Name **TALCOTT, JAMES A MD**
Address MASS GEN HOSP, BLDG 149 13TH STCHARLESTOWN, MA, 02129
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIV USA 1980
Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 1981
Residency and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 1984
License Expiration Date **6/30/2011**
Remarks

License Number 10595
License Date 6/2/1999
Name **TALLARICO, GRACE A MD**
Address THE COUNSELING CTR OF NASHUA, ONE MAIN ST NASHUA, NH, 03064
Specialty P
Board Certified P
School and Year of Graduation MEDICAL COLL OF WISCONSIN - MILWAUKEE, WI USA 1990
Internship and Year UNIV OF CALIFORNIA - FRESNO, CA 1992
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 13275
License Date 9/6/2006
Name **TALLMAN RUHM, HEATHER MD**
Address CTR FOR INTEGRATIVE MEDICINE, 81 HALL ST CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM US 2000
Internship and Year SOUTHERN COLORADO FAMILY MED, PUEBLO CO 2001
Residency and Year SOUTHERN COLORADO FAMILY MED, PUEBLO CO 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6152
License Date 1/3/1980
Name **TALLMAN, CARTER B MD**
Address TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9 LAWRENCE, MA, 01843-1740
Specialty OPH
Board Certified OPH
School and Year of Graduation BOSTON UNIV. SCH OF MED. BOSTON, MA USA 1962
Internship and Year HENRY FORD HOSP. DETROIT, MI 1963
Residency and Year PRESBY-ST LUKES MED. CTR, IL 1966
License Expiration Date **6/30/2016**
Remarks

License Number 11292
License Date 6/6/2001
Name **TALLY, KEVIN J MD**
Address CONSULTING CARDIOLOGISTS, 85 SEYMOUR ST #719 HARTFORD, CT, 06106
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA USA 1998
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1999
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 12822
License Date 7/6/2005
Name **TALMADGE, DAVID B MD**
Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM NEW MEXICO 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 17090
License Date 5/6/2015
Name **TALMADGE, JENNIFER C MD**
Address 27 KELLEY RD, FALMOUTH, ME, 04105
Specialty R
Board Certified
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2009
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2014
License Expiration Date **6/30/2017**
Remarks

License Number 11360
License Date 8/1/2001
Name **TALPEY JR, WILLIAM B MD**
Address PETERBOROUGH INTERNAL MED, 454 OLD ST RDPETERBOROUGH, NH, 03458
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NY USA 1997
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date **6/30/2005**
Remarks

License Number 15947
License Date 11/7/2012
Name **TALWALKAR, JAYANT A MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty GE
Board Certified GE
School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1993
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATIONS - ROCHESTER, MN 1994
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATIONS - ROCHESTER, MN 1996
License Expiration Date **6/30/2016**
Remarks

License Number 13646
License Date 8/1/2007
Name **TAM, JUDY T MD**
Address FLETCHER ALLEN HEALTHCARE, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty R
Board Certified R
School and Year of Graduation UNIV OF CALIFORNIA USA 1988
Internship and Year UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1989
Residency and Year UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1993
License Expiration Date **6/30/2011**
Remarks

License Number 6408
License Date 6/15/1981
Name **TAMAREN, DAVID S MD**
Address 34 D CONSTITUTION WAY, MARBLEHEAD, MA, 01945
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLL MED-YESHIVA UNIV-BRONX,NY USA 1974
Internship and Year HARTFORD HOSP-HARTFORD,CT 1975
Residency and Year HARTFORD HOSP- HARTFORD,CT 1977
License Expiration Date **6/30/2005**
Remarks **7/9/09 - Voluntary Surrender of License.**

License Number 14237
License Date 11/5/2008
Name **TAMASDAN, MIRCEA S MD**
Address ALICE PECK DAY MEMORIAL HOSP, 125 MASCOMA ST LEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE GRIGORE T POPA ROMANIA 1995
Internship and Year NORWALK HOSPITAL - NORWALK, CT 2006
Residency and Year NORWALK HOSPITAL - NORWALK, CT 2008
License Expiration Date **6/30/2014**
Remarks

License Number 16883
License Date 12/3/2014
Name **TAN, EKIONG MD**
Address 13435 SOUTH MCCALL RD, PORT CHARLOTTE, FL, 33981
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1970
Internship and Year ST CLARES HOSPITAL - SCHENECTADY, NY 1972
Residency and Year ELLIS HOSPITAL - SCHENECTADY, NY 1974
License Expiration Date **6/30/2016**
Remarks

License Number 16848
License Date 11/6/2014
Name **TAN, MARY A MD**
Address STRATA PATHOLOGY SER, ONE CRANBERRY HILL STE 303LEXINGTON, MA, 02421
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1993
Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2002
Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2005
License Expiration Date **6/30/2016**
Remarks

License Number 15555
License Date 2/1/2012
Name **TAN, MICHAEL C MD**
Address VISTA STAFFING SOLUTIONS, 275 E 200 SSALT LAKE CITY, UT, 84111
Specialty IM
Board Certified
School and Year of Graduation NATIONAL TAIWAN UNIVERSITY TAIWAN 2005
Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2009
Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2011
License Expiration Date **6/30/2014**
Remarks

License Number 9263
License Date 8/3/1994
Name **TAN, SHIRLEY N MD**
Address ASSOCIATES IN MEDICINE, 9 DUNNING STCLAREMONT, NH, 03743
Specialty PD
Board Certified PD
School and Year of Graduation MANILA CENTRAL UNIV COLLEGE OF MEDICINE USA 1983
Internship and Year COOK COUNTY HOSPITAL - CHICAGO IL 1994
Residency and Year COOK COUNTY HOSPITAL - CHICAGO IL 1994
License Expiration Date **6/30/2016**
Remarks

License Number 5256
License Date 10/17/1974
Name **TAN, STEVEN S MD**
Address 15 SHAW DR, BEDFORD, NH, 03110-6050
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF INDONESIA INDONESIA 1961
Internship and Year MERCY HOSPITAL - ROCKVILLE CENTRE, NY 1970
Residency and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1971
License Expiration Date **6/30/2002**
Remarks

License Number 9786
License Date 7/3/1996
Name **TAN, SWEE LIAN MD**
Address VASCULAR & SURG CARE NW PLLC, 600 BROADWAY STE 112SEATTLE, WA, 98122
Specialty VS
Board Certified VS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON MA USA 1988
Internship and Year NEW ENGLAND DEACONESS HOSPITAL - MA 1993
Residency and Year PA HOSPITAL - PA 1994
License Expiration Date **6/30/2012**
Remarks

License Number 10815
License Date 1/5/2000
Name **TAN, VINCENT Y MD**
Address STRATHAM FAMILY HEALTH, 118 PORTSMOUTH AVE STE B102STRATHAM, NH, 03885
Specialty FP
Board Certified FP
School and Year of Graduation MCGILL UNIV FAC OF MED MONTREAL - CANADA CANADA 1993
Internship and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1994
Residency and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16434
License Date 12/4/2013
Name **TANASE, DIANA MD**
Address CONCORD HOSPITAL MEDICAL GROUP/NEURO ASSOC, PILLSBURY MED BLDG., 248 PLEASANT ST, S
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITATEA DE MEDICINA SI FARMACIE LULIU HATEIG ROMANIA 1995
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2004
Residency and Year THE CLEVELAND CLINIC - CLEVELAND, OH 2008
License Expiration Date **6/30/2017**
Remarks

License Number 10291
License Date 5/6/1998
Name **TANENBAUM, BRUCE L MD**
Address SIERRA MOUNTIAN HEALTH, 628 LAKE STRENO, NV, 89501
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MARYLAND USA 1976
Internship and Year UNIVERSITY OF VIRGINIA MEDICAL CENTER-CHARLOTTESVILLE,VA 1979
Residency and Year UNIVERSITY OF VIRGINIA MEDICAL CENTER, CHARLOTTESVILLE VA 1979
License Expiration Date **6/30/1999**
Remarks

License Number 11576
License Date 4/3/2002
Name **TANEV, KALOYAN S MD**
Address MASS GENERAL HOSP, 55FRUIT ST WARREN1220/BLAKE11BOSTON, MA, 02114
Specialty P
Board Certified P
School and Year of Graduation MEDICAL ACADEMY INSTITUTE OF SOFIA, BULGARIA USA 1990
Internship and Year BROWN UNIV - PROVIDENCE, RI 1995
Residency and Year BROWN UNIV - PROVIDENCE, RI 1998
License Expiration Date **6/30/2010**
Remarks

License Number 14855
License Date 5/5/2010
Name **TANG, CHRISTOPHER M MD**
Address CAREONSITE, 1250 PACIFIC AVELONG BEACH, CA, 90813
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 2005
Internship and Year KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 2006
Residency and Year KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 16465
License Date 1/8/2014
Name **TANG, JOSEPH Y MD**
Address 125 PARKER HILL AVE, BOSTON, MA, 02120
Specialty DR
Board Certified DR
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 2007
Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 2008
Residency and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 12281
License Date 4/7/2004
Name **TANG, MARY E MD**
Address FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVE LAB-EP1BURLINGTON, VT, 05401
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF VT, BURLINGTON VT US 1984
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1985
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1986
License Expiration Date **6/30/2016**
Remarks

License Number 17091
License Date 5/6/2015
Name **TANG, MICHAEL M DO**
Address DHMC - ADDICTION TREATMENT PROGRAM, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty P
Board Certified
School and Year of Graduation TOURO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER - BROCKTON, MA 2012
Residency and Year BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER - BROCKTON, MA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15779
License Date 7/11/2012
Name **TANGNEY, PATRICK J MD**
Address CONCORD PULMONARY MEDICINE, 248 PLEASANT ST STE G100CONCORD, NH, 03301
Specialty PUD
Board Certified PUD
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON MA USA 1987
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 44195 1990
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 44195 1991
License Expiration Date **6/30/2016**
Remarks

License Number 5643
License Date 11/4/1976
Name **TANGUAY, WILLIAM A MD**
Address 1 PARKWAY, HAVERHILL, MA, 01830-6220
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHOOL OF MED BOSTON USAT 1973
Internship and Year BOSTON CITY HOSP 1975
Residency and Year BOSTON CITY HOSP 1976
License Expiration Date **6/30/2010**
Remarks

License Number 17194
License Date 7/1/2015
Name **TANITA, JEFFREY S MD**
Address 2790 RODEO RD APT 1235, ABBEVILLE, LA, 70510
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2002
Internship and Year LOUISIANA STATE UNIVERSITY - ALEXANDRIA, LA 2003
Residency and Year LOUISIANA STATE UNIVERSITY - ALEXANDRIA, LA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13519
License Date 5/9/2007
Name **TANSKI III, WILLIAM J MD**
Address DARTMOUTH HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-7560
Specialty GS
Board Certified VS
School and Year of Graduation UNIV OF CONNECTICUT USA 1998
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2001
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12922
License Date 10/5/2005
Name **TANSKI, SUSANNE E MD**
Address DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DR 7925LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1998
Internship and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1999
Residency and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 15270
License Date 6/1/2011
Name **TANTAWI, DIYA H MD**
Address 6935 SPRING VALLEY LN, EXPORT, PA, 15632
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF JORDAN JORDAN 2000
Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 2003
Residency and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 2004
License Expiration Date **6/30/2013**
Remarks

License Number 10733
License Date 10/6/1999
Name **TANZER, ADAM S MD**
Address ELLIOT HOSPITAL ER, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation NEW YORK MEDICAL COLLEGEVALHALLA,NY USA 1996
Internship and Year TRUMAN MEDICAL CENTER-KANSAS CITY,MO 1996
Residency and Year TRUMAN MEDICAL CENTER-KANSAS CITY-MO 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7857
License Date 5/4/1988
Name **TANZER, MARY S MD**
Address IMMEDIATE CARE OF SOUTHERN NH, 29 NORTHWEST BLVDNASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1984
Internship and Year EASTERN VIRGINIA GRADUATE SCHOOL MEDICAL AFFILIATED HOSPITAL - NORFOLK, VA 1985
Residency and Year EASTERN VIRGINIA GRADUATE SCHOOL MEDICAL AFFILIATED HOSPITAL - NORFOLK, VA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 17033
License Date 4/1/2015
Name **TAPAN, UMIT MD**
Address ST JOSEPH HOSPITAL CANCER CTR, 172 KINSLEY STNASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation HACETTEPE UNIVERSITESI TURKEY 2006
Internship and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2010
Residency and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 13934
License Date 4/2/2008
Name **TAPIA-CENTOLA, BEATRIZ A MD**
Address STRATA DX, ONE CRANBERRY HILL, STE 303LEXINGTON, MA, 02421
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV DE LA SALLE MEXICO 1994
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2003
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12633
License Date 3/2/2005
Name **TARAS, MALGORZATA M MD**
Address HWIM, 1 HIGHLANDER WAY SUITE 4MANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation AKADEMIA MEDYCZNA, WARSAW POLAND POLAND 1982
Internship and Year UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 1991
Residency and Year UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15050
License Date 10/6/2010
Name **TARASEVICH, DMITRY S MD**
Address MONADNOCK INTERNISTS, 452 OLD ST RDPETERBOROUGH, NH, 03458
Specialty IM
Board Certified IM
School and Year of Graduation KAZAN STATE MEDICAL UNIVERSITY RUSSIA 1999
Internship and Year HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 2008
Residency and Year HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 2010
License Expiration Date **6/30/2016**
Remarks

License Number 13520
License Date 5/9/2007
Name **TARGINO, MARCELO C MD**
Address QUADRANT HEALTH STRATEGIES INC, 500 CUMMINGS CENTER SUITE 4350BEVERLY, MA, 01915
Specialty GPM
Board Certified GPM
School and Year of Graduation UNIV OF SOUTH FLORIDA USA 2002
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2003
Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2004
License Expiration Date **6/30/2015**
Remarks

License Number 13566
License Date 6/6/2007
Name **TARKAN, JOSHUA L MD**
Address 260 MERRIMAC ST, NEWBURYPORT, MA, 01950
Specialty IM
Board Certified IM
School and Year of Graduation EMORY UNIV USA 2001
Internship and Year BOSTON UNIV - BOSTON, MA 2002
Residency and Year BOSTON UNIV - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 13521
License Date 5/9/2007
Name **TARRABAIN, MOHAMMED I MD**
Address AMMONOOSUC COM HLTH SER, 25 MT EUSTIS RDLITTLETON, NH, 03561
Specialty FP
Board Certified FP
School and Year of Graduation AMERICAN UNIV OF BEIRUT LEBANON 2003
Internship and Year UNIV OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 2005
Residency and Year UNIV OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 2006
License Expiration Date **6/30/2011**
Remarks

License Number 9754
License Date 6/5/1996
Name **TARRY, ANNE F MD**
Address MANCHESTER VA, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TEXAS SCHOOL AT HOUSTON USA 1993
Internship and Year UNIV OF TEXAS MED SCHOOL-HOUSTON, TX 1996
Residency and Year UNIV OF TEXAS MED SCHOOL - HOUSTON, TX 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10066
License Date 7/2/1997
Name **TARRY, CHRISTINA T MD**
Address DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation DUKE UNIV SCHOOL OF MEDICINE - DURHAM, NC USA 1989
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - VA 1991
Residency and Year VIRGINIA COMMONWEALTH UNIV MEDICAL COLLEGE VA SCHOOL OF MEDICINE - VA 1996
License Expiration Date **6/30/1998**
Remarks

License Number 13276
License Date 9/6/2006
Name **TARTA, JOSEPH A MD**
Address 125 CABLE RD, RYE, NH, 03870
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY DE GUADALAJARA, MEXICO MEXICO 1978
Internship and Year UNIVERSITY MEDICAL CTR, CAMDEN NJ 1980
Residency and Year UNIVERSITY MEDICAL CTR, CAMDEN NJ 1983
License Expiration Date **6/30/2016**
Remarks

License Number 8363
License Date 6/6/1990
Name **TARTOW, LAWRENCE R MD**
Address 26 HILLSIDE DR, HOLLIS, NH, 03049-
Specialty IM
Board Certified
School and Year of Graduation UNIV OF MED MONTPELLIER-PARIS FRANCE 1960
Internship and Year A C LOGAN MEM HOSP-NY 1961
Residency and Year A C LOGAN MEM HOSP-NY 1964
License Expiration Date **6/30/2000**
Remarks

License Number 9264
License Date 8/3/1994
Name **TASHMAN, JOHN S MD**
Address 6 APPLE BLOSSOM LN, ITHACA, NY, 14850
Specialty AN
Board Certified AN
School and Year of Graduation SUNY AT STONY BROOK HELTH SCIENCE CENTER USA 1990
Internship and Year MARY I BASSETT HOSPITAL - COOPERSTOWN NY 1991
Residency and Year UNIVERSITY HOSPITAL SUNY STONY BROOK - STONY BROOK NY 1992
License Expiration Date **6/30/2014**
Remarks

License Number 12475
License Date 9/1/2004
Name **TATA, JOHN A MD**
Address QUEENSBURY IMAGING, 35 WILDWOOD PLACEQUEENSBURY, NY, 12804
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1974
Internship and Year CARITAS ST ELIZABETHS MED CTR, BOSTON MA 1976
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1979
License Expiration Date **6/30/2008**
Remarks

License Number 14609
License Date 9/2/2009
Name **TATLI, YUSUF Z MD**
Address BASSETT HLTH CARE, ONE ATWELL RD COOPERSTOWN, NY, 13326-1394
Specialty
Board Certified
School and Year of Graduation ISTANBUL UNIV, ISTANBUL TIP FAKULTESI TURKEY 1987
Internship and Year OUR LADY OF MERCY MEDICAL CENTER - BRONX, NY 2002
Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2003
License Expiration Date **6/30/2011**
Remarks

License Number 7754
License Date 12/2/1987
Name **TAUB, ABNER F MD**
Address 104 PEELE ROAD, NASHUA, NH, 03062
Specialty PD
Board Certified PD
School and Year of Graduation UNIV LIBRE DEBRUXELLES BELGIUM BELGIUM 1977
Internship and Year STRONG MEM HOSP ROCHESTER NY 1978
Residency and Year STRONG MEM HOSP ROCHESTER NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 9971
License Date 4/2/1997
Name **TAUBER, ALFRED I MD**
Address BOSTON MEDICAL CTR, 88 E CONCORD ST BOSTON, MA, 02118
Specialty HEM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1973
Internship and Year UNIV WASHINGTON MEDICAL CENTER - WA 1975
Residency and Year ROBERTS B BRIGHAM HOSPITAL - MA 1978
License Expiration Date **6/30/2005**
Remarks

License Number 10596
License Date 6/2/1999
Name **TAURO, RANDY M MD**
Address ASSOCIATED RADIOLOGIST PA, 8 EAST PEARL ST NASHUA, NH, 03060
Specialty R
Board Certified R
School and Year of Graduation CREIGHTON UNIV SCH OF MED - OMAHA, NE USA 1993
Internship and Year ST LUKE'S MEDICAL CENTER - MILWAUKEE, WI 1994
Residency and Year ST LUKE'S MEDICAL CENTER - MILWAUKEE, WI 1998
License Expiration Date **6/30/2017**
Remarks

License Number 7275
License Date 2/6/1986
Name **TAVARES, PHILIP J MD**
Address CONCENTRA, 14 A BROAD ST NASHUA, NH, 03064
Specialty OM
Board Certified EM
School and Year of Graduation GEORGETOWN UNIV WASHINGTON DC USA 1979
Internship and Year UNIV MA - WORCESTER, MA 1980
Residency and Year UNIV MA- WORCESTER, MA 1982
License Expiration Date **6/30/2014**
Remarks

License Number 12408
License Date 7/7/2004
Name **TAYLOR, ANDREW L MD**
Address DMHC, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty END
Board Certified END
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1963
Internship and Year GEORGETOWN MED, WASHINGTON DC 1964
Residency and Year GEORGETOWN UNIVERSITY MED CTR, WASHINGTON DC 1967
License Expiration Date **6/30/2016**
Remarks

License Number 10239
License Date 2/4/1998
Name **TAYLOR, BETH MD**
Address FRANKLIN REGIONAL HOSP, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year MAINE MEDICAL CENTER - ME 1998
Residency and Year MAINE MEDICAL CENTER - ME 1998
License Expiration Date **6/30/2016**
Remarks

License Number 11644
License Date 6/5/2002
Name **TAYLOR, CRISTINA E MD**
Address CONCORD HOSP - PATHOLOGY, 250 PLEASANT STCONCORD, NH, 03301
Specialty PTH
Board Certified PTH
School and Year of Graduation PENNSYLVANIA STATE UNIV - UNIVERSITY PARK, PA USA 1996
Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1997
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10696
License Date 9/1/1999
Name **TAYLOR, DONALD A MD**
Address AMERICAN OSTEOPOROSIS SERVICES, 30 W RAHN RD STE 3DAYTON, OH, 45429
Specialty R
Board Certified R
School and Year of Graduation CORNELL UNIV MED COLL - NEW YORK, NY USA 1957
Internship and Year VANDERBILT UNIV MEDICAL CENTER - NASHVILLE, TN 1958
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1959
License Expiration Date **6/30/2013**
Remarks

License Number 11840
License Date 2/5/2003
Name **TAYLOR, DOUGLAS C MD**
Address ORTHOPEDICS AT MEMORIAL HOSPITAL, PO BOX 2250,3073 WHITE MT HWYNORTH CONWAY, NH,
Specialty ORS
Board Certified ORS
School and Year of Graduation DALHOUSIE UNIV FAC OF MED - HALIFAX, NOVA SCOTIA CANADA 1986
Internship and Year DALHOUSIE UNIV FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1987
Residency and Year DALHOUSIE UNIV FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1995
License Expiration Date **6/30/2017**
Remarks

License Number 17284
License Date 9/2/2015
Name **TAYLOR, GARRETT R MD**
Address 4500 N LEWIS AVE, SIOUX FALLS, SD, 57104
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF COLORADO, AURORA, CO USA 2000
Internship and Year SAINT MARYS HOSPITAL, ROCHESTER, MN 2001
Residency and Year SAINT MARY'S HOSPITAL, ROCHESTER, MN 2003
License Expiration Date **6/30/2017**
Remarks

License Number 4887
License Date 2/7/1972
Name **TAYLOR, GERALD J MD**
Address , PO BOX 492HARRISON, ME, 04040
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF MINNESOTA-MINNEAPOLIS MN USA 1942
Internship and Year STRONG MEMORIAL HOSP-ROCHESTER NY 1942
Residency and Year MANHATTAN STATE HOSP-WARD'S ISLAND NY 1948
License Expiration Date **6/30/2002**
Remarks

License Number 5696
License Date 4/7/1977
Name **TAYLOR, HOWARD P MD**
Address 16 HEATHWOOD LANE, BROOKLINE, MA, 03467
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF ILLINOIS-CHICAGO IL USA 1966
Internship and Year HOSP-JOINT DISEASES-MED CTR-NEW YORK NY 1967
Residency and Year HOSP-JOINT DISEASES-MED CTR-NEW YORK NY 1968
License Expiration Date **6/30/2001**
Remarks

License Number 12085
License Date 9/3/2003
Name **TAYLOR, JESSIE R MD**
Address OCCUPATIONAL MEDICINE, 14 A BROAD STREETNASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF MISSISSIPPI, JACKSON MS US 1971
Internship and Year BAPTIST MEMORIAL HOSPITAL, MEMPHIS TN 1972
Residency and Year BAPTIST MEMORIAL HOSPITAL, MEMPHIS TN 1972
License Expiration Date **6/30/2007**
Remarks

License Number 13130
License Date 6/7/2006
Name **TAYLOR, RICHARD G MD**
Address CENTRAL VERMONT MEDICAL CTR, BOX 547BARRE, VT, 05641
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 2002
Internship and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 2003
Residency and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 2006
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 8/11/14

License Number 15141
License Date 2/2/2011
Name **TAYLOR, RODNEY J MD**
Address BOX 241, GRANTHAM, NH, 03753
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF VERMONT USA 1973
Internship and Year UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 1974
Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1978
License Expiration Date **6/30/2015**
Remarks

License Number 12720
License Date 5/4/2005
Name **TAYLOR, SARAH F MD**
Address WETFORD INTERNAL MEDICINE, 133 LITTLETON RD STE 202WESTFORD, MA, 01886
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 2000
Internship and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 2001
Residency and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 2003
License Expiration Date **6/30/2011**
Remarks

License Number 15496
License Date 12/7/2011
Name **TAYLOR, STACY A MD**
Address 28 CIDER MILL RD, SUDBURY, MA, 01776
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL, MA USA 2004
Internship and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM, BOSTON, MA 02215 2005
Residency and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM, BOSTON, MA 02215 2006
License Expiration Date **6/30/2015**
Remarks

License Number 14271
License Date 12/3/2008
Name **TAYLOR, STEVEN D MD**
Address 8 CHRISTIE LANE, STRATHAM, NH, 03885
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEVADA USA 1986
Internship and Year UNIV OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 1987
Residency and Year UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1989
License Expiration Date **6/30/2016**
Remarks

License Number 9026
License Date 8/4/1993
Name **TAYLOR, SUE A MD**
Address ENDOCRINOLOGY & DIABETES CONS, 10 MEMBER WAY STE 400DOVER, NH, 03820
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF VERMONT COLL OF MEDICINE USA 1987
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1990
Residency and Year BAYSTATE MEDICLA CENTER - SPRINGFIELD, MA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 15203
License Date 4/6/2011
Name **TAYLOR, THOMAS H MD**
Address DHMC - DEPT OF GE AND HEP, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 2004
Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2005
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2007
License Expiration Date **7/31/2011**
Remarks **DECEASED 7/31/2011**

License Number 6123
License Date 9/18/1979
Name **TAYLOR, THOMAS H MD**
Address WHITE RIVER JCT VA HOSPITAL, 215 NORTH MAIN STWHITE RIVER JCT, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF COLORADO SCH MEDICAL - DENVER, CO USA 1972
Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1973
Residency and Year ROBERT B FBRIGHAM HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 15855
License Date 9/5/2012
Name **TAYLOR-BLACK, SARAH A MD**
Address CHESHIRE MED CTR/DH - KEENE, 580-590 COURT STKEENE, NH, 03431
Specialty AI
Board Certified IM
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2007
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 2008
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 10570
License Date 5/5/1999
Name **TEDESCO, RICHARD F MD**
Address BAY MEDICAL ASSOCIATES, 4 ELIOTT WAY STE 102MANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1995
Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1996
Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE- BRONX, NY 1998
License Expiration Date **6/30/2017**
Remarks

License Number 6810
License Date 10/6/1983
Name **TEEM, PAUL N MD**
Address 1984 LUDWIG AVE, SANT ROSA, CA, 95407
Specialty FP
Board Certified
School and Year of Graduation STANFORD UNIV SCH MEDICINE - PALO ALTO, CA USA 1981
Internship and Year NEW ENGLAND MEMORIAL HOSPITAL - STONEHAM, MA 1982
Residency and Year NEW ENGLAND MEMORIAL HOSPITAL - STONEHAM, MA 1984
License Expiration Date **5/27/2011**
Remarks **DECEASED 5/27/11**
LAPSED FOR NON-RENEWAL 6/30/02-----REINSTATED 1/4/06

License Number 16884
License Date 12/3/2014
Name **TEET, JAMES J DO**
Address DOCTOR ON DEMAND LLC, 121 SPEAR ST(RINCON 2)STE 420SAN FRANCISCO, CA, 94105
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year UPMC MERCY-LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE - PITTSBURGH, PA 2012
Residency and Year SOUTH NASSAU COMMUNITIES HOSPITAL - OCEANSIDE, NY 2014
License Expiration Date **6/30/2016**
Remarks

License Number 14822
License Date 4/7/2010
Name **TEJEDA SOTO, ROBIN I MD**
Address BAYVIEW PHYSICIANS, 736 N BATTLEFIELD BLVDCHESAPEAKE, VA, 23320
Specialty IM
Board Certified
School and Year of Graduation INSTITUTO TECNOLOGICO DE SANTO DOMINGO DOMINICAN REPUBLIC 1993
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CTR - BROOKLYN, NY 2008
Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CTR - BROOKLYN, NY 2009
License Expiration Date **6/30/2014**
Remarks

License Number 12953
License Date 11/2/2005
Name **TEJEDA, RAFAEL MD**
Address ST JOSEPH HOSPITAL/HOSPITALIST, 172 KINSLEY STNASHUA, NH, 03061-2013
Specialty IM
Board Certified IM
School and Year of Graduation U.OF NACIONAL PEDRO HENRIQUEZ URENA, DOMINICAN REP DOMINICAN REPUBLIC 1997
Internship and Year ILLINOIS MASONIC MED CTR, CHICAGO IL 2003
Residency and Year ILLINOIS MASONIC MED CTR, CHICAGO IL 2005
License Expiration Date **6/30/2017**
Remarks **7/8/11- Settlement Agreement**

License Number 12086
License Date 9/3/2003
Name **TEK, CENK MD**
Address U OF MD MEDICAL SYSTEM CONSULT, 22 S GREENE ST BOX 349BALTIMORE, MD, 21201
Specialty P
Board Certified P
School and Year of Graduation HACETTEPE UNIVERSITY, ANKARA ANKARA 1991
Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 2000
Residency and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 2001
License Expiration Date **6/30/2005**
Remarks

License Number 13232
License Date 8/2/2006
Name **TELESCO, RICHARD R MD**
Address ELLIOT HOSPITAL-NICU, ONE ELLIOTT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIV OF NEW YORK USA 2000
Internship and Year VIRGINIA COMMONWEALTH UNIV-RICHMOND, VA 2001
Residency and Year VIRGINIA COMMONWEALTH UNIV-RICHMOND, VA 2003
License Expiration Date **6/30/2008**
Remarks

License Number 6221
License Date 6/9/1980
Name **TEMME, THOMAS J MD**
Address COOS COUNTY FAMILY HEALTH SERV, 2 BROADWAY STGORHAM, NH, 03581-1597
Specialty FP
Board Certified FP
School and Year of Graduation KATHOLIEKE UNIV.-BELGUIM BELGUIM 1977
Internship and Year HUNTERDON MED CTR-FLEMINGTON,NJ 1978
Residency and Year HUNTERDON MED CTR - FLEMINGTON, NJ 1978
License Expiration Date **6/30/2016**
Remarks

License Number 4452
License Date 7/3/1969
Name **TEMPLE, KIMBALL B MD**
Address 114 JORDAN RD, KEENE, NH, 03431-5509
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER - NY USA 1962
Internship and Year NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1963
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1969
License Expiration Date **6/30/2015**
Remarks

License Number 4097
License Date 7/10/1967
Name **TEMPLE, ROGER C MD**
Address 303 KNOX MARSH RD, MADBURY, NH, 03823
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1960
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1961
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1967
License Expiration Date **6/30/2013**
Remarks

License Number 10597
License Date 6/2/1999
Name **TENBROOK JR, JOHN A MD**
Address NEW LONDON PHYSICIAN GROUP, 280 COUNTY RD STE 101NEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1996
Internship and Year JOHN HOPKINS BAYVIEW MEDICAL CTR - BALTIMORE, MD 1997
Residency and Year JOHN HOPKINS BAYVIEW MEDICAL CTR - BALTIMORE,MD 1998
License Expiration Date **6/30/2001**
Remarks

License Number 14331
License Date 2/4/2009
Name **TENG, ERWEY A MD**
Address CENTRAL MAINE MED CTR, 76 HIGH STLEWISTON, ME, 04240
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ROCHESTER USA 2002
Internship and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2003
Residency and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2005
License Expiration Date **6/30/2013**
Remarks

License Number 11432
License Date 10/3/2001
Name **TENG, MARK P MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year BOSTON MEDICAL CENTER - BOSTON, MA 1996
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date **6/30/2003**
Remarks

License Number 3968
License Date 9/15/1966
Name **TENN, JAMES J MD**
Address 16 HIGH ST, MANCHESTER, NH, 03101-1629
Specialty IM
Board Certified
School and Year of Graduation AMERICAN UNIV BEIRUT, LEBANON LEBANON 1960
Internship and Year AMERICAN UNIV OF BEIRUT - BEIRUT, LEBANON 1961
Residency and Year AKRON GENERAL HOSPITAL - AKRON, OH 1964
License Expiration Date **6/30/2004**
Remarks

License Number 12287
License Date 4/7/2004
Name **TERAYANONT, TAVEEPONG MD**
Address 7391 TIMBER RIDGE RD, ROSCOE, IL, 61073
Specialty PD
Board Certified PD
School and Year of Graduation CHULALONG KORN UNIVERSITY, THAILAND THAILAND 1974
Internship and Year LINCOLN MEDICAL CTR, BRONX NY 1977
Residency and Year LINCOLN MEDICAL CTR, BRONX NY 1979
License Expiration Date **6/30/2016**
Remarks

License Number 6538
License Date 5/6/1982
Name **TERLIZZI, MICHAEL J MD**
Address 29 STILES RD, STE 303SALEM, NH, 03079-2859
Specialty D
Board Certified D
School and Year of Graduation LOYOLA UNIV STRITCH SCH MED-MAYWOOD,IL USA 1974
Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1976
Residency and Year ALBANY MED CTR HOSP-ALBANY,NY 1979
License Expiration Date **6/30/2016**
Remarks

License Number 2875
License Date 9/12/1051
Name **TERRAGNI, MANLIO J MD**
Address 65 VICTORIA ST, MANCHESTER, NH, 03104-1971
Specialty IM
Board Certified
School and Year of Graduation COLUMBIA UNIV NEW YORK USA 1942
Internship and Year FORDHAM HOSPITAL BRONX,NY 1946
Residency and Year GERMANTOWN DISPENSARY AND HOSPITAL - PHILADELPHIA 1951
License Expiration Date **6/30/1999**
Remarks **DECEASED 12/14/98**

License Number 15329
License Date 7/6/2011
Name **TERRELL, JASON B MD**
Address ANY LAB TEST NOW, 5217 82nd ST., SUITE 102ALUBBOCK, TX, 79424
Specialty OS
Board Certified
School and Year of Graduation UNIVERSITY OF TEXAS USA 2006
Internship and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER-LUBBOCK, TX 2007
Residency and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER-LUBBOCK, TX 2011
License Expiration Date **6/30/2017**
Remarks

License Number 16885
License Date 12/3/2014
Name **TERRERI, ANTHONY A MD**
Address RAYS, 12727 NOED RD STE 1600DALLAS, TX, 75240
Specialty NM
Board Certified NM
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1995
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - BELLEVILLE, IL 1996
Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - BELLEVILLE, IL 1998
License Expiration Date **6/30/2016**
Remarks

License Number 7162
License Date 7/10/1985
Name **TERRES, JEROME MD**
Address 27 INDIAN PIPE RD, PO BOX 815FRANCONIA, NH, 03580
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS SCHOOL OF MEDICINE-BOSTON, MA USA 1979
Internship and Year VALLEY MEDICAL CENTER-FRESNO, CA 1980
Residency and Year VALLEY MEDICAL CENTER-FRESNO, CA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 15166
License Date 3/2/2011
Name **TERRILL, MITCHELL N MD**
Address RENO VA HOSPITAL, DEPT OF RADIOLOGY, 975 KIRMAN AVERENO, NV, 89502
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CAROLINA SCHOOL OF MEDICINE USA 1968
Internship and Year MARSHALL UNIVERSITY SCHOOL OF MEDICINE-HUNTINGTON, WV 1998
Residency and Year UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 10764
License Date 11/3/1999
Name **TERRILL, ROBERT Q MD**
Address 291 LINCOLN ST 204, WORCESTER, MA, 01605
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF TEXAS USA 1984
Internship and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1985
Residency and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1989
License Expiration Date **6/30/2003**
Remarks

License Number 16393
License Date 11/6/2013
Name **TERRY, KIMBERLY D MD**
Address 315 NORTH SAN SABA STE 1210, SAN ANTONIO, TX, 78207
Specialty NS
Board Certified NS
School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 1994
Internship and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1995
Residency and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 11293
License Date 6/6/2001
Name **TERWILLIGER, GEORGE P MD**
Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT COLL- BURLINGTON, VT USA 1989
Internship and Year UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1990
Residency and Year UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 17195
License Date 7/1/2015
Name **TERZAGHI, NADIA MD**
Address 855 N PARK RD APT N302, WYOMISSING, PA, 19610
Specialty FP
Board Certified
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2012
Internship and Year READING HOSPITAL & MEDICAL CENTER - W READING, PA 2013
Residency and Year READING HOSPITAL & MEDICAL CENTER - W READING, PA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 10037
License Date 6/4/1997
Name **TESSIER, CHRISTOPHER D MD**
Address DEPARTMENT OF UROLOGY, 3710 SW US VETERAND HOSPITAL ROADPORTLAND, OR, 97239
Specialty U
Board Certified U
School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PA USA 1991
Internship and Year HOSPITAL UNIV OF PENNSYLVANIA - PA 1996
Residency and Year HOSPITAL UNIVERSITY OF PENNSYLVANIA-PA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 4551
License Date 4/14/1970
Name **TESSIER, PAUL A MD**
Address LAFAYETTE PROFESSIONAL CENTER, 288 LAFAYETTE RD BLDG APORTSMOUTH, NH, 03801
Specialty U
Board Certified
School and Year of Graduation UNIV OF BRUSSELS BELGIUM 1964
Internship and Year UNIV HOSPITAL - BOSTON, MA 1965
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1970
License Expiration Date **6/30/1999**
Remarks **1/8/99 - SETTLEMENT AGREEMENT**

License Number 6455
License Date 9/9/1981
Name **TETIRICK JR, CARL E MD**
Address 243 ELM ST, CLAREMONT, NH, 03743
Specialty GS
Board Certified GS
School and Year of Graduation BAYLOR COLL MED-HOUSTON,TX USA 1973
Internship and Year BAYLOR COLL MED-HOUSTON,TX 1974
Residency and Year OHIO STATE UNIV-COLUMBUS,OH 1980
License Expiration Date **6/30/2017**
Remarks

License Number 9571
License Date 10/4/1995
Name **TEUFEL, EDWARD J MD**
Address CARDIOVASCULAR CONSULTANTS ME, 96 CAMPUS DRSCARBOROUGH, ME, 04074
Specialty CD
Board Certified CD
School and Year of Graduation GEORGETOWN UNIV SCH OF MED-WASHINGTON,DC USA 1993
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1994
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 8568
License Date 6/5/1991
Name **THADANI, VIJAY M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS AND SURG USA 1985
Internship and Year ST LUKES-ROOSEVELT 1986
Residency and Year YALE UNIVERSITY SCHOOL OF MED 1989
License Expiration Date **6/30/2017**
Remarks

License Number 15008
License Date 9/1/2010
Name **THADISINA, SOWMYA R MD**
Address 74 ACCESS HWY, PO BOX 40CARIBOU, ME, 04736
Specialty FP
Board Certified FP
School and Year of Graduation OSMANIA MEDICAL COLLEGE INDIA 2003
Internship and Year UNIVERSITY HOSPITAL OF ARKANSAS - LITTLE ROCK, ARKANSAS 2008
Residency and Year UNIVERSITY HOSPITAL OF ARKANSAS - LITTLE ROCK, ARKANSAS 2010
License Expiration Date **6/30/2014**
Remarks

License Number 9027
License Date 8/4/1993
Name **THAKKAR, PARESH K MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 16141
License Date 5/1/2013
Name **THAKUR, DEVENDRA S MD**
Address DARTMOUTH HITCHCOCK MED CTR - DEPT OF PSYCHIATRY, ONE MEDICAL CENTER DRLEBANON, N
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF SC SCHOOL OF MEDICINE USA 2008
Internship and Year THE MOUNT SINAI MEDICAL CENTER - NEW YORK, NY 2009
Residency and Year THE MOUNT SINAI MEDICAL CENTER - NEW YORK, NY 2012
License Expiration Date **6/30/2017**
Remarks

License Number 16927
License Date 1/21/2015
Name **THAKUR, NIKHIL A MD**
Address 6620 FLY RD STE 200, E SYRACUSE, NY, 13057
Specialty ORS
Board Certified ORS
School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2005
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2010
License Expiration Date **6/30/2017**
Remarks

License Number 6247
License Date 7/3/1980
Name **HALER, FREDERICK K MD**
Address KITTERY FAMILY PRACTICE, 22 SHAPLEIGH RDKITTERY, ME, 03904-1455
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV OF BIOLOGICAL MED-PROV,RI USA 1977
Internship and Year UNIV OF MINNESOTA HOSP-MINNEAPOLIS,MN 1978
Residency and Year UNIV OF MINNESOTA HOSP-MINNEAPOLIS,MN 1980
License Expiration Date **6/30/2012**
Remarks

License Number 14308
License Date 1/7/2009
Name **THATAI, LATA C MD**
Address LAHEY CENTER HEMATOLOGY & ONCOLOGY PARKLAND MED CT, 6 TSIENNETO RD STE 101DERRY,
Specialty HO
Board Certified HO
School and Year of Graduation PUNJAB UNIV INDIA 1987
Internship and Year DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 1999
Residency and Year DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11012
License Date 7/5/2000
Name **THATCHER, GENTRY W MD**
Address ANDOVER EAR NOSE & THROAT CTR, 198 MASSACHUSETTS AVENORTH ANDOVER, MA, 01845
Specialty OTO
Board Certified OTO
School and Year of Graduation TUFTS UNIVERSITY - BOSTON MA USA 1995
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS MN 1996
Residency and Year UNIVERSITY OF MINNESOTA - MINNEAPOLIS MN 2000
License Expiration Date **6/30/2016**
Remarks

License Number 7635
License Date 6/3/1987
Name **THATCHER, JONATHAN C MD**
Address 17 BELMONT AVE, BRATTLEBORO, VT, 05301
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIV SCH MED - BOSTON, MA USA 1982
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983
Residency and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1986
License Expiration Date **6/30/2009**
Remarks

License Number 11143
License Date 12/6/2000
Name **THATCHER, RALPH J MD**
Address VALUE OPTIONS HLTH CARE, 40 ALLIED DRDEDHAM, MA, 02026
Specialty P
Board Certified P
School and Year of Graduation ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1969
Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1970
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1973
License Expiration Date **6/30/2002**
Remarks

License Number 12558
License Date 12/1/2004
Name **THAWANI, KALPANA MD**
Address 2227 VILLAGE GREEN PKWY, CHESTERFIELD, MO, 63017
Specialty IM
Board Certified
School and Year of Graduation SECOND TASHKENT STATE MED INST, UZBEKISTAN UZBEKISTAN 1993
Internship and Year ST LUKES HOSP, CHESTERFIELD MO 2002
Residency and Year ST LUKES HOSP, CHESTERFIELD MO 2004
License Expiration Date **6/30/2006**
Remarks

License Number 3253
License Date 6/4/1958
Name **THAYER, CHARLES L MD**
Address 149 WILD ROSE LN, NEWCASTLE, , 03854
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1953
Internship and Year MERCY HOSPITAL TOLEDO - OHIO 1954
Residency and Year MASSACHUSETTS MEMORIAL BOSTON - MASSACHUSETTS 1958
License Expiration Date **6/30/2008**
Remarks **Deceased 11/13/2012**

License Number 11577
License Date 4/3/2002
Name **THAYER, KATHARINE M MD**
Address DARTMOUTH-HITCHCOCK OB-GYN, 253 PLEASANT STCONCORD, NH, 03301
Specialty OBG
Board Certified
School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA USA 1997
Internship and Year IDAHO STATE UNIV - POCATELLO, ID 1998
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date **6/30/2006**
Remarks

License Number 15363
License Date 8/3/2011
Name **THEILER, REGAN N MD**
Address DH MEDICAL CENTER, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 2003
Internship and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 2004
Residency and Year EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 12359
License Date 6/2/2004
Name **THEIN, MIMI W MD**
Address 82 FOX RUN RD, BOLTON, MA, 01740
Specialty PN
Board Certified PN
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, UNIVERSITY PARK PA US 1993
Internship and Year CARITAS ST ELIZABETHS MED CTR, BOSTON MA 1994
Residency and Year BETH ISRAEL DEACONESS, BOSTON MA 1997
License Expiration Date **6/30/2014**
Remarks

License Number 16333
License Date 9/4/2013
Name **THEODOSIOU, ELENA N MD**
Address APPLIEDORE MED GRP HEMATOLOGY & ONCOLOGY ASSOC, 155 BORTHWICK AVE, STE 301 EASTPO
Specialty HO
Board Certified HO
School and Year of Graduation UNIVERSITY OF ATHENS GREECE 1996
Internship and Year ST JOHNS EPISCOPAL HOSPITAL SOUTH SHORE - FAR ROCKAWAY, NY 1999
Residency and Year ST JOHNS EPISCOPAL HOSPITAL SOUTH SHORE - FAR ROCKAWAY, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 8601
License Date 7/17/1991
Name **THEOFRASTOUS, JAMES P MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 1987
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks **9/9/94 - 5 YEAR SUSPENSION**

License Number 12181
License Date 12/3/2003
Name **THEOHARIS, JENNIFER A MD**
Address 9002 HIGHLANDS CV, BOERNE, TX, 78006
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF CHICAGO, CHICAGO IL US 1997
Internship and Year ST JOSEPH MERCY HOSPITAL, ANN ARBOR MI 1998
Residency and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 2003
License Expiration Date **6/30/2015**
Remarks

License Number 9290
License Date 9/7/1994
Name **THERIAULT, ROBERT A DO**
Address 190 BROAD ST, STE 103 NASHUA, NH, 03063-3121
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL OF OSTEOPATHIC MEDICINE USA 1991
Internship and Year PENINSULA HOSPITAL - FAR ROCKAWAY NY 1992
Residency and Year PENINSULA HOSPITAL - FAR ROCKAWAY NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 15839
License Date 9/5/2012
Name **THERMITUS, SERAPHINE A MD**
Address NASHUA PEDIATRICS, 444 NASHUA ST MILFORD, NH, 03055
Specialty PD
Board Certified PD
School and Year of Graduation MEDICAL FACULTY UNIVERSITY OF ULM GERMANY 1994
Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 1999
Residency and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9132
License Date 3/2/1994
Name **THERIAULT, SUSAN L MD**
Address WOLFEBORO FAMILY MEDICINE, 240 S MAIN ST WOLFEBORO, NH, 03890
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1991
Internship and Year EASTERN ME MEDICAL CENTER - BANGOR ME 1994
Residency and Year EASTERN ME MEDICAL CENTER - BANGOR ME 1994
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/10 - reinstated 3/6/13**

License Number 9755
License Date 6/5/1996
Name **THESING, GREGORY J MD**
Address CONCORD HOSPITAL FAMILY HEALTH, 15 ANTRIM RD HILLSBORO, NH, 03244
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL SCHOOL OF GEORGIA SCH OF MED USA 1988
Internship and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1991
Residency and Year DAVID GRANT USAF MED CTR 1991
License Expiration Date **6/30/2016**
Remarks

License Number 15972
License Date 12/5/2012
Name **THEVENTHIRAN, JAMUNA MD**
Address 333 BORTHWICK AVE, PORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation ST GEORGES UNIVERSITY WEST INDIES 2008
Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2009
Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 16435
License Date 12/4/2013
Name **THIAGARAJAN, SUBHA MD**
Address NEW ENGLAND CTR FOR MENTAL HEALTH, 119 RUSSELL ST., STE 30LITTLETON, MA, 01460-1289
Specialty P
Board Certified P
School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 1986
Internship and Year BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER - BROCKTON, MA 1990
Residency and Year BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER - BROCKTON, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 11858
License Date 3/5/2003
Name **THIBODEAU, KRISTOPHER P MD**
Address FT BELVOIR COMMUNITY HOSPITAL, 9300 DeWITT LOOPFT BELVOIR, VA, 22060
Specialty FP
Board Certified FM
School and Year of Graduation F EDWARD HEBERT SCH OF MED - BETHESDA, MD USA 2000
Internship and Year NAVAL HOSPITAL - JACKSONVILLE, FL 2001
Residency and Year NAVAL HOSPITAL - JACKSONVILLE, FL 2003
License Expiration Date **6/30/2017**
Remarks

License Number 6351
License Date 3/5/1981
Name **THIES, ROBERT W MD**
Address ELLIOT NEUROLOGY ASSOCIATES, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty N
Board Certified N
School and Year of Graduation CORNELL UNIV MED COL-NY,NY USA 1976
Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1981
Residency and Year NORTH SHORE UNIV HOSP-MANHASSET,NY 1981
License Expiration Date **6/30/2017**
Remarks

License Number 12325
License Date 5/5/2004
Name **THISSELL, JAMESON G MD**
Address CONCORD HOSPITAL EMERGENCY, 250 PLEASANT ST CONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 2001
Internship and Year ALBANY MEDICAL COLLEGE, ALBANY NY 2003
Residency and Year ALBANY MEDICAL COLLEGE, ALBANY NY 2004
License Expiration Date **5/21/2008**
Remarks **Deceased 05/21/08**

License Number 7105
License Date 5/2/1985
Name **THOMAS II, JOHN D MD**
Address ST ELIZABETH MED CTR, 2209 GENESEE STUTICA, NY, 13501
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSIDAD DEL NORESTE-TAMICO, MEXICO MEXICO 1980
Internship and Year ST VINCENT MED CENTER-STATEN ISLAND, NY 1982
Residency and Year ST VINCENT MED CENTER-STATEM ISLAND, NY 1982
License Expiration Date **11/6/2014**
Remarks

License Number 15497
License Date 12/7/2011
Name **THOMAS III, SAMUEL CHARLES MD**
Address 17 BROOK ST, TINTON FALLS, NJ, 07712-3101
Specialty PD
Board Certified PD
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE, PA USA 1993
Internship and Year EMORY UNIVERSITY SCHOOL OF MEDICINE, ATLANTA, GA 30303 1994
Residency and Year EMORY UNIVERSITY SCHOOL OF MEDICINE, ATLANTA, GA 30303 1995
License Expiration Date **6/30/2013**
Remarks

License Number 17243
License Date 8/5/2015
Name **THOMAS JR, GEORGE P MD**
Address 4 MEADOWBROOK VILLAGE, APT 2WEST LEBANON, NH, 03784-1521
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE - KS USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 14945
License Date 7/7/2010
Name **THOMAS, ADRIAN J MD**
Address NH NEURO SPINE INSTITUTE, 4 HAWTHORNE DR BEDFORD, NH, 03110
Specialty ORS
Board Certified ORS
School and Year of Graduation STANFORD UNIVERSITY USA 2004
Internship and Year HOSPITAL FOR SPECIAL SURGERY CORNELL MEDICAL CENTER - NY, NY 2005
Residency and Year HOSPITAL FOR SPECIAL SURGERY CORNELL MEDICAL CENTER - NY, NY 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15893
License Date 10/3/2012
Name **THOMAS, CHRISTIAN A MD**
Address NEW ENGLAND CANCER SPECIALISTS, 100 CAMPUS DR STE 108 SCARBOROUGH, ME, 04074
Specialty HO
Board Certified HO
School and Year of Graduation JOHANN WOLFGANG GOETHE UNIVERSITY GERMANY 1986
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1995
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1997
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14
RENEWED 7/22/14**

License Number 14180
License Date 9/3/2008
Name **THOMAS, DAVID B MD**
Address UNIV MIAMI HOSP, 1400 NW 12TH AVE 4TH FLR RM 4076 MIAMI, FL, 33136
Specialty PTH
Board Certified PTH
School and Year of Graduation EAST CAROLINA UNIV USA 1990
Internship and Year UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1991
Residency and Year UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1993
License Expiration Date **6/30/2014**
Remarks

License Number 5589
License Date 8/12/1976
Name **THOMAS, E ALFRED MD**
Address OPHTHALMOLOGY ASSOCIATES, 580 ST JOHNSBURY RD STE LLITTLETON, NH, 03561
Specialty OPH
Board Certified
School and Year of Graduation UNIV OF FLORIDA COLLEGE OF MEDICINE USA 1966
Internship and Year WESTCHESTER COUNTY MEDICAL CENTER - VALHALLA, NY 1967
Residency and Year WESTCHESTER COUNTY MEDICAL CENTER - VALHALLA, NY 1970
License Expiration Date **6/30/2004**
Remarks

License Number 11294
License Date 6/6/2001
Name **THOMAS, FRANKLIN R MD**
Address WEDIKO CHILDREN'S SERVICES, 11 BOBCAT BLVD WINDSOR, NH, 03244
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1974
Internship and Year UNIV OF NORTH CAROLINA HOSP - CHAPEL HILL, NC 1975
Residency and Year UNIV OF NORTH CAROLINA HOSP - CHAPEL HILL, NC 1977
License Expiration Date **6/30/2009**
Remarks **NO DISCIPLINARY ACTION. 2/10/03 THERE HAS BEEN AN ASSESSMENT OF A CIVIL PENALTY FOR FAILURE TO RENEW HIS LICENSE IN A TIMELY MANNER.**

License Number 11144
License Date 12/6/2000
Name **THOMAS, GAILYN B MD**
Address DHMC - DEPT OF OB/GYN, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLL OF PENNSYLVANIA- PHILA, PA USA 1990
Internship and Year READING HOSPITAL & MEDICAL CENTER - W READING, PA 1991
Residency and Year READING HOSPITAL & MEDICAL CENTER - W READING, PA 1994
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/04-reinstated 7/1/15**

License Number 4648
License Date 1/13/1971
Name **THOMAS, GORDON C G MD**
Address 184 LEIGHTON AVE NORTH, LACONIA, NH, 03246-3156
Specialty P
Board Certified
School and Year of Graduation UNIV OF VIRGINIA USA 1944
Internship and Year NAVAL HOSPITAL - BETHESDA, MD 1945
Residency and Year UNIV OF VIRGINIA - CHARLOTTESVILLE, VA 1949
License Expiration Date **2/12/2005**
Remarks **DECEASED 2-12-05**

License Number 4283
License Date 8/19/1968
Name **THOMAS, JO ELLEN MD**
Address 33 GREAT BAY DRIVE E, GREENLAND, NH, 03840
Specialty FP
Board Certified FP
School and Year of Graduation OHIO STATE UNIV - COLUMBUS, OH USA 1965
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1966
Residency and Year COLORADO GENERAL HOSPITAL - DENVER, CO 1968
License Expiration Date **6/30/2016**
Remarks

License Number 10974
License Date 6/7/2000
Name **THOMAS, JOHN P MD**
Address GLEN LAKE FAMILY PRACTICE, 89 SOUTH MAST RDGOFFSTOWN, NH, 03045
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF WISCONSINMED SCH - MADISON, WI USA 1997
Internship and Year UNIV OF WISCONSIN - MADISON, WI 1998
Residency and Year PENN STATE UNIV/GOOD SAMARITAN HOSP - LEBANON, PA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12149
License Date 11/5/2003
Name **THOMAS, JOHN R MD**
Address 1604 LAKECLIFF HILLS LANE, AUSTIN, TX, 78732
Specialty R
Board Certified DR
School and Year of Graduation UNIVERSITY OF WISCONSIN, MADISON WI US 1978
Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1979
Residency and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1983
License Expiration Date **6/30/2015**
Remarks

License Number 5754
License Date 6/13/1977
Name **THOMAS, KENNETH D MD**
Address 182 TARRYTOWN RD, MANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1974
Internship and Year ALBANY MEDICAL CENTER HOSPITAL-ALBANY NY 1975
Residency and Year ALBANY MEDICAL CENTER HOSPITAL-ALBANY NY 1977
License Expiration Date **6/30/2017**
Remarks

License Number 10975
License Date 6/7/2000
Name **THOMAS, LISA R MD**
Address MMP - MAINEHEALTH CARDIOLOGY, 119 GANNETT DR SO PORTLAND, ME, 04106
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1993
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1994
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11433
License Date 10/3/2001
Name **THOMAS, MATTHEW A MD**
Address MARSHFIELD CLINIC, 9601 TOWNLINE RD MINOCQUA, WI, 54548
Specialty U
Board Certified U
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date **6/30/2017**
Remarks

License Number 14149
License Date 8/6/2008
Name **THOMAS, MICHAEL R MD**
Address ELLIOT HOSP EMERGENCY MED SPEC, 1 ELLIOT WAY MANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation VANDERBILT UNIV USA 1999
Internship and Year ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 2000
Residency and Year ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 2002
License Expiration Date **6/30/2016**
Remarks

License Number 10976
License Date 6/7/2000
Name **THOMAS, NADINE V MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT ST KEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation HOWARD UNIV COLL OF MED- WASHINGTON, DC USA 1990
Internship and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 1991
Residency and Year FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 1993
License Expiration Date **6/30/2008**
Remarks

License Number 15894
License Date 10/3/2012
Name **THOMAS, SUCHMOR MD**
Address PASADENA HEALTH CENTER, 908 E SOUTHMORE AVE #100 PASADENA, TX, 77502
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF KERALA INDIA 2001
Internship and Year UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 2005
Residency and Year CONROE FAMILY MEDICINE RESIDENCY PROGRAM - CONROE, TX 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15204
License Date 4/6/2011
Name **THOMPSON III, ROBERT B MD**
Address 3962 STATE ROUTE 9, PLATTSBURGH, NY, 12901
Specialty EM
Board Certified EM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1983
Internship and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 1984
Residency and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 1986
License Expiration Date **6/30/2015**
Remarks

License Number 7783
License Date 2/3/1988
Name **THOMPSON, ALFRED H MD**
Address 202 DUKE OF KENT LN, #103COCKEYVILLE, MD, 21030
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MARYLAND SCH MED - BALTIMORE, MD USA 1982
Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1983
Residency and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1985
License Expiration Date **6/30/1999**
Remarks

License Number 16689
License Date 7/2/2014
Name **THOMPSON, BENJAMIN M MD**
Address ACCESS SPORTS MEDICINE, 1 HAMPTON RDEXETER, NH, 03833
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2004
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 2482
License Date 9/12/1946
Name **THOMPSON, CHARLES C MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **1/1/1984**
Remarks **RETIRED 1/1/84**
DECEASED 11/27/08

License Number 12124
License Date 11/5/2003
Name **THOMPSON, CRAIG A MD**
Address D H M C, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MISSISSIPPI, JACKSON MS US 1995
Internship and Year UNIVERSITY OF MISSISSIPPI, JACKSON MS 1996
Residency and Year UNIVERSITY OF MISSISSIPPI, JACKSON MS 1998
License Expiration Date **6/30/2011**
Remarks

License Number 17034
License Date 4/1/2015
Name **THOMPSON, DONOVAN A MD**
Address EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation WAYNE STATE UNIVERSITY USA 1994
Internship and Year SINAI-GRACE HOSPITAL - DETROIT, MI 1995
Residency and Year SINAI-GRACE HOSPITAL - DETROIT, MI 1997
License Expiration Date **6/30/2017**
Remarks

License Number 6720
License Date 6/3/1983
Name **THOMPSON, GREG R MD**
Address 2 VILLAGE GREEN RD, STE B-3HAMPSTEAD, NH, 03841
Specialty P
Board Certified P
School and Year of Graduation NEW YORK MEDICAL COLL - VALHALLA, NY USA 1978
Internship and Year VERMONT MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1978
Residency and Year VERMONT MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1982
License Expiration Date **6/30/2017**
Remarks **7/3/97 - DECISION AND ORDER LICENSE REVOKED EFFECTIVE 12:01AM 9/2/97 TO 11:59 PM 11/30/99. REISSUED ON 12/1/99 unrestricted license.**
10/6/03 - Settlement Agreement issued.
08/09/05 - Settlement Agreement issued.
7/27/01 - Board issued a full

License Number 10009
License Date 5/7/1997
Name **THOMPSON, HAVELOCK MD**
Address HC 70 RTE 92, BOX 500MACHIASPORT, ME, 04655
Specialty PD
Board Certified
School and Year of Graduation UNIV OF CO SCH MED -DENVER,CO USA 1961
Internship and Year UNIV CO HLTH SCI CTR-DEVER,CO 1962
Residency and Year UNIV CO HLTH SCI CTR-DENVER,CO 1963
License Expiration Date **6/30/1998**
Remarks

License Number 15683
License Date 5/2/2012
Name **THOMPSON, JENNIFER A MD**
Address ELLIOT HOSP - INTENSIVIST PROGRAM, ONE ELLIOT WAYMANCHESTER, NH, 03110
Specialty CCP
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1996
Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1997
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 10697
License Date 9/1/1999
Name **THOMPSON, LINDSAY A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty PD
Board Certified PD
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS- NY, NY USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1999
License Expiration Date **6/30/2003**
Remarks

License Number 10377
License Date 8/5/1998
Name **THOMPSON, MICHAEL D MD**
Address UPPER CONNECTICUT VALLEY HOSP, RR 2 BOX 13COLEBROOK, NH, 03576
Specialty GS
Board Certified
School and Year of Graduation UNIV OF MASS MEDICAL SCH - WORCESTER, MA USA 1993
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date **6/30/1999**
Remarks

License Number 11434
License Date 10/3/2001
Name **THOMPSON, MICHAEL D MD**
Address EMERGENCY PHYSICIAN MED GROUP, 2000 GREEN ROADANN ARBOR, MI, 48105
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1978
Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1980
Residency and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1982
License Expiration Date **6/30/2005**
Remarks

License Number 11435
 License Date 10/3/2001
 Name **THOMPSON, MICHAEL F MD**
 Address GOODWIN COMM HEALTH CTR, 311 ROUTE 108SOMERSWORTH, NH, 03878
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1999
 Internship and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD, NH 2000
 Residency and Year NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD, NH 2002
 License Expiration Date **6/30/2017**
 Remarks

License Number 8870
 License Date 12/2/1992
 Name **THOMPSON, PETER W MD**
 Address NEPM, 1365 BROADWAYBANGOR, ME, 04401
 Specialty AN
 Board Certified AN
 School and Year of Graduation UNIVERSITY OF VERMONT COLL OF MEDICINE USA 1987
 Internship and Year SACRED HEART MEDICAL CENTER SPOKANE - WASHINGTON 1988
 Residency and Year MEDICAL CENTER HOSPITAL - VERMONT BURLINGTON - VERMONT 1990
 License Expiration Date **6/30/2016**
 Remarks **12/7/92 - RESTRICTIONS ON LICENSE 2/11/98 RESTRICTIONS REMOVED FROM LICENSE**

License Number 14480
 License Date 6/3/2009
 Name **THOMPSON, ROBERT C MD**
 Address 98 IVY DR, MERIDEN, CT, 06450
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation JOHN HOPKINS UNIVERSITY USA 1964
 Internship and Year UNION MEMORIAL HOSPITAL - BALTIMORE, MD 1965
 Residency and Year UNION MEMORIAL HOSPITAL - BALTIMORE, MD 1966
 License Expiration Date **6/30/2011**
 Remarks

License Number 10107
 License Date 8/6/1997
 Name **THOMPSON, TRENT D MD**
 Address APPLETREE FAMILY PHYSICIANS, 4 ORCHAR VIEW DRLONDONDERRY, NH, 03053
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIV OF WI MED SCH - MADISON, WI USA 1994
 Internship and Year EASTERN MAINE MEDICAL CENTER-ME 1997
 Residency and Year EASTERN MAINE MEDICAL CENTER - ME 1997
 License Expiration Date **6/30/2001**
 Remarks

License Number 8923
License Date 4/7/1993
Name **THOMSON, GEORGE G MD**
Address GEORGE G. THOMSON, MD, 3 RIVER ST PETERBOROUGH, NH, 03458
Specialty FP
Board Certified FP
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1985
Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1986
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1989
License Expiration Date **6/30/2017**
Remarks

License Number 9645
License Date 2/7/1996
Name **THOMSON, ROBERT D MD**
Address CONCORD GASTROENTEROLOGY PA, 60 COMMERCIAL ST STE 404 CONCORD, NH, 03301
Specialty GE
Board Certified GE
School and Year of Graduation RUSH MED COLL OF RUSH UNIV - CHICAGO, IL USA 1993
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 15556
License Date 2/1/2012
Name **THORNLEY, HELENA MD**
Address VNA OF GREATER LOWELL, 336 CENTRAL ST LOWELL, MA, 01852
Specialty PD
Board Certified PD
School and Year of Graduation KINGS COLLEGE SCHOOL OF MEDICINE UNITED KINGDOM 1992
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1994
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 14946
License Date 7/7/2010
Name **THU, LE MD**
Address 150 STANIFORD ST #614, BOSTON, MA, 02114
Specialty EM
Board Certified
School and Year of Graduation RUSH UNIVERSITY USA 1981
Internship and Year UNIVERSITY OF CINCINNATI - CINCINNATI, OH 1983
Residency and Year UNIVERSITY OF CINCINNATI - CINCINNATI, OH 1985
License Expiration Date **6/30/2016**
Remarks

License Number 11612
License Date 5/1/2002
Name **THUKRAL, REETA K MD**
Address 4021 SOUTH 700 EAST, STE 300SALT LAKE CITY, UT, 84107
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KASHMIR - SRINAGAR JAMMU KASHMIR, INDIA INDIA 1978
Internship and Year UNIV OF MISSOURI - KANSAS CITY, MO 1977
Residency and Year UNIV OF MISSOURI - KANSAS CITY, MO 1979
License Expiration Date **6/30/2006**
Remarks

License Number 16394
License Date 11/6/2013
Name **THURLOW, JEFFREY P MD**
Address SEACOAST SURGERY, 16 HOSPITAL DR STE BYORK, ME, 03909
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1992
Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 1993
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 15271
License Date 6/1/2011
Name **THURMAN, SARAH A MD**
Address SARA ALLEN THURMAN, 825 NO MAIN STPROVIDENCE, RI, 02904
Specialty RO
Board Certified RO
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1996
Internship and Year CARILION ROANOKE MEMORIAL HOSPITALS - ROANOKE, VA 1997
Residency and Year JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 2001
License Expiration Date **6/30/2017**
Remarks

License Number 6077
License Date 6/11/1979
Name **THURMOND, SUSAN G MD**
Address , , ,
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF TENNESEE USA 1976
Internship and Year
Residency and Year
License Expiration Date **6/30/1982**
Remarks

License Number 14645
License Date 10/7/2009
Name **THURSTON, TARA L DO**
Address 132 NOURSE ST, WESTBOROUGH, MA, 01581
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date **6/30/2013**
Remarks

License Number 14440
License Date 5/6/2009
Name **THUT, DAVID C MD**
Address SEACOAST ORTHO & SPORTS MED, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1995
Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CTR - ROCHESTER, NY 1996
Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CTR - ROCHESTER, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 10669
License Date 8/4/1999
Name **THYNG, DARLA L MD**
Address SOUTHERN NEW HAMPSHIRE, 29 NORTHWEST BLVD NASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation UNIFORMED SERVICES UNIV HLTH-BETHESDA, MD USA 1989
Internship and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1990
Residency and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 10571
License Date 5/5/1999
Name **THYNG, JONATHAN B MD**
Address HITCHCOCK CLINIC, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1989
Residency and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 10010
License Date 5/7/1997
Name **THYR, BRIAN D MD**
Address 6401 FRANCE AVE SOUTH, EDINA, MN, 55435
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MN MED SCH-MINNEAPOLIS USA 1993
Internship and Year HENNEPIN CO MED CTR-MN 1994
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH 1997
License Expiration Date **6/30/2017**
Remarks

License Number 6318
License Date 11/6/1980
Name **THYRESSON, N HAKAN MD**
Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NORTH ANDOVER, MA, 01845
Specialty D
Board Certified D
School and Year of Graduation FAKULTERTEN UNIV UPPSALA, UPPSALA SWEDEN 1973
Internship and Year CENTRAL COUNTY HOSP,SKARABORG,SKOVDE,SWEDEN 1975
Residency and Year OTTAWA CIVIC HOSP, OTTWA, CANADA 0000
License Expiration Date **6/30/2016**
Remarks

License Number 14272
License Date 12/3/2008
Name **TIAMIYU, AFOLABI A MD**
Address 1368 67TH ST 2ND FL, BROOKLYN, NY, 11219
Specialty IM
Board Certified
School and Year of Graduation UNIV OF IBADAN NIGERIA 2000
Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2006
Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2008
License Expiration Date **6/30/2010**
Remarks

License Number 12613
License Date 2/2/2005
Name **TIBBETTS, MARY W MD**
Address MAINE GENERAL HEALTH, 6 EAST CHESTNUT ST A-ZAUGUSTA, ME, 04330
Specialty P
Board Certified P
School and Year of Graduation ROSALIIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1996
Internship and Year RUSH UNIVERSITY, CHICAGO IL 1997
Residency and Year RUSH UNIVERSITY, CHICAGO IL 2001
License Expiration Date **6/30/2007**
Remarks

License Number 15601
License Date 3/7/2012
Name **TICE, PAUL MD**
Address PAUL TICE MD OFEM, 1115 CAMPBELL WAYBREMERTON, WA, 98310
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF CA SAN DIEGO SCHOOL OF MEDICINE USA 1972
Internship and Year SWEDISH MEDICAL CENTER - SEATTLE, WA 1973
Residency and Year
License Expiration Date **6/30/2014**
Remarks

License Number 5308
License Date 3/20/1975
Name **TIFFT, CHARLES P MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 1973
Internship and Year
Residency and Year
License Expiration Date **6/30/1995**
Remarks

License Number 3976
License Date 10/11/1966
Name **TIGCHELAAR, JAN J MD**
Address PRIMARY CARE PHY FAM PRAC, 9 ADAMS STMILFORD, NH, 03055-4004
Specialty FP
Board Certified
School and Year of Graduation STATE UNIV OF GRONINGEN, NETHERLANDS NETHERLANDS 1957
Internship and Year COLUMBIA HOSPITAL - PITTSBURGH, PA 1962
Residency and Year ST FRANCIS GENERAL - PITTSBURGH, PA 1964
License Expiration Date **6/30/2014**
Remarks

License Number 14363
License Date 3/4/2009
Name **TILLUCKDHARRY, LISA O MD**
Address DHMC/INTERNAL MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF WEST INDIES JAMAICA 1999
Internship and Year BRIDGEPORT HOSPITAL-BRIDGEPORT, CT 2004
Residency and Year BRIDGEPORT HOSPITAL-BRIDGEPORT, CT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 6352
License Date 3/5/1981
Name **TILNEY III, ROBERT W MD**
Address 274 CARTER NOTCH RD, PO BOX 476JACKSON, NH, 03846
Specialty GS
Board Certified GS
School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA MEXICO 1976
Internship and Year HAHNEMANN HOSP AND MED COLL - PHILA, PA 1981
Residency and Year HAHNEMANN HOSP AND MED COLL-PHILADELPHIA,PA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15422
License Date 10/5/2011
Name **TILSON, RICHARD S MD**
Address 60 TIFFANY LANE, N ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 1996
Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1997
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 2000
License Expiration Date **6/30/2015**
Remarks

License Number 9910
License Date 1/8/1997
Name **TILTON, MARGARET C MD**
Address 33 COURT ST, EXETER, NH, 03833
Specialty PM
Board Certified PM
School and Year of Graduation UMDNJ NEW JERSEY MEDICAL SCHOOL USA 1987
Internship and Year UMDNJ NEW JERSEY MED SCHOOL,NJ 1993
Residency and Year UMDNJ - NEW JERSEY MED SCHOOL, NJ 1993
License Expiration Date **6/30/2017**
Remarks

License Number 7663
License Date 7/8/1987
Name **TIMMERMAN, MARK L MD**
Address MERRIMACK VILLAGE FAMILY PRACTICE, 454 DANIEL WEBSTER HWYMERRIMACK, NH, 03054-3699
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF IOWA COLLEGE OF MEDICINE USA 1983
Internship and Year THE ALTOONA HOSPITAL - ALTOONA PA 1984
Residency and Year CONEMAUGH VALLEY MEMORIAL HOSPITAL - JOHNSTOWN PA 1987
License Expiration Date **6/30/2017**
Remarks **1/17/03 "Settlement Agreement"**

License Number 13885
License Date 3/5/2008
Name **TIMMONS, ROBERT A DO**
Address CENTER FOR OCCUPATIONAL & EMPLOYEE HEALTH, 6 HAMPTON RDEXETER, NH, 03063
Specialty OM
Board Certified OM
School and Year of Graduation KANSAS CITY UNIV USA 1999
Internship and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2000
Residency and Year HARVARD SCHOOL OF PUBLIC HEALTH - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 13004
License Date 2/1/2006
Name **TIMOTHY, NIGEL H MD**
Address 95 WASHINGTON ST, STE 594CANTON, MA, 02021
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1999
Internship and Year WESTERN PENNSYLVANIA HOSP, PITTSBURGH PA 2000
Residency and Year WEST VIRGINIA UNIVERSITY, MORGANTOWN WV 2003
License Expiration Date **6/30/2010**
Remarks

License Number 6961
License Date 8/2/1984
Name **TIMOTHY, ROBERT P MD**
Address PORTLAND UROLOGIC ASSOC, 229 VAUGHAN STPORTLAND, ME, 04102-3287
Specialty U
Board Certified U
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1961
Internship and Year STRONG MEM HOSP-ROCHESTER,NY 1962
Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1963
License Expiration Date **6/30/1999**
Remarks

License Number 16613
License Date 5/7/2014
Name **TIMPSON, WENDY L MD**
Address BETH ISRAEL DEACONESS MED CTR/DEPT NEONATOLOGY, 330 BROOKLINE AVEBOSTON, MA, 0221
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16886
License Date 12/3/2014
Name **TING, PAUL P MD**
Address 15123 BROOKHURST ST #252, WESTMINSTER, CA, 92683
Specialty GS
Board Certified GS
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1995
Internship and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1996
Residency and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 4806
License Date 7/9/1971
Name **TINKLEPAUGH, WENDY R MD**
Address 6690 N HOLE IN THE WALL WAY, TUCSON, AZ, 85750
Specialty PD
Board Certified PD
School and Year of Graduation ALBANY MEDICAL COLLEGE - NY USA 1968
Internship and Year ROOSEVELT HOSPITAL - NY, NY 1969
Residency and Year ROOSEVELT HOSPITAL - NY, NY 1971
License Expiration Date **3/20/2008**
Remarks **DECEASED 3/20/2008**

License Number 13131
License Date 6/7/2006
Name **TISDALE, DOUGLAS D MD**
Address ST JOSEPH HOSPITAL/ONCOLOGY, 172 KINSLEY ST NASHUA, NH, 03061
Specialty IM
Board Certified ON
School and Year of Graduation UNIV OF BRITISH COLUMBIA CANADA 1986
Internship and Year LEMUEL SHATTUCK HOSPITAL-JAMAICA PLAIN, MA 1997
Residency and Year CARITAS ST ELIZABETHS MEDICAL CTR-BOSTON, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 7703
License Date 8/5/1987
Name **TISDALL, PHILIP A MD**
Address 831 HIDEAWAY CIRCLE EAST, MARCO ISLAND, FL, 34145
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF ALBERTA - EDMONTON, ALBERTA CANADA 1976
Internship and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1980
Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1980
License Expiration Date **6/30/2017**
Remarks

License Number 16652
License Date 6/4/2014
Name **TOBAR, ANNETTE MD**
Address 402 BAY CIRCLE, BEDFORD, MA, 01730
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year CARITAS ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2007
Residency and Year CARITAS ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 3103
License Date 12/7/1955
Name **TOBER, EDWARD MD**
Address 51 BERRILL FARM LN, HANOVER, NH, 03755-3217
Specialty GS
Board Certified GS
School and Year of Graduation JEFFERSON MED COLL - PHILA- PA USA 1954
Internship and Year MT SINAI MEDICAL CENTER - NY 1955
Residency and Year VA MEDICAL CENTER - MA 1959
License Expiration Date **6/30/2003**
Remarks

License Number 8540
License Date 5/8/1991
Name **TOBIN JR, JAMES E MD**
Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820-2589
Specialty AN
Board Certified AN
School and Year of Graduation GEORGETOWN UNIV SCH OF MED WASHINGTON,DC USA 1983
Internship and Year NAVAL HOSPITAL - BETHESDA, MD 1984
Residency and Year NAVAL HOSPITAL - BETHESDA, MD 1988
License Expiration Date **6/30/2017**
Remarks

License Number 12977
License Date 12/7/2005
Name **TOBIN, KATHERINE D MD**
Address VIRTUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MARYLAND, BALTIMORE MD US 1984
Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1985
Residency and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1988
License Expiration Date **6/30/2017**
Remarks

License Number 5338
License Date 6/9/1975
Name **TODD, GEETHA MD**
Address 21 LITTLE PINE LANE, EXETER, NH, 03833
Specialty OBG
Board Certified OBG
School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 1965
Internship and Year OSMANIA UNIV - INDIA 1965
Residency and Year OSMANIA UNIV - INDIA 1965
License Expiration Date **6/30/2013**
Remarks

License Number 12360
License Date 6/2/2004
Name **TODD, WILLIAM M MD**
Address NORTHSHORE PHYS GROUP, 81 HIGHLAND AVESALEM, MA, 01970
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 2000
Internship and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2003
Residency and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2004
License Expiration Date **6/30/2016**
Remarks **10/6/11 - Final Decision and Order**

License Number 17092
License Date 5/7/2015
Name **TOEVS, CHRISTINE C MD**
Address 1517 FEDERAL ST, PITTSBURGH, PA, 15212
Specialty GS
Board Certified GS
School and Year of Graduation THE BRODY SCHOOL OF MEDICINE USA 1992
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
Residency and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS, MN 2001
License Expiration Date **6/30/2017**
Remarks

License Number 14273
License Date 12/3/2008
Name **TOH, ELIZABETH H MD**
Address LAHEY CLINIC MED CTR, 41 MALL RDBURLINGTON, MA, 01805
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF SINGAPORE SINGAPORE 1991
Internship and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1994
Residency and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1995
License Expiration Date **6/30/2010**
Remarks

License Number 7106
License Date 5/2/1985
Name **TOIVANEN, KATHLEEN M MD**
Address 875 GREENLAND RD B11, ORCHARD PARKPORTSMOUTH, NH, 03801
Specialty OBG
Board Certified OBG
School and Year of Graduation BOSTON UNIVERSITY-BOSTON, MA USA 1981
Internship and Year BRIGHAM-WOMENS HOSP-BOSTON, MA 1982
Residency and Year BRIGHAM WOMENS HOSP-BOSTON,MA 1982
License Expiration Date **6/30/2017**
Remarks

License Number 14181
License Date 9/3/2008
Name **TOLANI, KISHORE A MD**
Address EASTERN ME MED CTR, 489 STATE STBANGOR, ME, 04401
Specialty AN
Board Certified AN
School and Year of Graduation NAGPUR UNIV INDIA 2004
Internship and Year NASSAU UNIV MEDICAL CENTER - EAST MEADOW, NY 2006
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2008
License Expiration Date **6/30/2016**
Remarks

License Number 8185
License Date 7/12/1989
Name **TOLBERT, CYNTHIA R MD**
Address HAMPTON HEALTH, 879 LAFAYETTE RDHAMPTON, NH, 03842
Specialty FP
Board Certified FP
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1986
Internship and Year UNIVERSITY OF MISSOURI-COLUMBIA - COLUMBIA, MO 1987
Residency and Year UNIVERSITY OF MISSOURI-COLUMBIA - COLUMBIA, MO 1989
License Expiration Date **6/30/2017**
Remarks

License Number 17137
License Date 6/3/2015
Name **TOLL, JOSHUA A MD**
Address 57 PORTLAND ST, SUITE 2ASOUTH BERWICK, ME, 03908
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MED, PHILADELPHIA PA USA 2008
Internship and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2010
Residency and Year ELLIS HOSPITAL, SCHENECTADY NY 2014
License Expiration Date **6/30/2017**
Remarks

License Number 14947
License Date 7/7/2010
Name **TOLLMAN, JAMES D MD**
Address ESSEX INPATIENT PHYSICIANS, 200 WASHINGTON STBOXFORD, MA, 01921
Specialty OS
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1999
Internship and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2000
Residency and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 13724
License Date 10/3/2007
Name **TOLLS, RONALD M MD**
Address , PO BOX 1758LIVINGSTON, TX, 77351
Specialty GS
Board Certified GS
School and Year of Graduation OREGON HEALTH & SCIENCE UNIV USA 1996
Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 1974
Residency and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 1976
License Expiration Date **6/30/2009**
Remarks

License Number 14441
License Date 5/6/2009
Name **TOLOCICA, IOANA S MD**
Address SPECTRUM MEDICAL GROUP, 324 G ANNETT DR STE200SOUTH PORTLAND, ME, 04106
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1995
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - HEALTH SCIENCE CENTER - SYRACUSE, NY 2005
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - HEALTH SCIENCE CENTER - SYRACUSE, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 7784
License Date 2/3/1988
Name **TOLSTAD, JEFFREY I MD**
Address , PO BOX 1028LINCOLN, NH, 03251-1028
Specialty AN
Board Certified AN
School and Year of Graduation GEORGE WASHINGTON UNIV SCH MED & HLTH- DC USA 1981
Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1982
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1984
License Expiration Date **6/30/2014**
Remarks

License Number 17285
License Date 9/2/2015
Name **TOM, ALBERT MD**
Address 3600 FOX HILL DR, CHAMBERSBURG, PA, 17202-7057
Specialty ORS
Board Certified ORS
School and Year of Graduation SUNY UPSTATE MEDICAL UNIVERSITY, SYRACUSE NY USA 2000
Internship and Year UNIVERSITY OF ROCHESTER, ROCHESTER, NY 2004
Residency and Year UNIVERSITY OF ROCHESTER, ROCHESTER, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12248
License Date 3/3/2004
Name **TOM, JACOB J MD**
Address MCKENZIE MED IMAGING, 960 N 16TH ST STE 103SPRINGFIELD, OR, 97477
Specialty R
Board Certified R
School and Year of Graduation BAYLOR COLLEGE, HOUSTON TX US 1994
Internship and Year KAISER PERMANENTE MED CTR, LOS ANGELES CA 1995
Residency and Year KAISER PERMANENTE MED CTR, LOS ANGELES CA 1999
License Expiration Date **6/30/2016**
Remarks

License Number 14105
License Date 7/9/2008
Name **TOMANEK, TOMAS N MD**
Address PRIMARY&SPEC CARE OF MERRIMACK, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty PD
Board Certified PD
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1982
Internship and Year UNIV OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 1983
Residency and Year UNIV OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10458
License Date 11/4/1998
Name **TOMASSONI, ANTHONY J MD**
Address ADVANCED LIFE SUPPORT INST, PO BOX 2680CONWAY, NH, 03818
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MEDICINE AND DENTISTRY -NJ USA 1989
Internship and Year UNIV OF CINCINNATI MED CTR-CINCINN,OH 1993
Residency and Year UNIV OF CINCINNATI MED CTR-CINCINN,OH 1995
License Expiration Date **6/30/2016**
Remarks

License Number 13935
License Date 4/2/2008
Name **TOMB, RICHARD C MD**
Address 1 MAIN ST, NASHUA, NH, 03064
Specialty
Board Certified P
School and Year of Graduation UNIV OF PITTSBURGH USA 1977
Internship and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1978
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 5898
License Date 5/4/1978
Name **TOMBARI, WILLIAM M MD**
Address 43-B BIRCH ST, DERRY, NH, 03038-2718
Specialty PD
Board Certified PD
School and Year of Graduation MED COLLEGE OF WISCONSIN - MILWAUKEE, WI USA 1975
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1976
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1978
License Expiration Date **10/7/2008**
Remarks **DECEASED 10/7/08**

License Number 12087
License Date 9/3/2003
Name **TOMEK, IVAN M MD**
Address ALICE PECK DAY MEMORIAL HOSPITAL, 125 MASCOMA STLEBANON, NH, 03766
Specialty ORS
Board Certified
School and Year of Graduation HALHOUSIE UNIVERSITY, HALIFAZ NOVA SCOTIA CANADA CANADA 1994
Internship and Year MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1995
Residency and Year MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7593
License Date 5/6/1987
Name **TOMLINSON, ELIZABETH F MD**
Address COUNSELING CTR OF LEBANON, 85 MECHANIC ST STE 360LEBANON, NH, 03766-1938
Specialty P
Board Certified P
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1980
Internship and Year UNIVERSITY OF VA HOSPITAL 1981
Residency and Year CAMBRIDGE HOSPITAL 1986
License Expiration Date **6/30/2017**
Remarks

License Number 13132
License Date 6/7/2006
Name **TOMOLONIS, RICHARD J MD**
Address SURGICAL CARE GROUP, 87 MCGREGOR ST STE 3100MANCHESTER, NH, 03102
Specialty GS
Board Certified GS
School and Year of Graduation DREXEL UNIV USA 1996
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1997
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2000
License Expiration Date **6/30/2016**
Remarks

License Number 15330
License Date 7/6/2011
Name **TOMPKINS, HILLARY S MD**
Address CORE PHYSICIANS, 3 ALUMNI DR STE 201EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2005
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11078
License Date 9/6/2000
Name **TOMS, ANGELA M MD**
Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR STE U3WHITE RIVER JCT, VT, 05001-9263
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MED SCH - LEBANON, NH USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
License Expiration Date **6/30/2016**
Remarks

License Number 5205
License Date 7/3/1974
Name **TOMS, WILLIAM B MD**
Address DH KEENE, 590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified
School and Year of Graduation YALE UNIV - CT USA 1971
Internship and Year UNIV OF VIRGINIA - CHARLOTTESVILLE, VA 1972
Residency and Year UNIV OF VIRGINIA - CHARLOTTESVILLE, VA 1973
License Expiration Date **6/30/2016**
Remarks

License Number 13471
License Date 4/4/2007
Name **TONEY, SAM D MD**
Address HEALTH INTEGRATED, 10008 N DALE MABRY STE 214TAMPA, FL, 33618
Specialty P
Board Certified P
School and Year of Graduation UNIV OF SOUTH ALABAMA USA 1984
Internship and Year UNIV OF SOUTH FLORIDA PSYCHIATRY CENTER - TAMPA, FL 1985
Residency and Year UNIV OF SOUTH FLORIDA PSYCHIATRY CENTER - TAMPA, FL 1988
License Expiration Date **6/30/2017**
Remarks

License Number 13725
License Date 10/3/2007
Name **TONNESEN, GLENN L MD**
Address RADIATION ONCOLOGY ASSOC, INOVA FAIRFAX HOSPITALFALLS CHURCH, VA, 22042
Specialty RO
Board Certified RO
School and Year of Graduation UNIV OF UTAH USA 1973
Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1974
Residency and Year JOINT CENTER OF RADIATION THERAPY - BOSTON, MA 1980
License Expiration Date **6/30/2017**
Remarks

License Number 13133
License Date 6/7/2006
Name **TONSETH, ROLF P MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF BRITISH COLUMBIA CANADA 1988
Internship and Year DALHOUSIE UNIV FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1989
Residency and Year UNIV OF BRITISH COLUMBIA-VANCOUVER, BC CANADA 2002
License Expiration Date **6/30/2012**
Remarks

License Number 10734
License Date 10/6/1999
Name **TOOR, ARIFA MD**
Address DARTMOUTH HTICCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified GE
School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON USA 1992
Internship and Year BOATON UNIVERSITY MEDICAL CTR-BOSOTN,MA 1993
Residency and Year BOSTON UNIVERSITY MEDICAL CTR-BOSTON,MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 13472
License Date 4/4/2007
Name **TOOTHMAN, RICHARD L MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF NORTH CAROLINA USA 1991
Internship and Year UNIV OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 1992
Residency and Year UNIV OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 1995
License Expiration Date **6/30/2017**
Remarks

License Number 10765
License Date 11/3/1999
Name **TOPAL, SIMONE MD**
Address NORTHAMPTON PLASTIC SURGERY, 40 MAIN ST SUITE 202FLORENCE, MA, 01062
Specialty PS
Board Certified PS
School and Year of Graduation SAINT LOUIS UNIVERSITY USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1999
License Expiration Date **6/30/2017**
Remarks

License Number 10798
License Date 12/1/1999
Name **TOPLENSZKY, TIBOR J MD**
Address ONE PARKLAND DR, DERRY, NH, 03088
Specialty IM
Board Certified
School and Year of Graduation SZEGED UNIV OF MED SCI - SZEGED HUNGARY HUNGARY 1993
Internship and Year DANBURY HOSPITAL - DANBURY, CT 1997
Residency and Year DANBURY HOSPITAL - DANBURY, CT 1999
License Expiration Date **6/30/2003**
Remarks

License Number 10889
License Date 4/5/2000
Name **TOPOL, BRUCE M MD**
Address 36 BAY ST, MANCHESTER, NH, 03104
Specialty PS
Board Certified PS
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL-CHICAGO,IL USA 1980
Internship and Year UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER-SAN DIEGO,CA 1981
Residency and Year NEW ENGLAND DEACONESS HOSPITAL/HARVARD MEDICAL SCHOOL-BOSTON,MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 6598
License Date 7/15/1982
Name **TORKELSON, ANDREW T MD**
Address NEW LONDON HOSPITAL, 273 COUNTY ROADNEW LONDON, NH, 03257
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF ROCHESTE SCH MED - ROCHESTER, NY USA 1980
Internship and Year DARTMOUTT-HITCHCOCK MED CTR - HANOVER, NH 1981
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983
License Expiration Date **6/30/2016**
Remarks

License Number 9646
License Date 2/7/1996
Name **TORRES, RUTH L MD**
Address 52 COTTAGE ST FIRST FLOOR, HUDSON, MA, 01749-
Specialty AN
Board Certified
School and Year of Graduation UNIV OF PUERTO RICO SCHOOL OF MEDICINE SAN JUAN PUERTO RICO 1992
Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 1993
Residency and Year UNIV OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1996
License Expiration Date **6/30/1998**
Remarks

License Number 16358
License Date 10/2/2013
Name **TORRES-LEON, MARIO E MD**
Address 4 AKESON RD, WOBURN, MA, 01801
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF PUERTO RICO PUERTO RICO 1999
Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2000
Residency and Year HOSPITAL OF SAINT RAPHAEL- NEW HAVEN,CT 2004
License Expiration Date **6/30/2015**
Remarks

License Number 13134
License Date 6/7/2006
Name **TORRETTI, JOEL A MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation PENN STATE COLLEGE OF MEDICINE USA 2001
Internship and Year MILTON S HERSHEY MEDICAL CTR-HERSHEY, PA 2002
Residency and Year MILTON S HERSHEY MEDICAL CTR-HERSHEY, PA 2005
License Expiration Date **6/30/2008**
Remarks

License Number 7636
License Date 6/3/1987
Name **TORREY, WILLIAM C MD**
Address DHMC - DEPT OF PSYCHIATRY, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty
Board Certified P
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1985
Internship and Year DARTMOUTH-HITCHCOCK MED CTR- HANOVER, NH 1986
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1989
License Expiration Date **6/30/2017**
Remarks

License Number 15466
License Date 11/2/2011
Name **TOSHACH, DENISE M MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1984
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number 15423
License Date 10/5/2011
Name **TOSHACH, JOSEPH M MD**
Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty PD
Board Certified PD
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1990
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1991
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1993
License Expiration Date **6/30/2017**
Remarks

License Number 11679
License Date 7/3/2002
Name **TOTTEN, MARY ANNE MD**
Address SENIOR HEALTH PRIMARY CARE, 138 WEBSTER STMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KANSAS SCH OF MED - KANSAS CITY, KS USA 1972
Internship and Year HOSPITAL OF ST RAPHAEL- NEW HAVEN, CT 1973
Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR- BOSTON,MA 1975
License Expiration Date **6/30/2016**
Remarks

License Number 13362
License Date 12/6/2006
Name **TOURANGEAU, STEVEN E MD**
Address NASHUA ANESTHESIA PARTNER, 8 PROSPECT STNASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation OHIO STATE UNIV COLLEGE OF MEDICINE USA 1991
Internship and Year RIVERSIDE METHODIST HOSPITAL-COLUMBUS, OH 1992
Residency and Year OHIO STATE UNIV MEDICAL CENTER-COLUMBUS, OH 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16142
License Date 5/1/2013
Name **TOURE, JOAHN M MD**
Address SOUTH SHORE HOSPITAL, 55 FOGG RDWEYMOUTH, MA, 02190
Specialty IM
Board Certified IM
School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2004
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006
License Expiration Date **6/30/2015**
Remarks

License Number 15816
License Date 8/1/2012
Name **TOURKOW, BENJAMIN A MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 2005
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11942
License Date 5/7/2003
Name **TOUTANT, STEVEN M MD**
Address 64 KATHY RAE DR, LISBON, NH, 03885
Specialty NS
Board Certified NS
School and Year of Graduation LOYOLA UNIV OF CHICAGO - MAYWOOD, IL USA 1974
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1976
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1977
License Expiration Date **6/30/2007**
Remarks

License Number 8680
 License Date 1/8/1992
 Name **TOVELL, WILLIAM M MD**
 Address CARING FOR WOMEN, 734 N MAIN ST LACONIA, NH, 03247-0637
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation QUEEN'S UNIVERSITY CANADA 1975
 Internship and Year ROYAL ALEXANDRIA HOSPITAL EDMONTON - ALBERTA - CANADA 1976
 Residency and Year UNIVERSITY OF ALBERTA HOSPITAL EDMONTON - ALBERTA - CANADA 1977
 License Expiration Date **6/30/2016**
 Remarks

License Number 3820
 License Date 7/30/1965
 Name **TOWLE, PARKER A MD**
 Address NORTHEASTERN VERMONT REGIONAL HOSPITAL, 1315 HOSPITAL DR IVEST JOHNSBURY, VT, 05819
 Specialty N
 Board Certified N
 School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE, BURLINGTON, VT USA 1959
 Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1960
 Residency and Year YALE HOSPITAL - NEW HAVEN, CT 1965
 License Expiration Date **6/30/2015**
 Remarks

License Number 8332
 License Date 5/9/1990
 Name **TOWNE, DAVID W MD**
 Address SPEARE MEMORIAL HOSP, 16 HOSPITAL RD PLYMOUTH, NH, 03264
 Specialty IM
 Board Certified IM
 School and Year of Graduation UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1981
 Internship and Year VIRGINIA MASON HOSPITAL - SEATTLE, WA 1982
 Residency and Year VIRGINIA MASON HOSPITAL - SEATTLE, WA 1984
 License Expiration Date **6/30/2014**
 Remarks

License Number 11578
 License Date 4/3/2002
 Name **TRACHTENBERG, STEPHEN C MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
 Specialty IM
 Board Certified IM
 School and Year of Graduation NEW YORK UNIV SCH MED - NEW YORK, NY USA 1966
 Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HAYDE PARK, NY 1967
 Residency and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HAYDE PARK, NY 1968
 License Expiration Date **6/30/2010**
 Remarks

License Number 6910
License Date 6/7/1984
Name **TRACY, SHERRILL A MD**
Address COOS COUNTY FAMILY HEALTH SERV, 2 BROADWAY AVEGORHAM, NH, 03581-1597
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF ROCHESTER SCH MED-DENTISTRY-NY USA 1980
Internship and Year HIGHLAND HOSP-ROCHESTER,NY 1981
Residency and Year HIGHLAND HOSP-ROCHESTER,NY 1983
License Expiration Date **6/30/2016**
Remarks

License Number 7469
License Date 11/12/1986
Name **TRAKAT, WILLIAM F DO**
Address 14130 KENTMORE PARK RD, KENNEDYVILLE, MD, 21645
Specialty GP
Board Certified GP
School and Year of Graduation PHILADELPHIA COLL/OSTEOPATHIC MED - PHILA, PA USA 1977
Internship and Year SUBURBAN GENERAL HOSPITAL - NORRISTOWN, PA 1978
Residency and Year SUBURBAN GENERAL HOSPITAL - NORRISTOWN, PA 1978
License Expiration Date **6/30/2004**
Remarks

License Number 12634
License Date 3/2/2005
Name **TRAN, ANN A MD**
Address VIRTUAL RADIOLOGIC PROFESSIONA, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 1987
Internship and Year UNION MEMORIAL HOSPITAL, BALTIMORE MD 1988
Residency and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1992
License Expiration Date **6/30/2017**
Remarks

License Number 16092
License Date 4/3/2013
Name **TRAN, LAN P MD**
Address STEWARD OB-GYN, 18 KEYWAYDIN DRIVESALEM, NH, 03079
Specialty OBG
Board Certified
School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2008
Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2009
Residency and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2012
License Expiration Date **6/30/2017**
Remarks

License Number 11188
License Date 2/7/2001
Name **TRAN, MAI-HUONG T MD**
Address SEACOAST RADIOLOGY PA, 383 CENTRAL AVE STE 313DOVER, NH, 03820
Specialty R
Board Certified R
School and Year of Graduation JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE, MD USA 1994
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1995
Residency and Year LAHEY CLINIS MEDICAL CENTER - BURLINGTON, MA 1999
License Expiration Date **6/30/2013**
Remarks

License Number 12721
License Date 5/4/2005
Name **TRAN, MINH T DO**
Address SEACOAST AREA PHYSIATRY, 875 GREENLAND RD-C4PORTSMOUTH, NH, 03801
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year ST VINCENT HOSPITAL, WORCESTERMA 2000
Residency and Year BOSTON MEDICAL, BOSTON MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10131
License Date 9/10/1997
Name **TRANCHEMONTAGNE, TERESA W DO**
Address AMHERST FAMILY PRACTICE, 199 ROUTE 101 STE 6AMHERST, NH, 03031
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTE MED - ME USA 1995
Internship and Year MEDICAL CENTER OF CENTRAL MASS-MA 1996
Residency and Year MEDICAL CENTER OF CENTRAL MASS - MA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 11824
License Date 1/8/2003
Name **TRANFA, FRANCIS J MD**
Address HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894-0912
Specialty AN
Board Certified
School and Year of Graduation UNIV OF GUADALAJARA - ALBANY, NY USA 1981
Internship and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1983
Residency and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1985
License Expiration Date **6/30/2017**
Remarks

License Number 12978
License Date 12/7/2005
Name **TRANSUE, SARAH B MD**
Address EDMUND HOSP LABORATOIRE, 275 BOULEVARD HEBERTEDMUNDSTON NB CANADA, , E3V 4E4
Specialty PTH
Board Certified PTH
School and Year of Graduation MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 1994
Internship and Year WILLIAM BEAUMONT HOSP, ROYAL OAK MI 1995
Residency and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9911
License Date 1/8/1997
Name **TRAPNELL, JAMES G MD**
Address MANCHESTER COMMUNITY HEALTH CT, 1415 ELM STMANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF CA LOS ANGELES UCLA SCH OF MED CA USA 1992
Internship and Year MERRITHEW MEMORIAL HOSPITAL - CA 1993
Residency and Year MERRITHEW MEMORIAL HOSPITAL - CA 1995
License Expiration Date **6/30/1999**
Remarks

License Number 10766
License Date 11/3/1999
Name **TRASK, CAROL E MD**
Address DAHL-CHASE PATHOLOGY ASSOC, 417 STATE ST STE 541BANGOR, ME, 04401
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1989
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1993
Residency and Year UNIVERSITY OF VERMONT - BURLINGTON VT 1995
License Expiration Date **6/30/2017**
Remarks

License Number 3853
License Date 10/5/1965
Name **TRAVERSE, NORMAN MD**
Address 155 BARTON AVE, PALM BEACH, FL, 33480
Specialty PUD
Board Certified
School and Year of Graduation UNIV OF TENN COLLEGE OF MEDICINE - MEMPHIS, TN USA 1957
Internship and Year OHIO STATE UNIV - COLUMBUS, OH 1958
Residency and Year OHIO STATE UNIV - COLUMBUS, OH 1959
License Expiration Date **6/30/2011**
Remarks

License Number 8650
License Date 11/6/1991
Name **TRAVIS, KENNETH W MD**
Address 595 RIVERVIEW DR, CHATHAM, MA, 02633
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE UNITED STATES 1961
Internship and Year BOSTON CITY HOSPITAL BOSTON - MASSACHUSETTS 1962
Residency and Year UNIVERSITY OF VIRGINIA MEDICAL CENTER CHARLOTTESVILLE - VIRGINIA 1967
License Expiration Date **6/30/2013**
Remarks

License Number 16196
License Date 6/5/2013
Name **TREADWELL, JAMES DO**
Address 422 HAMILTON BLVD, SOUTH BOSTON, VA, 24592
Specialty ORS
Board Certified
School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY COLL OF OSTEOPATHIC USA 2003
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2004
Residency and Year MEMORIAL HOSPITAL - YORK, PA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 7889
License Date 6/8/1988
Name **TREDWELL, SUSAN P MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation YALE UNIVERSITY USA 1984
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 11207
License Date 3/7/2001
Name **TREMBLAY, ANDREW G MD**
Address DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty FP
Board Certified FP
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year TOLEDO HOSPITAL - TOLEDO, OH 1998
Residency and Year TOLEDO HOSPITAL - TOLEDO, OH 2000
License Expiration Date **6/30/2017**
Remarks

License Number 11042
License Date 8/2/2000
Name **TRETTER, CHRISTOPHER G MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty IM
Board Certified IM
School and Year of Graduation MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 1994
Internship and Year MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 1997
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 2000
License Expiration Date **6/30/2010**
Remarks

License Number 16243
License Date 7/3/2013
Name **TREVINO II, EDWARD T MD**
Address 600 N ALABAMA ST #1102, INDIANAPOLIS, IN, 46204
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MEDICAL CTR@ DALLAS USA 2007
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2011
License Expiration Date **6/30/2015**
Remarks

License Number 13998
License Date 5/7/2008
Name **TRIACA, VERONICA MD**
Address CONCORD HOSP CTR FOR UROLOGIC, 246 PLEASANT ST SUITE G2CONCORD, NH, 03301
Specialty U
Board Certified U
School and Year of Graduation TEMPLE UNIV USA 2000
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2001
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6799
License Date 9/8/1983
Name **TRICE, JAMES M MD**
Address FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIV SCH MED-WASH,DC USA 1977
Internship and Year GEORGE WASHINGTON U HOSPITAL-WASHINGTON,DC 1978
Residency and Year GEORGE WASHINGTON U HOSPITAL-WASH,DC 1980
License Expiration Date **6/30/2017**
Remarks

License Number 16928
License Date 1/21/2015
Name **TRIEU, MICHAEL L MD**
Address 354 ARBORWAY APT 1, JAMAICA PLAIN, MA, 02130
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2006
Internship and Year UNIVERSITY OF ARKANSAS MEDICAL CENTER - LITTLE ROCK, AR 2007
Residency and Year UNIVERSITY OF ARKANSAS MEDICAL CENTER - LITTLE ROCK, AR 2009
License Expiration Date **6/30/2017**
Remarks

License Number 9075
License Date 10/6/1993
Name **TRIFIRO, RICHARD G MD**
Address , , ,
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSIDAD CENTRAL DEL CARIBE 1985
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 15602
License Date 3/7/2012
Name **TRIMARCO, THOMAS W MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation STATE UNIVERSITY OF NY @ BUFFALO SCHOOL OF MED USA 2007
Internship and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2008
Residency and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2011
License Expiration Date **6/30/2016**
Remarks

License Number 15517
License Date 1/4/2012
Name **TRINDADE, ARVIND J MD**
Address 470 2ND AVE APT 20C, NEW YORK, NY, 10016
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MED & DENTISTRY NEW JERSEY R W JOHNSON MED USA 2006
Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2007
Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009
License Expiration Date **6/30/2014**
Remarks

License Number 11979
License Date 6/4/2003
Name **TRINKL, OTTO W MD**
Address C M C, 590 COURT STKEENE, NH, 03431
Specialty GE
Board Certified
School and Year of Graduation LUDWIG MAXIMILLIANS UNIVERSITY OF MUNICH-MUNICH GERMANY 1972
Internship and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS LA 1981
Residency and Year LOUISIANA STATE UNIVERSITY - NEW ORLEANS LA 1983
License Expiration Date **6/30/2017**
Remarks

License Number 4417
License Date 4/22/1969
Name **TRIPATHI, USHA MD**
Address GREATER LOWELL PSYCHIATRY, 9 ACTON RD STE 25CHELMSFORD, MA, 01824
Specialty P
Board Certified P
School and Year of Graduation KING GEORG'S MEDICAL COLLEGE - LUCKNOW, INDIA INDIA 1958
Internship and Year THE SPRINGFIELD HOSPITAL - SPRINGFIELD, MA 1960
Residency and Year LOWELL GENERAL HOSPITAL - LOWELL, MA 1963
License Expiration Date **6/30/2007**
Remarks

License Number 4339
License Date 10/22/1968
Name **TRIPATHI, VINOD K MD**
Address 49 ATWOOD RD, PO BOX 203PELHAM, NH, 03076-0203
Specialty FP
Board Certified
School and Year of Graduation KING GEORGE'S MEDICAL COLLEGE, LUCKNOW INDIA 1957
Internship and Year THE SPRINGFIELD HOSPITAL - SPRINGFIELD, MA 1960
Residency and Year ST LUKE'S HOSPITAL - FARGO, ND 1964
License Expiration Date **6/30/2014**
Remarks

License Number 10038
License Date 6/4/1997
Name **TRITOS, NICHOLAS A MD**
Address 5 COLISEUM AVE, NASHUA, NH, 03063
Specialty END
Board Certified IM
School and Year of Graduation UNIVERSITY OF ATHENS-ATHENS ATHENS 1989
Internship and Year NEW ENGLAND DEACONESS HOSPITAL-MA 1995
Residency and Year LAHEY-HITCHCOCK CLINIC-MA 1996
License Expiration Date **6/30/2005**
Remarks

License Number 7054
License Date 2/28/1985
Name **TRIVEDI, RAJENDRA M MD**
Address 290 MAIN ST STE 3, STONEHAM, MA, 02180-
Specialty P
Board Certified GP
School and Year of Graduation UNIV OF BOMBAY INDIA 1969
Internship and Year NORWICH HOSP-NORWICH,CT 1980
Residency and Year WEST ROS PARK MNTL HEALTH CTR-BOSTON,MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 8698
License Date 4/1/1992
Name **TROMANHAUSER, SCOTT G MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE IN NEW YORK USA 1986
Internship and Year
Residency and Year
License Expiration Date **5/18/1995**
Remarks

License Number 13567
License Date 6/6/2007
Name **TROP, BOGDANA MD**
Address OSCEOLA SURGICAL TRAUMA GRP, 720 W OAK ST KISSIMEE, FL, 34741
Specialty TRS
Board Certified GS
School and Year of Graduation UNIV OF BELGRADE YUGOSLAVIA 1980
Internship and Year UNIV OF MIAMI - MIAMI, FL 1996
Residency and Year UNIV OF MIAMI - MIAMI, FL 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10847
License Date 3/1/2000
Name **TROTZKY, SAMUEL W MD**
Address PORTSMOUTH HOSP, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801
Specialty EM
Board Certified EM
School and Year of Graduation ALBERT EINSTEIN COLL OF MED -BRONX, NY USA 1995
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1996
Residency and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11764
License Date 10/2/2002
Name **TROUBLEFIELD, YOLANDA L MD**
Address LIONS BROOK MEDICAL SERVICE, 6 TANGLEWOOD DRNASHUA, NH, 03062
Specialty OTO
Board Certified
School and Year of Graduation NEW YORK UNIVERSITY, NEW YORK NY USA 1997
Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 1998
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 2002
License Expiration Date **6/30/2016**
Remarks

License Number 11803
License Date 12/4/2002
Name **TROUGHT, WILLIAM S MD**
Address DHMC-DIAGNOSTIC RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1968
Internship and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1969
Residency and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1973
License Expiration Date **6/30/2014**
Remarks

License Number 6353
License Date 3/5/1981
Name **TROXELL, JEFFREY R MD**
Address 357 FOREST ACRES RD, NEW LONDON, NH, 03257
Specialty U
Board Certified U
School and Year of Graduation LOUISIANA UNIV SCH OF MED,NEW ORLEANS USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1980
Residency and Year DARTHMOUHT-HITCHCOCK MED CTR - HANOVER, NH 1980
License Expiration Date **6/30/2017**
Remarks **RETIRED 12/13/12**

License Number 12058
License Date 9/3/2003
Name **TRUEBE, SANDRA F MD**
Address DOCTORS PARK PEDIATRICS, 275 MAMMOTH RD STE 2MANCHESTER, NH, 03109
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC US 2000
Internship and Year CHILDRENS HOSPITAL, BOSTON MA 2001
Residency and Year CHILDRENS HOSPITAL, BOSTON MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 8637
License Date 10/2/1991
Name **TRUED, SALLY J MD**
Address 104 BURNSIDE DR, HASTINGS ON HUDSON, NY, 10706
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED - DC USA 1975
Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1976
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1983
License Expiration Date **6/30/2007**
Remarks

License Number 11079
License Date 9/6/2000
Name **TRUJILLO, GLORIA M MD**
Address 31 COLCORD ST, S BERWICK, ME, 03908
Specialty FP
Board Certified FP
School and Year of Graduation GEORGE WASHINGTON UNIV SCH-WASHINGTON,DC USA 1992
Internship and Year FAIRFAX HOSPITAL - FALLS CHURCH, VA 1993
Residency and Year FAIRFAX HOSPITAL - FALLS CHURCH, VA 1995
License Expiration Date **6/30/2008**
Remarks

License Number 10840
License Date 3/1/2000
Name **TRUMMEL, JOHN M MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1992
Internship and Year EAST CAROLINA UNIV SCH OF MEDICINE - GREENVILLE, NC 1993
Residency and Year EAST CAROLINA UNIV SCH OF MEDICINE - GREENVILLE, NC 1995
License Expiration Date **6/30/2016**
Remarks

License Number 16849
License Date 11/6/2014
Name **TRUMP, MARK E MD**
Address 13737 NOEL RD STE 1600, DALLAS, TX, 75240
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF BRITISH COLUMBIA CACULTY OF MEDICINE CANADA 2001
Internship and Year SCHULICH SCHOOL MEDICINE & DENTISTRY, WESTERN UNIV - CANADA 2002
Residency and Year SCHULICH SCHOOL MEDICINE & DENTISTRY, WESTERN UNIV - CANADA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 13442
 License Date 3/7/2007
 Name **TRUONG, HANS H MD**
 Address 210 SPRINGHILL DR #150, SPRING, TX, 77386
 Specialty R
 Board Certified R
 School and Year of Graduation UNIV OF CHICAGO PRITZKER SCHOOL OF MED USA 1992
 Internship and Year UNIV OF TX @ HOUSTON LYNDON B JOHNSON GENERAL HOSP-HOUSTON, TX 1993
 Residency and Year UNIV OF TEXAS MEDICAL SCHOOL - HOUSTON, TX 1997
 License Expiration Date **6/30/2009**
 Remarks

License Number 11098
 License Date 10/4/2000
 Name **TRUS, THADEUS L MD**
 Address DHMC-GENERAL SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
 Specialty GS
 Board Certified GS
 School and Year of Graduation MCMASTER UNIV SCH OF MED - HAMILTON ONTARIO CANADA 1988
 Internship and Year MCMASTER UNIV - HAMILTON ONTARIO, CANADA 1989
 Residency and Year MCMASTER UNIV - HAMILTON ONTARIO, CANADA 1991
 License Expiration Date **6/30/2016**
 Remarks

License Number 7637
 License Date 6/3/1987
 Name **TSAI, YVONNE M MD**
 Address PO BOX 550, NORTH SALEM, NH, 03073
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1982
 Internship and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 1983
 Residency and Year ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1986
 License Expiration Date **6/30/2017**
 Remarks

License Number 12150
 License Date 11/5/2003
 Name **TSAO, KAILENN MD**
 Address 955 MAIN ST, SUITE 204WINCHESTER, MA, 01890
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1994
 Internship and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1995
 Residency and Year UNIVERSITY OF SOUTH CAROLINA, COLUMBIA SC 1999
 License Expiration Date **6/30/2017**
 Remarks

License Number 4510
License Date 10/14/1969
Name **TSAO, WU-MING O MD**
Address , PO BOX 798YARMOUTH, ME, 04096-0798
Specialty PTH
Board Certified PTH
School and Year of Graduation NATIONAL DEFENSE MEDICAL CENTER - TAIWAN CHINA 1950
Internship and Year THE MONCTON HOSPITAL - MONCTON, NEW BRUNSWICK 1964
Residency and Year PITTSFIELD AFFILIATED HOSPITAL - PITTSFIELD, MA 1961
License Expiration Date **6/30/2002**
Remarks

License Number 10735
License Date 10/6/1999
Name **TSAPAKOS, MICHAEL J MD**
Address DHMC- DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation NEW YORK MEDICAL COLL - VALHALLA NY USA 1988
Internship and Year THE FAULKNER HOSPITAL - BOSTON MA 1989
Residency and Year ALBANY MEDICAL CENTER - ALBANY NY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 16244
License Date 7/3/2013
Name **TSAPARLIS, NICHOLAS M MD**
Address FOUNDATION PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIVERSITY USA 1995
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1996
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 17244
License Date 8/5/2015
Name **TSEPLAEV, EVGENY V MD**
Address 8400 JUXA DR, CHANHASSEN, SC, 29579
Specialty IM
Board Certified IM
School and Year of Graduation ST PETERSBURG STATE I P PAVLOV MED UNIV - RUSSIA RUSSIA 1993
Internship and Year BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2000
Residency and Year BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 14332
License Date 2/4/2009
Name **TSO, MICHAEL Y MD**
Address , 395 WOLF HILL RDDEERING, NH, 03244
Specialty FP
Board Certified FP
School and Year of Graduation BROWN UNIV USA 1994
Internship and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 1995
Residency and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 1997
License Expiration Date **6/30/2017**

Remarks

License Number 16143
License Date 5/1/2013
Name **TSOURMAS, NICHOLAS F MD**
Address SOUTHWEST ORTHO GROUP, 2500 W WILLIAM CANNON DR #401AUSTIN, TX, 78745
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1979
Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1983
License Expiration Date **6/30/2015**

Remarks

License Number 15948
License Date 11/7/2012
Name **TSVIRKO, IRYNA MD**
Address CATHOLIC MEDICAL CENTER, BEHAVORIAL HEALTH SERVICE, 88 MCGREGOR STMANCHESTER, NH,
Specialty P
Board Certified P
School and Year of Graduation VITEBSK MEDICAL INSTITUTE BELARUS 1999
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2010
Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2012
License Expiration Date **6/30/2016**

Remarks

License Number 10546
License Date 4/7/1999
Name **TU, ALBERT S MD**
Address SEACOAST RADIOLOGY, 383 CENTRAL AVE STE 313DOVER, NH, 03820
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCH - BOSTON, MA USA 1993
Internship and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1994
Residency and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1998
License Expiration Date **1/15/2012**

Remarks

DECEASED 1/15/2012

License Number 14442
 License Date 5/6/2009
 Name **TU, JIANGLING J MD**
 Address BOSTWICK LABORATORIES INC, 100 CHARLES LINDBERGH BLVD UNIONDALE, NY, 11553
 Specialty PTH
 Board Certified PTH
 School and Year of Graduation BEIJING MEDICAL UNIVERSITY CHINA 1989
 Internship and Year NEW YORK & PRESBYTERIAN HOSPITAL - NEW YORK, NY 1999
 Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NEW YORK, NY 2001
 License Expiration Date **6/30/2017**
 Remarks

License Number 16293
 License Date 8/7/2013
 Name **TUCKER, ANTHONY MD**
 Address 1820 58TH AVENUE, UNIT 110 VERO BEACH, FL, 32966
 Specialty EM
 Board Certified EM
 School and Year of Graduation HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 1985
 Internship and Year DISTRICT OF COLUMBIA GENERAL HOSPITAL - WASHINGTON, DC 1986
 Residency and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 1989
 License Expiration Date **6/30/2015**
 Remarks

License Number 3208
 License Date 9/11/1957
 Name **TUCKER, JAMES C MD**
 Address , PO BOX 309 EXETER, NH, 03833-4807
 Specialty GP
 Board Certified
 School and Year of Graduation HARVARD UNIVERSITY USA 1950
 Internship and Year THE ROOSEVELT HOSPITAL NEW YORK - NEW YORK 1955
 Residency and Year THE ROOSEVELT HOSPITAL NEW YORK - NEW YORK 1956
 License Expiration Date **6/30/2005**
 Remarks **Deceased 8/31/2012**

License Number 13473
 License Date 4/4/2007
 Name **TUCKER, SUSAN M MD**
 Address NEW HAMPSHIRE EYE ASSOCIATES, 1415 ELM STREET MANCHESTER, NH, 03101
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIV OF WESTERN ONTARIO USA 1987
 Internship and Year MT SINAI HOSPITAL - TORONTO, ONTARIO CANADA 1988
 Residency and Year ST MICHAELS HOSPITAL/WELLESLEY HEALTH CENTER - TONONTO, ONTARIO CANADA 1989
 License Expiration Date **6/30/2017**
 Remarks

License Number 16567
License Date 4/2/2014
Name **TUCKER, VERONICA DO**
Address LRG HEALTHCARE, 80 HIGHLAND STLACONIA, NH, 03246
Specialty EM
Board Certified
School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 2012
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2014
License Expiration Date **6/30/2016**
Remarks

License Number 17196
License Date 7/1/2015
Name **TUFANO, SYLVIA H MD**
Address OB HOSPITALIST PROG/FOUNDATION MED PTNRS, 8 PROSPECT STNASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation UB SUNY SCHOOL OF MED & BIOMEDICAL SCIENCE USA 1999
Internship and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 1999
Residency and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 11886
License Date 4/2/2003
Name **TULECKE, MARK A MD**
Address SALEM HOSPITAL/DEPT PATHOLOGY, 81 HIGHLAND AVESALEM, MA, 01970
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF TEXAS-HOUSTON MED SCH - HOUSTON, TX USA 1995
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1996
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 4594
License Date 8/13/1970
Name **TULLOH, KATHLEEN D MD**
Address 33 WOODMAN RD, DURHAM, NH, 03824-2308
Specialty GYN
Board Certified
School and Year of Graduation DURHAM UNIV MEDICAL SCHOOL ENGLAND 1952
Internship and Year UNITED NEWCASTLE UPON TYNE HOSPITAL - ENGLAND 1953
Residency and Year ROYAL COLLEGE ENGLAND 1954
License Expiration Date **6/30/2001**
Remarks

License Number 12326
License Date 5/5/2004
Name **TULLOH, ROSEMARY H MD**
Address DOVER-ROCHESTER ASSOCIATES, 9 WENTWORTH ST ROCHESTER, NH, 03867-2793
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1993
Internship and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1994
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1998
License Expiration Date **6/30/2006**
Remarks

License Number 16929
License Date 1/21/2015
Name **TUMMALA, SRINIVAS MD**
Address 8250 WESTPARK DR #609, MC LEAN, VA, 22102
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1995
Internship and Year UNIVERSITY OF WISCONSIN, MADISON, WI 1996
Residency and Year UNIVERSITY OF WISCONSIN, MADISON, WI 1999
License Expiration Date **6/30/2017**
Remarks

License Number 11225
License Date 4/4/2001
Name **TUMMON, IAN S MD**
Address MAYO CLINIC, 200 FIRST ST SW ROCHESTER, MN, 55904
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF TORONTO - TORONTO, ONTARIO CANADA CANADA 1975
Internship and Year TORONTO WESTERN HOSPITAL - TORONTO ONTARIO CANADA 1977
Residency and Year FACULTY OF MEDICINE UNIV - OTTAWA ONTARIO CANADA 1981
License Expiration Date **6/30/2005**
Remarks

License Number 14150
License Date 8/6/2008
Name **TUNG, DAVID L MD**
Address PAINCARE, 1 MOUND CT MERRIMACK, NH, 03054
Specialty PM
Board Certified PM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIV USA 2003
Internship and Year VIRGINIA COMMONWEALTH UNIV HEALTH SYSTEM - RICHMOND, MA 2004
Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2007
License Expiration Date **6/30/2016**
Remarks

License Number 3132
License Date 7/10/1956
Name **TUNG, HSI-LIN MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **5/22/1989**
Remarks

License Number 7890
License Date 6/8/1988
Name **TUNG, PAUL C MD**
Address ENDOCRINOLOGY & DIABETES CONS, 10 MEMBERS WAY STE 400DOVER, NH, 03820
Specialty END
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOTON, MA USA 1982
Internship and Year VA MEDICAL CENTER - LOS ANGELES, CA 1983
Residency and Year VA MEDICAL CENTER - LOS ANGELES, CA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 14905
License Date 6/2/2010
Name **TUPICK, TANYA A DO**
Address ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year ST JOSEPH MEDICAL CENTER - READING, PA 2008
Residency and Year ST JOSEPH MEDICAL CENTER - READING, PA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 6117
License Date 9/6/1979
Name **TURCO, JOHN H MD**
Address DHMC-ENDOCRINOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty END
Board Certified END
School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NY USA 1974
Internship and Year DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1975
Residency and Year DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1976
License Expiration Date **6/30/2017**
Remarks

License Number 12361
License Date 6/2/2004
Name **TURCOT, DIANE B MD**
Address CLIPPER CARDIOVASCULAR ASSOC, 112A PARKER STNEWBURYPORT, MA, 01950
Specialty CD
Board Certified CD
School and Year of Graduation LAVAL UNIVERSITY, STE-FOY QUEBEC CANADA CANADA 1997
Internship and Year MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 2000
Residency and Year HARTFORD HOSP, HARTFORD CT 2003
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/10 - reinstated 9/7/11**

License Number 10598
License Date 6/2/1999
Name **TURER, CATHERINE M MD**
Address 3 ALUMNI DR STE 401, EXETER, NH, 03833
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1996
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14980
License Date 8/4/2010
Name **TURGEON, MARC L DO**
Address PRIME CARE MEDICAL, 3940 LOCUST LANEHARRISBURG, PA, 17109
Specialty P
Board Certified
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2000
Internship and Year COMMUNITY HOSPITAL OF LANCASTER - LITITZ, PA 2001
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12681
License Date 4/6/2005
Name **TURIANO, DEBORAH L MD**
Address VNA HOSPICECARE, 100 TRADE CENTER G500WOBURN, MA, 01801
Specialty PD
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NY, BUFFALO NY US 1983
Internship and Year RAINBOW BABIES ANDCHILDRENS HOSPITAL, CLEVELAND OH 1984
Residency and Year RAINBOW BABIES & CHILDRENS HOSPITAL, CLEVELAND OH 1986
License Expiration Date **6/30/2017**
Remarks

License Number 11189
License Date 2/7/2001
Name **TURKEL, DAVID H MD**
Address 3680 BROADWAY, FT MYERS, FL, 33901
Specialty R
Board Certified
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ- NEWARK, NJ USA 1983
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1984
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date **6/30/2002**
Remarks

License Number 12923
License Date 10/5/2005
Name **TURKINGTON, NANCY M MD**
Address MONTSHIRE PEDIATRICS, 45 LYME RD STE 105HANOVER, NH, 03755
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1996
Internship and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 1998
Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2001
License Expiration Date **6/30/2017**
Remarks **8/12/15 - Settlement Agreement**

License Number 10459
License Date 11/4/1998
Name **TURNBULL, QUENTIN A MD**
Address 1555 ELM ST, MANCHESTER, NH, 03104
Specialty P
Board Certified P
School and Year of Graduation PULSE BEAT MED SCHOOL -SOUTH AFRICA AFRICA 1993
Internship and Year DARTMOUTH MED CTR-LEBANON,NH 1996
Residency and Year DARTMOUTH MED CTR-LEBANON,NH 1998
License Expiration Date **6/30/2016**
Remarks

License Number 6051
License Date 5/14/1979
Name **TURNER III, N FLETCHER MD**
Address VA OUTPATIENT CLINIC, 1955 US1 SOUTH STE 200ST AUGUSTINE, FL, 32086
Specialty FP
Board Certified FP
School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL OF MEDICINE-BALTIMORE,MD USA 1976
Internship and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1977
Residency and Year MOUNTAIN AREA HEALTH EDUCATION FOUNDATION - ASHEVILLE, NC 1979
License Expiration Date **6/30/2009**
Remarks

License Number 3998
License Date 3/17/1967
Name **TURNER, FRANCIS L MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **8/20/1993**
Remarks **8/20/93 LICENSE REVOKED**

License Number 6078
License Date 6/11/1979
Name **TURNER, HENRY D MD**
Address 330 BORTHWICK AVE STE 202, PORTSMOUTH, NH, 03801-4174
Specialty PD
Board Certified PD
School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL MEDICINE - BALTIMORE, MD USA 1974
Internship and Year CHILDRENS HOSPITAL - PHILA, PA 1975
Residency and Year CHILDRENS HOSPITAL - PHILA, PA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 13886
License Date 3/5/2008
Name **TURNER, JAMES H MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified R
School and Year of Graduation ST LOUIS UNIV USA 1991
Internship and Year NAVAL MEDICAL CENTER PORTSMOUTH - PORTSMOUTH, VA 1992
Residency and Year UNIV OF OKLAHOMA HEALTH SCIENCES CENTER - OKLAHOMA CITY, OK 1999
License Expiration Date **6/30/2016**
Remarks

License Number 8865
License Date 12/2/1992
Name **TURNER, STEWART J MD**
Address 99 US RTE 1 BYPASS STE B, KITTERY, ME, 03904
Specialty OPH
Board Certified OPH
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year ST MARY'S HEALTH CENTER ST LOUIS - MISSOURI 1982
Residency and Year UNIVERSITY HOSPITAL BOSTON - MASSACHUSETTS 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14151
License Date 8/6/2008
Name **TURNQUIST SR, PAUL E MD**
Address TQ FLIGHT MEDICINE, 1 WEBB PL STE 10DOVER, NH, 03820
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PITTSBURGH USA 1994
Internship and Year WESTERN PSYCHIATRIC INSTITUTE & CLINIC - PITTSBURGH, PA 1995
Residency and Year UPMC ST MARGARET HOSPITAL - PITTSBURGH, PA 1998
License Expiration Date **6/30/2016**
Remarks

License Number 15603
License Date 3/7/2012
Name **TURPIN JR, EDWARD M MD**
Address ALABAMA SLEEP CLINIC, 1215 7TH ST SE STE 130DECATUR, AL, 35601
Specialty SM
Board Certified SM
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 1990
Internship and Year WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 1991
Residency and Year WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 1994
License Expiration Date **6/30/2014**
Remarks

License Number 10572
License Date 5/5/1999
Name **TURRIN, RICCARDO MD**
Address MASSENA MEMORIAL HOSPITAL, ONE HOSPITAL DRMASSENA, NY, 13662
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MONTREAL OF MED - MONTREAL QUEBEC CANADA 1994
Internship and Year UNIV OF DE MONTREAL - MONTREAL QUEBEC, CANADA 1995
Residency and Year UNIV OF DE MONTREAL - MONTREAL QUEBEC, CANADA 1996
License Expiration Date **6/30/2002**
Remarks

License Number 3006
License Date 3/10/1954
Name **TUTHILL, JOHN W MD**
Address 18 HOBBS RD, KENSINGTON, NH, 03833-5510
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1943
Internship and Year BOSTON CITY HOSPITAL 1944
Residency and Year PRESBYTERIAN HOSPITAL 1950
License Expiration Date **6/30/2002**
Remarks

License Number 3442
License Date 4/17/1961
Name **TUTTLE JR, EVERETT A MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/19/1996**
Remarks **DECEASED - 6/19/96**

License Number 6367
License Date 4/2/1981
Name **TUTTLE, BENJAMIN MD**
Address 87 SPRING ST, UNIT 101LACONIA, NH, 03246-3135
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF CONN SCH OF MED,FARMINGTON,CT USA 1977
Internship and Year NEW ENGLAND MED CTR HOSP, BOSTON,MA 1978
Residency and Year TUFTS UNIV SCH OF MED,BOSTON,MA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 6932
License Date 7/5/1984
Name **TUTTLE, GEORGIA A MD**
Address 129 MECHANIC ST, LEBANON, NH, 03766
Specialty D
Board Certified D
School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1980
Internship and Year LEMUEL SHATTUCK HOSP-BOSTON,MA 1981
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
License Expiration Date **6/30/2016**
Remarks

License Number 5590
License Date 8/12/1976
Name **TUXILL, THOMAS G MD**
Address CONCORD OPHTH ASSOC, 9 S SPRING STCONCORD, NH, 03301-2425
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MED AND DENTISTRY USA 1967
Internship and Year NAVAL HOSPITAL NATL NAVAL MED CENTER BETHESDA 1968
Residency and Year STRONG MEM HOSPITAL ROCHESTER 1974
License Expiration Date **6/30/1999**
Remarks

License Number 7785
License Date 2/3/1988
Name **TWEEDIE, ERIC L MD**
Address EMMC, 489 STATE STBANGOR, ME, 04401
Specialty AN
Board Certified AN
School and Year of Graduation DALHOUSIE UNIV FACULTY OF MED - HALIFAX NOVA SCOTIA 1977
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1984
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 11859
License Date 3/5/2003
Name **TWEHOUS, DEBRA A MD**
Address SPAULDING REHABILITATION HOSP, 125 NASHUA STBOSTON, MA, 02114
Specialty PM
Board Certified PM
School and Year of Graduation UNIV OF TEXAS MED SCH - SAN ANTONIO, TX USA 1989
Internship and Year UNIV OF TEXAS HEALTH SCI CENTER - SAN ANTONIO, TX 1990
Residency and Year UNIV OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1993
License Expiration Date **6/30/2013**
Remarks

License Number 15856
License Date 9/5/2012
Name **TWINING, CHRISTINE L MD**
Address MAINE MEDICAL PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty END
Board Certified END
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2002
Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 6565
License Date 6/24/1982
Name **TWOMEY, MICHAEL J MD**
Address 140 HAVERHILL ST, ANDOVER, MA, 01810-
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1968
Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1969
Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1970
License Expiration Date **6/30/2008**
Remarks

License Number 12768
License Date 6/1/2005
Name **TWORK, GRETCHEN E MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF WISCONSIN, MADISON WI US 2002
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12042
License Date 8/6/2003
Name **TY, HENRY Y MD**
Address N E NEUROLOGICAL ASSOC, 354 MERRIMACK ST-BLDG 1LAWRENCE, MA, 01843
Specialty NS
Board Certified NS
School and Year of Graduation U OF PHILIPPINES PHILLIPPINES 1991
Internship and Year MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1998
Residency and Year MEDICAL COLLEGE OF VIEGINIA, RICHMOND VA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 10495
License Date 1/6/1999
Name **TYL, ROSEMARY A MD**
Address HAMPSTEAD HOSPITAL, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty P
Board Certified P
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1992
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1993
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
License Expiration Date **6/30/2001**
Remarks

License Number 14106
License Date 7/9/2008
Name **TYLER, ALLEN E MD**
Address SENTIENT MEDICAL SYSTEMS, 11011 MCCORMICK RD STE 200HUNT VALLEY, MD, 21031
Specialty P
Board Certified P
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1979
Internship and Year GRADUATE HOSPITAL-EULESS, TX 1980
Residency and Year GRADUATE HOSPITAL-EULESS, TX 1983
License Expiration Date **6/30/2010**
Remarks

License Number 15424
License Date 10/5/2011
Name **TYLER, IRA M MD**
Address 929 FARM HAVEN DR, ROCKVILLE, MD, 20852
Specialty DR
Board Certified DR
School and Year of Graduation MT SINAI OF MEDICINE UNIVERSITY OF NY USA 1979
Internship and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1981
Residency and Year BELLEVUE HOSPITAL - NY, NY 1983
License Expiration Date **6/30/2013**
Remarks

License Number 16197
License Date 6/5/2013
Name **TYLER, MICHELLE D MD**
Address I MEDICAL CENTER DRIVE, LEBANON, NH, 03766
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 6118
License Date 9/6/1979
Name **TYSON, JUDITH MD**
Address , RR 1 BOX 360SHARON, VT, 05065
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VT COLLEGE MEDICINE BURLINGTON, VT USA 1970
Internship and Year ROOSEVELT HOSPITAL - NY, NY 1971
Residency and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1978
License Expiration Date **6/30/2002**
Remarks

License Number 7382
License Date 6/12/1986
Name **TZAVALAS, NICHOLAS MD**
Address NUTFIELD ANESTHESIA ASSOC, PO BOX 220DERRY, NH, 03038-0220
Specialty AN
Board Certified AN
School and Year of Graduation ARISTOTELIAN UNIV OF TESSALONIKI GREECE 1979
Internship and Year UNIVERSITY HOSPITAL-BOSTON MA 1982
Residency and Year UNIVERSITY HOSPITAL 1983
License Expiration Date **6/30/2016**
Remarks

License Number 3759
License Date 12/30/1964
Name **TZIANABOS, STEPHEN A MD**
Address 545 KEARNEY CIRCLE, MANCHESTER, NH, 03104
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1963
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1964
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1964
License Expiration Date **3/12/2009**
Remarks **DECEASED 3/12/09**

License Number 3594
License Date 3/13/1963
Name **TZIROS, JAMES C MD**
Address 70 CRESTVIEW RD, MANCHESTER, NH, 03104-1803
Specialty GS
Board Certified GS
School and Year of Graduation ARISTOTELES UNIV SCHOOL OF MEDICINE,SOLONICA GREECE 1955
Internship and Year MASS MEMORIAL HOSPITAL - BOSTON, MA 1957
Residency and Year HAHNEMANN MEDICAL COLLEGE, HOSPITAL - PHILA, PA 1961
License Expiration Date **6/30/2002**
Remarks **DECEASED 3/18/06**

License Number 10405
License Date 9/2/1998
Name **TZVETANOV, TZVETAN MD**
Address 790 TURNPIKE ST, STE 201N ANDOVER, MA, 01845
Specialty GP
Board Certified IM
School and Year of Graduation FACULTY OF GENERAL MED CHARLES UNIV PRAHA CZECH REPUBLIC 1988
Internship and Year POLYCLINIC HOSPITAL - HARRISBURG, PA 1996
Residency and Year POLYCLINIC HOSPITAL - HARRISBURG, PA 1998
License Expiration Date **6/30/2016**
Remarks **7/8/14 - Settlement Agreement
Lapsed for nonrenewal 6/30/14; Renewed 10/3/14**

License Number 16930
License Date 1/21/2015
Name **UDOMPRASERT, PAMELA S MD**
Address 205 HUNT ST, RANDOLPH, VT, 05060
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIV OF NY HLTH SCIENCE CTR @ BROOKLYN OF ME USA 2004
Internship and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 2005
Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 2007
License Expiration Date **6/30/2017**
Remarks

License Number 13999
License Date 5/7/2008
Name **UDUEVBO, JERRY A MD**
Address 1452 EAST 100 ST, BROOKLYN, NY, 11236
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIV DOMINICA 2005
Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2006
Residency and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2007
License Expiration Date **6/30/2010**
Remarks

License Number 10799
License Date 12/1/1999
Name **UHLIG, PAUL N MD**
Address 3243 E MURDOCK, STE 404 WICHITA, KS, 67208
Specialty TS
Board Certified TS
School and Year of Graduation UNIV OF KANSAS SCH OF MED - KANSAS CITY, KS USA 1978
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1984
License Expiration Date **6/30/2009**
Remarks

License Number 14576
License Date 8/5/2009
Name **UITERWYK, SEAN H MD**
Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR #U3WRJ, VT, 05001
Specialty FP
Board Certified FP
School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2000
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2004
Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13081
License Date 5/3/2006
Name **UKPONMWAN, UYIGUE E MD**
Address KNOXVILLE HOSPITAL & CLINICS, 1202 WEST HOWARD ST KNOXVILLE, IA, 50138
Specialty FP
Board Certified
School and Year of Graduation UNIV OF BENIN NIGERIA 1998
Internship and Year ST JOSEPH'S MEDICAL CTR-YONKERS NY 2004
Residency and Year ST JOSEPH'S MEDICAL CTR-YONKERS NY 2006
License Expiration Date **6/30/2008**
Remarks

License Number 14238
License Date 11/5/2008
Name **ULLAH, SANA MD**
Address DH -MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified
School and Year of Graduation BAHUDDIN ZAKARIA UNIV PAKISTAN 2001
Internship and Year UNIV OF SOUTH DAKOTA - SIOUX FALLS, SD 2007
Residency and Year UNIV OF SOUTH DAKOTA - SIOUX FALLS, SD 2008
License Expiration Date **6/30/2016**
Remarks

License Number 15467
License Date 11/2/2011
Name **ULLAL, RITU G MD**
Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty FP
Board Certified FP
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 2005
Residency and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 14726
License Date 1/6/2010
Name **ULLMAN, JOSEPH M MD**
Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909
Specialty R
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1984
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 1985
Residency and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 1989
License Expiration Date **6/30/2016**
Remarks

License Number 13185
License Date 7/5/2006
Name **UMASHANKAR, GOPALAN MD**
Address LITTLETON REG HOSP/NEUROLOGY, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty N
Board Certified N
School and Year of Graduation KANPUR UNIV INDIA 1990
Internship and Year UNIV OF ARKANSAS - LITTLE ROCK, AR 2002
Residency and Year UNIV OF ARKANSAS - LITTLE ROCK, AR 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11765
License Date 10/2/2002
Name **UNDERHILL, KELLY J MD**
Address PROVIDENCE ST VINCENT MED CTR, 9205 SW BARNES RD PORTLAND, OR, 97225
Specialty R
Board Certified R
School and Year of Graduation QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA CANADA 1992
Internship and Year QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA 1993
Residency and Year QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA 1997
License Expiration Date **6/30/2010**
Remarks

License Number 15205
License Date 4/6/2011
Name **UNDERKOFLE, RICHARD S MD**
Address HARVARD PILGRIM HEALTH CARE, 1600 CROWN COLONY DR QUINCY, MA, 02169
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF IOWA COLLEGE OF MEDICINE USA 1976
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE, MAYO CLINIC - ROCHESTER, MN 1978
Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 3589
License Date 3/13/1963
Name **UNDERWOOD II, DAVID G MD**
Address 13 BUCKINGHAM DR, BOW, NH, 03304
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL SCHOOL - NEW YORK, NY USA 1958
Internship and Year NEW YORK HOSPITAL - NY, NY 1959
Residency and Year NEW YORK HOSPITAL - NY, NY 1963
License Expiration Date **11/21/2008**
Remarks **DECEASED 11/21/2008**

License Number 11887
License Date 4/2/2003
Name **UNDERWOOD, UNA J MD**
Address 166 KINSLEY ST, STE 204 NASHUA, NH, 03060
Specialty OBG
Board Certified
School and Year of Graduation LOMA LINDA UNIV SCH OF MED - LOMA LINDA, CA USA 1957
Internship and Year TORONTO EAST GENERAL HOSPITAL - TORONTO, ONTARIO CANADA 1958
Residency and Year WOMENS COLLEGE HOSPITAL - TORONTO, ONTARIO, CANADA 1961
License Expiration Date **6/30/2011**
Remarks **DECEASED 1/27/2015**

License Number 14948
License Date 7/7/2010
Name **UONG, QUANG T MD**
Address GRANITE STATE ANESTHESIOLOGIST, 168 KINSLEY ST STE 4NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation TUFTS UNIVERSITY USA 2001
Internship and Year TRIPLER ARMY MEDICAL CENTER- TRIPLER AMC, HI 2002
Residency and Year UNIVERSITY OF VERMONT MEDICAL CENTER/FAHC - BURLINGTON, VT 2003
License Expiration Date **6/30/2016**
Remarks

License Number 12182
License Date 12/3/2003
Name **UPADRASTA, VIJAYA L MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation NAGARJUNA UNIVERSITY, GUNTUR ANDHRA PRADESH INDIA INDIA 1994
Internship and Year ST VINCENTS MEDICAL CTR, BRIDGEPORT CT 2001
Residency and Year ST VINCENTS MEDICAL CTR, BRIDGEPORT CT 2003
License Expiration Date **6/30/2017**
Remarks

License Number 14528
License Date 7/1/2009
Name **URANGA, MARK N MD**
Address TREASURE VALLEY PEDIATRICS, 100 E IDAHO ST STE 401BOISE, ID, 83712
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF WASHINGTON USA 2007
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2011**
Remarks

License Number 4774
License Date 5/3/1971
Name **URBAN JR, STEPHEN F DO**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **7/20/1995**
Remarks

License Number 7392
License Date 7/3/1986
Name **URBAN, MICHAEL J MD**
Address , , ,
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF WISCONSIN USA 1983
Internship and Year
Residency and Year
License Expiration Date **4/6/1991**
Remarks

License Number 10378
License Date 8/5/1998
Name **URBAN, MICHELLE A MD**
Address MONADNOCK FAMILY CARE, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty FP
Board Certified FP
School and Year of Graduation SUNY AT BUFFALO SCH OF MED BIO SCI - NY USA 1983
Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1984
Residency and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1986
License Expiration Date **6/30/2016**
Remarks

License Number 8727
License Date 5/6/1992
Name **URBANEK, PAUL J MD**
Address CONCORD ORTHOPAEDICS ASSOC, 264 PLEASANT STCONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1985
Internship and Year RHODE ISLAND HOSPITAL 1986
Residency and Year RHODE ISLAND HOSPITAL 1987
License Expiration Date **6/30/2016**
Remarks

License Number 13887
License Date 3/5/2008
Name **URBANO, MICHAEL A MD**
Address NERH AT SNHMC WEST CAMPUS, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW JERSEY USA 2000
Internship and Year UNIV OF NEW MEXICO-ALBUQUERQUE, NM 2001
Residency and Year UNIV OF NEW MEXICO-ALBUQUERQUE, NM 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12409
License Date 7/7/2004
Name **URCUYO, ALEJANDRO J MD**
Address 12130 SW 2ND ST, PLANTATION, FL, 33325
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF GUADALAJARA, JALISCO MEXICO MEXICO 1973
Internship and Year JOHN H STROGER, JR HOSPITAL OF COOK COUNTY, CHICAGO IL 1988
Residency and Year JOHN H STROGER, JR HOSPITAL OF COOK COUNTY, CHICAGO IL 1991
License Expiration Date **6/30/2006**
Remarks

License Number 15857
License Date 9/5/2012
Name **URMAN, RICHARD D MD**
Address BRIGHAM & WOMENS HOSP, 75 FRANCIS ST BWH- AN DEPTBOSTON, MA, 02215
Specialty AN
Board Certified AN
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2002
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 14981
License Date 8/4/2010
Name **UROSKIE, JONATHAN A MD**
Address SPORTS MED N ORTHO SURGERY, 1 ORTHOPEDICS DR 2ND FLPEABODY, MA, 01960
Specialty ORS
Board Certified ORS
School and Year of Graduation HAHNEMANN UNIVERSITY USA 1996
Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1997
Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2001
License Expiration Date **6/30/2015**
Remarks

License Number 13647
License Date 8/1/2007
Name **USANETASHVILI, NINO MD**
Address LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND STLACONIA, NH, 03246
Specialty IM
Board Certified IMG
School and Year of Graduation AIETI HIGHEST MEDICAL SCHOOL GEORGIA 2003
Internship and Year CHICAGO MEDICAL SCHOOLS @ ROSALIND FRANKLIN UNIV-NORTH CHICAGO, IL 2005
Residency and Year CHICAGO MEDICAL SCHOOLS @ ROSALIND FRANKLIN UNIV-NORTH CHICAGO, IL 2007
License Expiration Date **6/30/2017**
Remarks

License Number 9009
License Date 7/7/1993
Name **USHCHAK, CATHERINE M MD**
Address RICA-BALTIMORE, 605 S CHAPEL GATE LNBALTIMORE, MD, 21043-
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1991
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date **6/30/1999**
Remarks

License Number 7927
License Date 7/6/1988
Name **USHER, GARY D MD**
Address COASTAL NEUROLOGY SERVICES INC, 158 E NH ROUTE 108DOVER, NH, 03820
Specialty N
Board Certified N
School and Year of Graduation SUNY HLTH SCI CTR-SYRACUSE,NY USA 1985
Internship and Year BERKSHIRE MED CTR-PITTSFILED,MA 1984
Residency and Year UNIV HOSP INC-BOSTON,MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 15074
License Date 11/3/2010
Name **USHER, SETH J MD**
Address OSCEOLA REGIONAL MEDICAL CENTER, 700 WEST OAK STREETKISSIMMEE, FL, 34741
Specialty PD
Board Certified
School and Year of Graduation TEL AVIV UNIVERSITY ISRAEL 2008
Internship and Year SHANDS HOSPITAL @ THE UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2009
Residency and Year SHANDS HOSPITAL @ THE UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2010
License Expiration Date **6/30/2012**
Remarks

License Number 7374
License Date 6/12/1986
Name **USITALO, HOWARD R MD**
Address , , ,
Specialty U
Board Certified
School and Year of Graduation MICHIGAN UNIVERSITY USA 1981
Internship and Year
Residency and Year
License Expiration Date **8/22/1988**
Remarks

License Number 9756
License Date 6/5/1996
Name **USMANI, AHMAD A MD**
Address PARKLAND INTER SPINE & PAIN CTR, ONE PARKLAND DRDERRY, NH, 03038
Specialty AN
Board Certified AN
School and Year of Graduation KING EDWARD MEDICAL COLLEGE UNIV OF PUNJAB LAHORE PAKISTAN 1984
Internship and Year BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 1992
Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 2612
License Date 9/11/1947
Name **UTELL, MILTON C MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **7/14/1990**
Remarks **DECEASED 7/14/90**

License Number 12823
License Date 7/6/2005
Name **UTHAMALINGAM, SHANMUGAM MD**
Address CMC/HOSPITALIST DEPT, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation CHENNAI MEDICAL COLLEGE, CHENNAI INDIA 1994
Internship and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER, NEW ROCHELLE NY 2001
Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER, NEW ROCHELLE NY 2004
License Expiration Date **6/30/2015**
Remarks

License Number 15895
License Date 10/3/2012
Name **UTZ, JAMES P MD**
Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty PUD
Board Certified PUD
School and Year of Graduation MAYO MEDICAL COLLEGE USA 1985
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1986
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1988
License Expiration Date **6/30/2016**
Remarks

License Number 12282
License Date 4/7/2004
Name **UY, LEO R MD**
Address THE PERMANENTE MEDICAL GROUP, HBC OFFICE 1600 EUREICA RDROSEVILLE, CA, 95661
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF SANTO TOMAS, MANILA PHILIPPINES PHILIPPINES 1995
Internship and Year BETH ISRAEL MEDICAL CTR, NEW YORK NY 2002
Residency and Year VA MEDICAL CTR, LOS ANGELES CA 2003
License Expiration Date **6/30/2012**
Remarks

License Number 14239
License Date 11/5/2008
Name **UYESUGI, WALTER Y DO**
Address 7900 HAWAII KAI DR, HONOLULU, HI, 96825-3420
Specialty R
Board Certified R
School and Year of Graduation WESTERN UNIV USA 1996
Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER-EL PASO, TX 1997
Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2001
License Expiration Date **6/30/2016**
Remarks

License Number 14309
License Date 1/7/2009
Name **UYTANA, VINSON L MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 1998
Internship and Year UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL-NEW BRUNSWICK, NJ 1999
Residency and Year EATERN VIRGINIA MEDICAL SCHOOL-NORFOLK, VA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 13888
License Date 3/5/2008
Name **UZCATEGUI, NICOLAS MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV CENTRAL DE VENEZUELA VENEZUELA 1994
Internship and Year MARYLAND GENERAL HOSPITAL - BALTIMORE, MD 1997
Residency and Year UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 2000
License Expiration Date **6/30/2010**
Remarks

License Number 11744
License Date 9/4/2002
Name **VACCARO, JONATHAN P MD**
Address EXETER HOSPITAL, 5 ALUMNI AVEEXETER, NH, 03833
Specialty R
Board Certified R
School and Year of Graduation BROWN UNIVERSITY, PROVIDENCE RI USA 1988
Internship and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1989
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY, PORTLAND OR 1995
License Expiration Date **6/30/2016**
Remarks

License Number 9091
License Date 12/1/1993
Name **VACCARO, THERESE J MD**
Address DHMC/DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1990
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date **6/30/2017**
Remarks

License Number 12824
License Date 7/6/2005
Name **VACIK, JONATHAN D MD**
Address 100 MCGREGOR ST, MANCHESTER, NH, 03102
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA, MOBILE AL USA 2001
Internship and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2004
Residency and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 9203
License Date 6/1/1994
Name **VADALIA, JWALANT K MD**
Address 138 WEBSTER ST, MANCHESTER, NH, 03104
Specialty P
Board Certified P
School and Year of Graduation MP SHAH MED COLLEGE, SAURASHTRA UNIV. INDIA 1985
Internship and Year ELMHURST HOSPITAL CTR-MT SINAI - ELMHURST, NY 1992
Residency and Year LONG ISLAND JEWISH MED CTR - NEW HYDE PARK, NY 1994
License Expiration Date **6/30/2016**
Remarks

License Number 12151
License Date 11/5/2003
Name **VADASSERY, REGI J MD**
Address VAHVHCS POUGHKEEPSIE CLINIC, 488 FREEDOM PLAINS RDPOUGHKEEPSIE, NY, 12603
Specialty IM
Board Certified
School and Year of Graduation CALICUT UNIVERSITY, CALICUT KERALA INDIA INDIA 1998
Internship and Year ST BARNABAS HOSPITAL, BRONX NY 2001
Residency and Year ST BARNABAS HOSPITAL, BRONX NY 2003
License Expiration Date **6/30/2005**
Remarks

License Number 17138
License Date 6/3/2015
Name **VAID, SMRITI MD**
Address 1692 PLEASANT VALLEY DR, COSHOCTON, OH, 43812
Specialty IM
Board Certified IM
School and Year of Graduation ACHARYA SHRI CHANDER COLL. OF MED. BAU FORT INDIA INDIA 2005
Internship and Year ST VINCENT CHARITY MEDICAL CENTER, CLEVELAND OH 2010
Residency and Year ST VINCENT CHARITY MEDICAL CENTER, CLEVELAND OH 2012
License Expiration Date **6/30/2017**
Remarks

License Number 8016
License Date 12/7/1988
Name **VAILAS, JAMES C MD**
Address THE ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1981
Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON DC 1982
Residency and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON DC 1986
License Expiration Date **6/30/2016**
Remarks

License Number 16395
License Date 11/6/2013
Name **VAITKEVICIUS, HENRIKAS MD**
Address PARTNERS TELESTROKE PROGRAM, 55 FRUIT ST, BIGELOW 1206BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation WAYNE STATE UNIVERSITY SCHOL OF MEDICINE USA 2007
Internship and Year DETROIT MEDICAL CENTER - WAYNE STATE UNIVERSITY - DETROIT, MI 2008
Residency and Year BRIGHAM & WOMENS HOSPITAL-MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 15780
License Date 7/11/2012
Name **VALADE, MICHAEL S MD**
Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER NH USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 1998
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2002
License Expiration Date **6/30/2016**
Remarks

License Number 6284
License Date 9/4/1980
Name **VALDES JR, HUMBERTO MD**
Address 196 WATER ST STE 15, EXETER, NH, 03833-2422
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MIAMI SCHOOL MEDICINE - MIAMI, FL USA 1976
Internship and Year MC LEAN HOSPITAL - BELMONT, MA 1977
Residency and Year MC LEAN HOSPITAL - BELMONT, MA 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11804
License Date 12/4/2002
Name **VALDESUSO, RICHARD MD**
Address RICHARD VALDESUSO MD, 1921 WALDEMERE ST STE 609SARASOTA, FL, 34239
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MED & DENTISTRY-PISCATAWAY, NJ USA 1986
Internship and Year BELLEVUE HOSPITAL CENTER - NEW YORK, NY 1990
Residency and Year BELLEVUE HOSPITAL CENTER - NEW YORK, NY 1991
License Expiration Date **6/30/2012**
Remarks

License Number 5355
License Date 6/30/1975
Name **VALDMANIS, VIDVUD MD**
Address SPEARE MEMORIAL HOSPITAL, HOSPITAL RDPLYMOUTH, NH, 03264
Specialty EM
Board Certified
School and Year of Graduation MCGILL UNIV - MONTREAL CANADA 1968
Internship and Year BALTIMORE HOSPITAL - BALTIMORE, MD 1969
Residency and Year MONTREAL GENERAL HOSPITAL - CANADA 1970
License Expiration Date **6/30/2009**
Remarks

License Number 14916
License Date 7/7/2010
Name **VALE, BRENDA M MD**
Address BRENDA M VALE MD PLLC, 16 RIVER RDHANOVER, NH, 03755
Specialty CHP
Board Certified
School and Year of Graduation UNIVERSITY OF VIRGINIA USA 2003
Internship and Year UNIVERSITY OF HAWAII - HONOLULU, HI 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15272
License Date 6/1/2011
Name **VALERAS, ANDREW S DO**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation MIDWESTERN UNIVERSITY USA 2007
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 3409
License Date 12/19/1960
Name **VALTIN, HEINZ MD**
Address DHMC-PHYSIOLOGY-BORWELL BLDG, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty NEP
Board Certified
School and Year of Graduation CORNELL MEDICAL COLLEGE- NY CITY USA 1953
Internship and Year STRONG MEMORIAL HOSPITAL- ROCHESTER, NY 1954
Residency and Year STRONG MEMORIAL HOSPITAL 1955
License Expiration Date **6/30/2008**
Remarks

License Number 10573
License Date 5/5/1999
Name **VALVANO, MARY N MD**
Address CONCORD HOSPITAL/EMERG, 250 PLEASANTSTCONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1996
Internship and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1997
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12410
License Date 7/7/2004
Name **VAN BIBBER, MICHAEL E MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified UP
School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 2002
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2010**
Remarks

License Number 14906
License Date 6/2/2010
Name **VAN BUREN, DANIEL E MD**
Address CMC - NE HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty CD
Board Certified CD
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2003
Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2004
Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15557
License Date 2/1/2012
Name **VAN CISE, WILLIAM S MD**
Address 2406 BELLEVUE AVE, ERIN OFFICE PARK STE 7DUBLIN, GA, 31021
Specialty R
Board Certified R
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 1975
Internship and Year UNIVERSITY OF TEXAS M D ANDERSON CANCER CENTER - HOUSTON, TX 1976
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1979
License Expiration Date **6/30/2014**
Remarks

License Number 5728
License Date 5/9/1977
Name **VAN DER LAAN, PANCRAS H MD**
Address WEEKS MED CTR ATTN: H.DRISCOLL, 170 MIDDLE STLANCASTER, NH, 03584
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1974
Internship and Year ST ELIZABETH'S HOSPITAL-BOSTON MA 1975
Residency and Year ST ELIZABETH'S HOSPITAL-BOSTON MA 1977
License Expiration Date **6/30/2017**
Remarks

License Number 11295
License Date 6/6/2001
Name **VAN DER MEER, PETER MD**
Address SNHRC, 703 RIVERWAY PLACE BEDFORD, NH, 03110-6745
Specialty R
Board Certified R
School and Year of Graduation FAC OF MED FREE UNIV AMSTERDAM NETHERLANDS 1991
Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1996
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15498
License Date 12/7/2011
Name **VAN DYCK, ALEXANDRA JANE MD**
Address DARTMOUTH-HITCHCOCK KEENE, 580-90 COURT ST KEENE, NH, 03431
Specialty IM
Board Certified IM
School and Year of Graduation ROSS UNIVERSITY - ROSEAU DOMINICA DOMINICA 2007
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2008
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2009
License Expiration Date **6/30/2017**
Remarks

License Number 11402
License Date 9/5/2001
Name **VAN DYK, EDWARD O MD**
Address ALTON MEMORIAL HOSPITAL, 6 MEMORIAL DR ALTON, IL, 62002
Specialty RO
Board Certified RO
School and Year of Graduation EASTERN VIRGINIA MED SCH - NORFOLK, VA USA 1996
Internship and Year EASTERN VIRGINIA MED SCH - NORFOLK, VA 1997
Residency and Year BAYLOR COLL OF MEDICINE - HOUSTON, TX 1998
License Expiration Date **6/30/2007**
Remarks

License Number 13840
License Date 2/6/2008
Name **VAN HOFF, JACK MD**
Address DHMC-PEDIATRIC HEMAT/ONCOLOGY, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF NEW JERSEY USA 1981
Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1982
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1984
License Expiration Date **6/30/2016**
Remarks

License Number 16198
License Date 6/5/2013
Name **VAN HOFF, RYAN M MD**
Address DHMC - DEPT OF CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 2010
Internship and Year DARTHOOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTHOOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2017**
Remarks

License Number 16741
License Date 8/6/2014
Name **VAN HOFF, SOPHIA L MD**
Address ANESTHESIA ASSOC PA, 1 PILLSBURY ST, STE 202CONCORD, NH, 03301
Specialty AN
Board Certified
School and Year of Graduation JEFFERSON MEDICAL COLLEGE - PHILADELPHIA, PA US 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 11722
License Date 8/7/2002
Name **VAN LEEUWEN, DIRK J MD**
Address DHMC-GIM, ONE MEDICAL CTR DRLEBANON, NH, 03755
Specialty GE
Board Certified GE
School and Year of Graduation UNIV OF AMSTERDAM IN NETHERLANDS NETHERLANDS 1979
Internship and Year RED CROSS HOSPITAL - BEVERWIJK IN THE NETHERLANDS 1982
Residency and Year THE ROYAL FREE HOSPITAL MEDICAL SCHOOL IN LONDON UNITED KINGDOM 1984
License Expiration Date **6/30/2010**
Remarks

License Number 6306
License Date 10/2/1980
Name **VAN LEUVEN, NORMAN E MD**
Address NORTHERN HUMAN SERVICES, 87 WASHINGTON STCONWAY, NH, 03818
Specialty P
Board Certified P
School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1977
Internship and Year DARTMOUTH MED SCHOOL - HANOVER,NH 1978
Residency and Year DARTMOUTH MED SCHOOL - HANOVER, NH 1978
License Expiration Date **6/30/2016**
Remarks

License Number 6630
License Date 11/4/1982
Name **VAN LOAN, PAUL N MD**
Address AESTHETIC MEDICINE OF NH, 316 SOUTH MAIN STCONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation UNIV CATH DE LOUVAIN FAC DE MED BRUXELLES BELGIUM 1978
Internship and Year ST ELIZABETH HOSPITAL - UTICA, NY 1979
Residency and Year ST ELIZABETH HOSPITAL - UTICA, NY 1981
License Expiration Date **6/30/2016**
Remarks

License Number 14000
License Date 5/7/2008
Name **VAN NATTA, FRED C MD**
Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty DR
Board Certified DR
School and Year of Graduation UNIV OF CALIFORNIA USA 1968
Internship and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1969
Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1970
License Expiration Date **6/30/2012**
Remarks

License Number 9028
License Date 8/4/1993
Name **VAN RIPER, LOREN G MD**
Address 10 PROSPECT ST, MEDICAL OFFICE BLDGNASHUA, NH, 03060-
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1989
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 1993
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 1993
License Expiration Date **6/30/2002**
Remarks

License Number 7306
License Date 4/3/1986
Name **VAN TUIL, SHARON L MD**
Address 58 HAWTHORNE DR, BEDFORD, NH, 03110-6746
Specialty PD
Board Certified PD
School and Year of Graduation MED COLLEGE OF PA USA 1982
Internship and Year RHODE ISLAND HOSP 1985
Residency and Year RHODE ISLAND HOSP 1985
License Expiration Date **6/30/2016**
Remarks

License Number 14107
License Date 7/9/2008
Name **VAN VLIET, MICHAEL M MD**
Address FIREFIGHTER REGIONAL BURN UNIT, 890 MADISON AVE, STE TG032MEMPHIS, TN, 38103
Specialty PS
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2014**
Remarks

License Number 10132
License Date 9/10/1997
Name **VAN VLIET, MILLER J DO**
Address CENTRAL MAINE MEDICAL CENTER, LEWISTON, ME, 04240
Specialty AN
Board Certified
School and Year of Graduation PHILA COLL OF OSTE MED - PHILA, PA USA 1994
Internship and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER, NY 1997
Residency and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER, NY 1998
License Expiration Date **6/30/1999**
Remarks

License Number 16779
License Date 9/3/2014
Name **VAN VOORHEES, JESSICA B MD**
Address PARK SLOPE EMERGENCY PHYSICIANS, 506 SIXTH STBROOKLYN, NY, 11215
Specialty EM
Board Certified EM
School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2008
Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2010
License Expiration Date **6/30/2016**
Remarks

License Number 6528
License Date 4/1/1982
Name **VAN VRANKEN, NANCY J MD**
Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1977
Internship and Year UNIV OF MARYLAND-BALTIMORE,MD 1978
Residency and Year UNIV OF MARYLAND-BALTIMORE,MD 1981
License Expiration Date **6/30/2016**
Remarks

License Number 12283
License Date 4/7/2004
Name **VAN WYNGARDEN, RAY H DO**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty R
Board Certified R
School and Year of Graduation KIRKSVILLE COLLEGE, KIRKSVILLE MO US 1977
Internship and Year WAYNE STATE UNIVERSITY, DETROIT MI 1978
Residency and Year PROVIDENCE HOSP 1982
License Expiration Date **6/30/2012**
Remarks

License Number 8147
License Date 6/7/1989
Name **VANCE, JOHN E MD**
Address 2017 S JEFFERSON ST, ROANOKE, VA, 24014
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIV OF VA SCH OF MED - CHARLOTTESVILLE, VA USA 1987
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1988
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1991
License Expiration Date **6/30/2013**
Remarks

License Number 14397
License Date 4/1/2009
Name **VANDE VUSSE, LISA K MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2011**
Remarks

License Number 11888
License Date 4/2/2003
Name **VANDER HEYDEN, MICHELE A MD**
Address DHMC-PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF ILLINOIS COLL OF MED - CHICAGO, IL USA 1994
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1995
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date **6/30/2017**
Remarks

License Number 10225
License Date 1/7/1998
Name **VANDER PUTTEN, CARL J DO**
Address 67 SHAKER RD #8, GRAY, ME, 04039-9640
Specialty EM
Board Certified FP
School and Year of Graduation MIDWESTERN UNIV-CHICAGO COLL OF OSTEO-IL USA 1975
Internship and Year MAINE MEDICAL CENTER - ME 1976
Residency and Year MAINE MEDICAL CENTER - ME 1976
License Expiration Date **6/30/2016**
Remarks

License Number 9956
License Date 3/5/1997
Name **VANDERLINDE, JAN MD**
Address WENTWORTH DOUGLASS HOSPITAL- EXPRESS CARE CTR, 789 CENTRAL AVEDOVER, NH, 03820
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MO KANSAS CITY SCH MED KS CITY,MO USA 1987
Internship and Year DEWITT ARMY COMMUNITY HOSPITAL - VA 1988
Residency and Year MADIGAN ARYM MEDICAL CENTER - WA 1993
License Expiration Date **6/30/2017**
Remarks **10/8/12 - Settlement Agreement**

License Number 9878
License Date 11/6/1996
Name **VANDERLINDE, TANJA MD**
Address 248 PLEASANT ST STE 2800, CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1988
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1991
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 10011
License Date 5/7/1997
Name **VANDERLINDE, TERESA M DO**
Address 839 CENTRAL AVE, STE 1DOVER, NH, 03820
Specialty OBG
Board Certified OBG
School and Year of Graduation PHILADELPHIA COLL OF OSTEA MED-PA USA 1989
Internship and Year MADIGAN ARMY MED CTR-WA 1990
Residency and Year MADIGAN ARMY MED CTR-WA 1993
License Expiration Date **6/30/2017**
Remarks

License Number 5196
License Date 6/10/1974
Name **VANDERZANDEN, ANDRE H MD**
Address DOVER PEDIATRICS, 17 OLD ROLLINSFORD RD SUITE 5DOVER, NH, 03820
Specialty PD
Board Certified PD
School and Year of Graduation NEW JERSEY COLLEGE OF MEDICINE, NJ USA 1968
Internship and Year PEDIATRIC SERVICE AT BOSTON CITY HOSPITAL - BOSTON, MA 1969
Residency and Year PEDIATRIC SERVICES AT BOSTON CITY HSOPITAL - BOSTON, MA 1971
License Expiration Date **6/30/2016**
Remarks

License Number 15273
License Date 6/1/2011
Name **VANICHAKARN, PANTILA MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03765
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CHICAGO USA 2005
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2006
Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 9935
License Date 2/5/1997
Name **VANSICKLE, KAYCIA L MD**
Address 3520 KNICHERBOCHER RD, STE B-324SAN ANGELO, TX, 76904
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TEXAS MED SCH AT SAN ANTONIO, TX USA 1992
Internship and Year UNIV OF ALABAMA HOSPITAL - AL 1993
Residency and Year UNIV LOUISVILLE SCH OF MED - KY 1996
License Expiration Date **6/30/1999**
Remarks

License Number 12088
License Date 9/3/2003
Name **VARASTEH, NICOLE N MD**
Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1994
Internship and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 1995
Residency and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 1998
License Expiration Date **6/30/2017**
Remarks

License Number 16436
License Date 12/4/2013
Name **VARGAS, BERT B MD**
Address MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054-4502
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE- TUCSON USA 1999
Internship and Year BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2000
Residency and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE- NY-, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 10767
License Date 11/3/1999
Name **VARGAS, GISELA MD**
Address 1229 E 131ST AVE, TAMPA, FL, 33612
Specialty FP
Board Certified FP
School and Year of Graduation PONCE SCHOOL OF MEDICINE PUERTO RICO 1990
Internship and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1995
Residency and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1995
License Expiration Date **6/30/2005**
Remarks

License Number 17035
License Date 4/1/2015
Name **VARGHESE, DONA MD**
Address HUGGINS HOSPITAL, 240 SO MAIN ST WOLFEBORO, NH, 03894
Specialty IM
Board Certified IM
School and Year of Graduation GOVERNMENT MEDICAL COLLEGE TRIVANDRUM INDIA 2008
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY-SYRACUSE, NY 2012
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY-SYRACUSE, NY 2014
License Expiration Date **6/30/2017**
Remarks

License Number 10146
License Date 10/1/1997
Name **VARGO, KATHRYN M MD**
Address WOMEN'S CARE CENTER, 141 MASCOMA ST LEBANON, NH, 03766
Specialty OBG
Board Certified OBG
School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED - OH USA 1990
Internship and Year NATIONAL NAVAL MEDICAL CENTER - MD 1994
Residency and Year NATIONAL NAVAL MEDICAL CENTER - MD 1994
License Expiration Date **6/30/2017**
Remarks

License Number 10441
License Date 10/7/1998
Name **VARMA, SANDEEP B MD**
Address VALLEY REGIONAL HOSP, 241 ELM STCLAREMONT, NH, 03743
Specialty IM
Board Certified IM
School and Year of Graduation SETH GS MED COLL KING EDWARD VII MEMORIAL HOSP INDIA 1994
Internship and Year MOUNT VERNON HOSPITAL - MOUNT VERNON, NY 1996
Residency and Year MOUNT VERNON HOSPITAL - MOUNT VERNON, NY 1997
License Expiration Date **6/30/2006**
Remarks

License Number 15364
License Date 8/3/2011
Name **VASAIWALA, SAMIP C MD**
Address 160 BOYLSTON ST, APT 138CHESTNUT HILL, MA, 02467
Specialty IM
Board Certified IM
School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2003
Internship and Year UNIVERSITY OF CHICAGO MIDICAL CENTER - CHICAGO, IL 2004
Residency and Year UNIVERSITY OF CHICAGO MIDICAL CENTER - CHICAGO, IL 2006
License Expiration Date **6/30/2013**
Remarks

License Number 14049
License Date 6/4/2008
Name **VASANTH, ADARSH MD**
Address ANDOVER EAR NOSE & THROAT CTR, 198 MASSACHUSETTS AVE #103NORTH ANVOVER, MA, 0184
Specialty OTO
Board Certified OTO
School and Year of Graduation TUFTS UNIV USA 2003
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2004
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13568
License Date 6/6/2007
Name **VASISHTHA, NEERAJ MD**
Address 12321 MAIN CAMPUS DR, LEXINGTON, MA, 02421
Specialty PCC
Board Certified PCC
School and Year of Graduation UNIV OF DELHI INDIA 1992
Internship and Year FOREST HILLS HOSPITAL - FOREST HILLS, NY 1995
Residency and Year FOREST HILLS HOSPITAL - FOREST HILLS, NY 1997
License Expiration Date **6/30/2017**
Remarks

License Number 16690
License Date 7/2/2014
Name **VASSALLO, CHARLES J MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1976
Internship and Year VA MEDICAL CENTER - WASHINGTON, DC 1977
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 13522
License Date 5/9/2007
Name **VASSILIOU, MELINA C MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation MCGILL UNIV CANADA 2001
Internship and Year MCGILL UNIV - MONTREAL, QUEBEC CANADA 2004
Residency and Year MCGILL UNIV - MONTREAL, QUEBEC CANADA 2006
License Expiration Date **6/30/2009**
Remarks

License Number 13385
License Date 1/3/2007
Name **VATRA, BOGDAN C MD**
Address STAFF CARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty IM
Board Certified
School and Year of Graduation UNIV OF CAROL DAVILA ROMANIA 1992
Internship and Year ST JOHNS EPISCOPAL HOSPITAL SOUTH SHORE-FAR ROCKAWAY, NY 2004
Residency and Year ST JOHNS EPISCOPAL HOSPITAL SOUTH SHORE-FAR ROCKAWAY, NY 2006
License Expiration Date **6/30/2009**
Remarks

License Number 9172
License Date 5/4/1994
Name **VAUGHAN, KRISTIN DO**
Address CORE PHYSICIANS, LLC, 19 HAMPTON RD., STE 6EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation NEW ENGLAND COLLEGE OF OSTEOPATHIC MEICINE USA 1987
Internship and Year WATERVILLE OSTEOPATHIC HOSPITAL - WATERVILLE ME 1988
Residency and Year WATERVILLE OSTEOPATHIC HOSPITAL - WATERVILLE ME 1988
License Expiration Date **6/30/2016**
Remarks

License Number 15858
License Date 9/5/2012
Name **VAUGHAN, MARY C MD**
Address 30 SCHRAFT RD, NEWCASTLE, ME, 04553
Specialty OBG
Board Certified OBG
School and Year of Graduation EASTERN VA MEDICAL SCHOOL USA 1992
Internship and Year EASTERN VA MEDICAL SCHOOL - NORFOLK, VA 1992
Residency and Year EASTERN VA MEDICAL SCHOOL - NORFOLK, VA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 15115
License Date 1/5/2011
Name **VAZAN, DAVID F MD**
Address SPINDEL EYE ASSOCIATES, 6 TSIENNETO RD STE 101DERRY, NH, 03038
Specialty OPH
Board Certified OPH
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2004
Internship and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2005
Residency and Year NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM - GREAT NECK, NY 2008
License Expiration Date **6/30/2017**
Remarks

License Number 3639
License Date 9/11/1963
Name **VAZIFDAR, JEHANGIR S MD**
Address MEREDITH SQUARE, 169 D W HIGHWAYMEREDITH, NH, 03253-
Specialty FP
Board Certified
School and Year of Graduation ST BARTHOLOMEW'S HOSPITAL MEDICINE COLLEGE ENGLAND 1948
Internship and Year GERMAN HOSPITAL, LONDON 1952
Residency and Year ST JOHN'S HOSPITAL - LOWELL, MA 1964
License Expiration Date **6/30/2005**
Remarks **11/13/02 - Settlement Agreement** **7/8/03 - Order Removing Restrictions**

License Number 13726
License Date 10/3/2007
Name **VAZIRI, ALIREZA MD**
Address ST ELIZABETHS MEDICAL CTR- STEWARD HEALTH, 736 CAMBRIDGE STBRIGHTON, MA, 02135-2907
Specialty IM
Board Certified IM
School and Year of Graduation TEHRAN UNIV IRAN 1993
Internship and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2005
Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2007
License Expiration Date **6/30/2015**
Remarks

License Number 12284
License Date 4/7/2004
Name **VEACH, CATHLEEN M MD**
Address FAMILY HEALTH ASSOC, 400 HIGHLAND AVELEWISTON, PA, 17044
Specialty FP
Board Certified FP
School and Year of Graduation OREGON UNIVERSITY, PORTLAND OR US 1995
Internship and Year WASHINGTON HOSP, WASHINGTON PA 1996
Residency and Year WASHINGTON HOSP, WASHINGTON PA 1998
License Expiration Date **6/30/2010**
Remarks

License Number 14050
License Date 6/4/2008
Name **VEDANTHAN, PUDUPAKKAM K MD**
Address 2020 WADSWORTH BLVD STE#13A, LAKEWOOD, CO, 80214
Specialty AI
Board Certified AI
School and Year of Graduation MYSORE UNIV INDIA 1970
Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKER, RI 1972
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1974
License Expiration Date **6/30/2010**
Remarks

License Number 14274
License Date 12/3/2008
Name **VEERAMALLA, CHARANJIT R MD**
Address 444 GRAFTON ST, BERLIN, NH, 03570
Specialty IM
Board Certified IM
School and Year of Graduation OSMANIA UNIV INDIA 1999
Internship and Year INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2004
Residency and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 2006
License Expiration Date **6/30/2016**
Remarks

License Number 13306
License Date 10/4/2006
Name **VEERAREDDY, RAKESH R MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PUNE INDIA 1999
Internship and Year JEWISH HOSPITAL - CINCINNATI, OH 2003
Residency and Year JEWISH HOSPITAL - CINCINNATI, OH 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11805
License Date 12/4/2002
Name **VEGA, RENE A MD**
Address 15580 CORTE MONTANOSO, SANDIEGO, CA, 92127
Specialty FP
Board Certified FP
School and Year of Graduation STANFORD UNIV SCH OF MED - STANFORD, CA USA 1981
Internship and Year UNIV MEDICAL CENTER - FRESNO, CA 1982
Residency and Year UCSD MEDICAL CENTER - UNIV OF CALIFORNIA- SAN DIEGO, CA 1982
License Expiration Date **6/30/2010**
Remarks

License Number 9757
License Date 6/5/1996
Name **VEIDENHEIMER, MALCOLM C MD**
Address GREENS BASIN RD, MOULTONBOROUGH, NH, 03254
Specialty CRS
Board Certified CRS
School and Year of Graduation QUEENS UNIV FAC OF MEDICINE KINGSTON, ONTARIO CANADA 1954
Internship and Year LAHEY-HITCHCOCK CLINIC - BURLINGTON, MA 1961
Residency and Year LAHEY HITCHCOCK CLINIC-BURLINGTON,MA 1961
License Expiration Date **6/30/2002**
Remarks **Deceased 7/30/13**

License Number 14212
License Date 10/1/2008
Name **VEILLEUX, LAURIE W MD**
Address DARTMOUTH HITCHCOCK, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty R
Board Certified DR
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2002
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2003
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15051
License Date 10/6/2010
Name **VELAZQUEZ, ELSA F MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty DMP
Board Certified DMP
School and Year of Graduation UNIVERSIDAD NACIONAL DE ASUNCION PARAGUAY 1989
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 1998
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY (fellowship 2004 - 2006) 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11579
License Date 4/3/2002
Name **VELAZQUEZ, LOUIS A MD**
Address 21 CENTRAL ST 7, ANDOVER, MA, 01810
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MICHIGAN MED SCH- ANN ARBOR, MI USA 1989
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1990
Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1992
License Expiration Date **6/30/2004**
Remarks

License Number 11436
License Date 10/3/2001
Name **VELAZQUEZ-EVANS, MARIA S MD**
Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF PEDRO HENRIQUEZ URENA-SANTO DOMINGO DOMINICAN REPUBLIC 1992
Internship and Year DANBURY HOSPITAL - DANBURY, CT 1995
Residency and Year DANBURY HOSPITAL - DANBURY, CT 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14336
License Date 3/4/2009
Name **VELEZ CALDERON, EDUARDO MD**
Address PULMONARY ASSOC, 166 KINSLEY ST STE 101 NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation PONTIFICIA UNIV JAVERIANA COLUMBIA 1997
Internship and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2000
Residency and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 10349
License Date 7/1/1998
Name **VELLA JR, SALVATORE J DO**
Address 280 MAIN ST, NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIV NEW ENGLAND COLL OSTEO BIDDEFORD, ME USA 1995
Internship and Year MEMORIAL HOSPITAL - WORCESTER, MA 1996
Residency and Year MEMORIAL HOSPITAL - WORCESTER, MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 8214
License Date 8/9/1989
Name **VELOSO, VICTOR V MD**
Address 25 BRADFORD CIR, HUDSON, NH, 03051
Specialty AN
Board Certified AN
School and Year of Graduation CEBU INSTITUTE OF MED - CEBU CITY PHILIPPINES 1968
Internship and Year ST JOHN'S EPISC HOSPITAL - BROOKLYN, NY 1970
Residency and Year KINGS COUNTY HOSPITAL - BROOKLYN, NY 1973
License Expiration Date **6/30/2017**
Remarks

License Number 9847
License Date 9/4/1996
Name **VENDITTI JR, FERDINAND J MD**
Address 47 NEW SCOTLAND AVE, MAIL CODE 57ALBANY, NY, 12208
Specialty CD
Board Certified IM
School and Year of Graduation SUNY HLTH SCI CTR AT BROOKLYN COLL OF MED, NY USA 1981
Internship and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWMARK, NJ 1982
Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date **6/30/2000**
Remarks

License Number 13727
License Date 10/3/2007
Name **VENKATRAMAN, GIRIDHAR MD**
Address DHMC-DIV OF OTOLARYNGOLOGY, 1 MEDICAL CENTER DR #4FLEBANON, NH, 03766
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF MARYLAND USA 1992
Internship and Year UNIV OF MARYLAND - BALTIMORE, MD 1993
Residency and Year UNIV OF MARYLAND - BALTIMORE, MD 1997
License Expiration Date **6/30/2017**
Remarks

License Number 13277
License Date 9/6/2006
Name **VENUS, JOSEPH G MD**
Address CONCORD IMAGING CTR, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation STATE UNIVERSITY OF NY, SYRACUSE NY US 2001
Internship and Year BASSETT HEALTHCARE, COOPERSTOWN NY 2002
Residency and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10406
License Date 9/2/1998
Name **VERA-GIMON, RAUL MD**
Address CCS 6188, PO BOX 025323MIAMI, FL, 33102-5323
Specialty IM
Board Certified IM
School and Year of Graduation SCH OF MED LUIS RAZETTI UNIV OF VENEZUELA VENEZUELA 1976
Internship and Year HOSPITAL OF ST RAPHEAL PROGRAM- NEW HAVEN, CT 1980
Residency and Year YALE UNIV SCH OF MED - NEW HAVEN, CT 1982
License Expiration Date **6/30/2016**
Remarks

License Number 7770
License Date 1/6/1988
Name **VERANI, DANIELA E MD**
Address TOWER HILL PROF PARK, 182 ROCKINGHAM RD STE 9LONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation WRIGHT STATE UNIV SCH MED-DAYTON,OH USA 1983
Internship and Year MIDDLESEX MEM HOSP-MIDDLETOWN,CT 1984
Residency and Year UNIV MA HOSP MED CTR-WORCHESTER,MA 1986
License Expiration Date **6/30/2016**
Remarks **10/9/97 - SETTLEMENT AGREEMENT**

License Number 10133
License Date 9/10/1997
Name **VERDAGUER, MIGUEL A MD**
Address 1 CANAL ST, LAWRENCE, MA, 01840
Specialty P
Board Certified
School and Year of Graduation UNIV DE BUENOS AIRES FAC DE CIEN MED ARGENTINA 1975
Internship and Year BROOKDALE HOSPITAL - BROOKLYN, NY 1991
Residency and Year BOSTON UNIV MEDICAL CENTER - MA 1994
License Expiration Date **6/30/2003**
Remarks

License Number 10012
License Date 5/7/1997
Name **VEREB, MARGARET J MD**
Address LAHEY-HITCHCOCK CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty U
Board Certified U
School and Year of Graduation IN UNIV SCH MED-INDIANAPOLIS,IN USA 1989
Internship and Year MASS GEN HOSP-MASS 1991
Residency and Year LAHEY-HITCHCOCK CLINIC-MASS 1995
License Expiration Date **6/30/2001**
Remarks

License Number 15684
License Date 5/2/2012
Name **VERGO, MAXWELL T MD**
Address DHMC - ANESTHESIA SECT OF PALLIATIVE CARE, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13082
License Date 5/3/2006
Name **VERNADAKIS, ADAM J MD**
Address LAHEY CLINIC-PLASTIC SURG DEPT, 41 MALL RDBURLINGTON, MA, 01805
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MASSACHUSETTS USA 1995
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER MA 2000
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER MA 2002
License Expiration Date **6/30/2008**
Remarks

License Number 17093
License Date 5/6/2015
Name **VESA, ALLIN MD**
Address 4535 DRESSLER RD NW, CANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2001
Residency and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2003
License Expiration Date **6/30/2017**
Remarks

License Number 14782
License Date 3/3/2010
Name **VIAZMENSKI, ALEXEI MD**
Address DHMC - DEPT OF RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF WISCONSIN USA 2001
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2002
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2004
License Expiration Date **6/30/2016**
Remarks

License Number 6143
 License Date 12/10/1979
 Name **VICTOR, DAVID I MD**
 Address 224 N BROADWAY, SALEM, NH, 03079-2145
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation TUFTS UNIV SCH OF MED, BOSTON,MA USA 1968
 Internship and Year NEW ENGLAND MED. CTR HOSP. BOSTON,MA 1969
 Residency and Year CHILDRENS HOSP. MED.CTR.BOSTON,MA 1977
 License Expiration Date **8/8/2005**
 Remarks **11/5/04 Preliminary Agreement for Practice Restrictions. 9/15/05 - Second Preliminary Agreement not to practice in NH. Not to practice for 93 days beginning on 8/8/05. 12/15/05 Thrid Preliminary Agreement: Extension of Agreement Not to Practice in NH 03/06/06 - Fourth Preliminary Agreement Extension of Agreement not to practice in NH 7/11/06 - Voluntary Surrender of License. Deceased 12/14/2006**

License Number 9104
 License Date 1/5/1994
 Name **VICTOR, MAURICE MD**
 Address VA MEDICAL CTR, WHITE RIVER JCT, VT, 05009
 Specialty N
 Board Certified P
 School and Year of Graduation UNIVERSITY OF MANITOBA CANADA 1943
 Internship and Year WINNIPEG GENERAL HOSPITAL - WINNIPEG CANADA 1943
 Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1951
 License Expiration Date **6/30/2002**
 Remarks **DECEASED 6/21/01**

License Number 10350
 License Date 7/1/1998
 Name **VIDAL, OMAR D MD**
 Address 4301 VISTA RD, BUILDING APASADENA, TX, 77054
 Specialty AN
 Board Certified
 School and Year of Graduation NEW YORK MEDICAL COLLEGE- BRIDGEPORT, CT USA 1993
 Internship and Year ST VINCENT MEDICAL CENTER - BRIDGEPORT, CT 1994
 Residency and Year STATE UNIV OF NY AT BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1995
 License Expiration Date **6/30/2001**
 Remarks

License Number 13786
License Date 12/5/2007
Name **VIDAVER, ROBERT C MD**
Address 45 HIGH STREET, NASHUA, NH, 03060
Specialty P
Board Certified P
School and Year of Graduation UNIV OF PENNSYLVANIA USA 2001
Internship and Year CAMBRIDGE HOSPITAL-CAMBRIDGE, MA 2002
Residency and Year CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2005
License Expiration Date **6/30/2015**
Remarks **7/2/15 - Order on Practice Restrictions.
License is active pending further Board Action.**

License Number 7957
License Date 8/10/1988
Name **VIDAVER, ROBERT M MD**
Address 304 HIGHLAND DR, HENNIKER, NH, 03242
Specialty P
Board Certified P
School and Year of Graduation SUNY HLTH SCI CTR AT BROOKLYN COLL OF MED- USA 1956
Internship and Year UNIV OF MARYLAND HOSP-BALITMORE,MD 1957
Residency and Year VET ADMIN HOSP-MED CTR 1959
License Expiration Date **6/30/2016**
Remarks

License Number 9825
License Date 8/7/1996
Name **VIEHOFF, REINHARD P B MD**
Address GENER GERIATRIC MENTAL HLTH, 138 WEBSTER STMANCHESTER, NH, 03104
Specialty P
Board Certified P
School and Year of Graduation ORAL ROBERTS UNIV SCHOOL OF MEDICINE - TULSA, OK USA 1989
Internship and Year PENNSYLVANIA STATE UNIV HP-M S HERSHEY MED CTR - PA 1990
Residency and Year PENNSYLVANIA STATE UNIV HP-M S HERSHEY MED CTR - PA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 10240
License Date 2/4/1998
Name **VIGNATI, JOHN J MD**
Address SURGICAL SPECIALISTS, 85 SPRING STLACONIA, NH, 03246
Specialty VS
Board Certified GS
School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1989
Internship and Year UNIV OF MASS - WORCESTER, MA 1994
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10407
License Date 9/2/1998
Name **VIGNERON, EUGENE A MD**
Address WEST CARLETON FAMILY HEALTH, 119 LANGSTAFF DR BOX 218CARP ONTARIO CANADA, , KOA-1LO
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TORONTO FACULTY OF MED-TORONTO,ON CANADA 1992
Internship and Year UNIV OF OTTAWA - ONTARIO, CANADA 1993
Residency and Year UNIV OF OTTAWA - ONTARIO, CANADA 1994
License Expiration Date **6/30/2010**
Remarks **REQUESTED INACTIVE 1/19/2008**

License Number 12476
License Date 9/1/2004
Name **VIGNOGNA, MICHAEL P MD**
Address THE PROVIDENCE CTR, 530 NORTH MAIN STPROVIDENCE, RI, 02904
Specialty P
Board Certified P
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1991
Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1992
Residency and Year BROWN UNIVERSITY, PROVIDENCE RI 1997
License Expiration Date **6/30/2006**
Remarks

License Number 7533
License Date 3/4/1987
Name **VIGUE, ROBERT W MD**
Address 130 COTTAGE ST, SANFORD, ME, 04073-1815
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1966
Internship and Year ROBT PACKER HOSPITAL-SAYRE,PA 1967
Residency and Year ALBANY MED CTR-ALBANY,NY 1972
License Expiration Date **6/30/2001**
Remarks

License Number 11157
License Date 1/3/2001
Name **VIJAY, VENKATARAMANA MD**
Address MONTEFIORE MEDICAL CTR, 111 EAST 210 STBRONX, NY, 10467-2490
Specialty TS
Board Certified
School and Year of Graduation SRI VENKATESVARA UNIVERSITY INDIA 1990
Internship and Year NORTH GENERAL HOSPITAL - NEW YORK NY 1995
Residency and Year HARLEM HOSPITAL CENTER - NEW YORK NY 1997
License Expiration Date **6/30/2001**
Remarks

License Number 16653
License Date 6/4/2014
Name **VIJAYAKANTHAN, MARINA G MD**
Address 366 CAMBRIDGE ST, WINCHESTER, MA, 01890
Specialty P
Board Certified P
School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2009
Internship and Year TRINITAS REGIONAL MEDICAL CENTER - ELIZABETH, NJ 2010
Residency and Year TRINITAS REGIONAL MEDICAL CENTER - ELIZABETH, NJ 2012
License Expiration Date **6/30/2016**
Remarks

License Number 11745
License Date 9/4/2002
Name **VIJAYAKUMAR, RADHA DEVI MD**
Address ST ELIZABETH MEDICAL CTR, 736 CAMBRIDGE STREET BOSTON, MA, 02135
Specialty PM
Board Certified PM
School and Year of Graduation MEDICAL COLLEGE, CALICUT UNIVERSITY, CALICUT INDIA INDIA 1984
Internship and Year BROCKTON UNIVERSITY, BROCKTON MA 1998
Residency and Year BOSTON MEDICAL CTR, BOSTON MA 2001
License Expiration Date **6/30/2016**
Remarks

License Number 15994
License Date 1/9/2013
Name **VILLA, OTTO FERNANDO MD**
Address BERKSHIRE MEDICAL CENTER, 725 NORTH ST/ANNENBERG 18-94 PITTSFIELD, MA, 01201
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSIDAD PONTIFICIA BOLIVARIANA COLOMBIA 1987
Internship and Year ST AGNES HOSPITAL - BALTIMORE, MD 1994
Residency and Year ST AGNES HOSPITAL - BALTIMORE, MD 1995
License Expiration Date **6/30/2015**
Remarks

License Number 8469
License Date 12/5/1990
Name **VILLARICO, REMIGIO C MD**
Address 390 MARATHON CT, PO BOX 62248 BOULDER CITY, NV, 89005-1404
Specialty AN
Board Certified
School and Year of Graduation MANILA CENTRAL UNIV CALOOCAN CITY MANILA PHILIPPINES 1955
Internship and Year ATLANTICARE MEDICAL CENTER - LYNN, MA 1957
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1961
License Expiration Date **6/30/2001**
Remarks

License Number 10379
License Date 8/5/1998
Name **VILLEMAIRE, LYNN A MD**
Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty P
Board Certified PYG
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1993
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1995
License Expiration Date **6/30/2016**
Remarks

License Number 3549
License Date 9/12/1962
Name **VILLENEUVE, ANDRE MD**
Address 1536 PARC BEAUVOIR, SILLERY QUEBECCANADA, , G1T 2M4
Specialty P
Board Certified
School and Year of Graduation UNIV LAVAL FAC DE MED SAINTE-FOY QUEBEC CANADA 1958
Internship and Year HOTEL-DIEU ST-VALLIER HOSPITAL - CHICOUTIMI QUEBEC, CANADA 1960
Residency and Year CENTRAL ISLIP STATE HOSPITAL - CENTRAL ISLIP, NY 1962
License Expiration Date **6/30/2001**
Remarks

License Number 10068
License Date 7/2/1997
Name **VINALS, ANTONIO F MD**
Address THEODORE RENNA, 454 OLD ST STE 204PETERBOROUGH, NH, 03458
Specialty OPH
Board Certified
School and Year of Graduation YALE UNIV SCHOOL OF MED NEW HAVEN, CT USA 1993
Internship and Year LENOX HILL HOSPITAL - NY 1994
Residency and Year MASS EYE EAR INFIRMARY - MA 1997
License Expiration Date **6/30/1998**
Remarks

License Number 16027
License Date 2/6/2013
Name **VINOSKI JR, BERNARD B MD**
Address BBV JR GI SPECIALIST LLC, 51 EAST BROAD STTITUSVILLE, FL, 32796
Specialty GE
Board Certified GE
School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN SAINT MAARTEN 1985
Internship and Year HOSPITAL OF CENTRAL CONNECTICUT - NEW BRITAIN, CT 1986
Residency and Year HOSPITAL OF CENTRAL CONNECTICUT - NEW BRITAIN, CT 1989
License Expiration Date **6/30/2015**
Remarks

License Number 16931
License Date 1/21/2015
Name **VIOLA, ANTHONY R MD**
Address 14 GREENWOOD LANE, FERRISS ESTATESNEW MILFORD, CT, 06776
Specialty ORS
Board Certified ORS
School and Year of Graduation STATE UNIV OF NY HLTH SCI CTR @ BROOKLY COL OF MED USA 1976
Internship and Year UNIVERISTY OF CONNECTICUT HEALTH CENTER- FARMINGTON, CT 1977
Residency and Year UNIVERISTY OF CONNECTICUT HEALTH CENTER- FARMINGTON, CT 1981
License Expiration Date **6/30/2017**
Remarks

License Number 16691
License Date 7/2/2014
Name **VIRK HUNDAL, NAVNEET K MD**
Address MASS GEN HOSP, 175 CAMBRIDGE ST CP2S-575BOSTON, MA, 02114
Specialty PG
Board Certified
School and Year of Graduation ST GEORGES UNIVERSITY GRENEDA 2007
Internship and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2008
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2011
License Expiration Date **6/30/2016**
Remarks

License Number 7137
License Date 6/6/1985
Name **VIRONE, JOSEPH S MD**
Address MILFORD MEDICAL CENTER, 442 NASHUA STMILFORD, NH, 03055-
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF TEXAS-SAN ANTONIO, TX USA 1982
Internship and Year BEXAR COUNTY HOSPITAL DISTRICT-SAN ANTONIO, TX 1983
Residency and Year BEXAR COUNTY HOSPITAL DISTRICT-SAN ANTONIO, TX 1985
License Expiration Date **6/30/1999**
Remarks **DECEASED 10/27/98**

License Number 11226
License Date 4/4/2001
Name **VISCARELLO, RICHARD R MD**
Address 1275 SUMMER ST, STE 306STAMFORD, CT, 06905
Specialty OBG
Board Certified OBG
School and Year of Graduation HAHNEMANN MED COLL- PHILADELPHIA, PA USA 1984
Internship and Year YALE UNIV SCH - NEW HAVEN, CT 1985
Residency and Year YALE UNIV SCH - NEW HAVEN, CT 1988
License Expiration Date **6/30/2009**
Remarks

License Number 12825
License Date 7/6/2005
Name **VISCOMI, SALVATORE G MD**
Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS ST BOSTON, MA, 02115
Specialty R
Board Certified R
School and Year of Graduation U OF MED AND DENTISTRY NEW JERSEY, PISCATAWAY NJ USA 1999
Internship and Year THOMAS JEFFERSON UNIVERSITY PROGRAM, PHILADELPHIA PA 2000
Residency and Year BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2004
License Expiration Date **6/30/2007**
Remarks

License Number 13787
License Date 12/5/2007
Name **VISWANATHAN, ANAND MD**
Address MASS GEN HOSP - TELENEUROLOGY, 15 PARKMAN ST WAC 729J BOSTON, MA, 02114
Specialty N
Board Certified N
School and Year of Graduation EMORY UNIV USA 2000
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16614
License Date 5/7/2014
Name **VITA, ANTHONY J MD**
Address BELLIN HOSPITAL, 301 E ST JOSEPH ST GREEN BAY, WI, 54305
Specialty P
Board Certified P
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2000
Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9634
License Date 1/3/1996
Name **VITALE, MARIE J MD**
Address BARRINGTON FAMILY PRACTICE/URG, 425 RTE 125 PO BOX 590 BARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE - ST LOUIS, MO USA 1989
Internship and Year ENGLIN REGIONAL HOSPITAL - USAF BASE, FL 1990
Residency and Year ENGLIN REGIONAL HOSPITAL - USAF BASE, FL 1992
License Expiration Date **6/30/2008**
Remarks

License Number 13936
License Date 4/2/2008
Name **VITIELLO, DANIELLE MD**
Address 20 POND MEADOW DR, READING, MA, 01867
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT USA 2001
Internship and Year YALE UNIV SCHOOL OF MEDICINE-NEW HAVEN, CT 2002
Residency and Year YALE UNIV SCHOOL OF MEDICINE-NEW HAVEN, CT 2005
License Expiration Date **6/30/2016**
Remarks

License Number 4623
License Date 10/15/1970
Name **VITTANDS, INGVAR J MD**
Address 72 PISCATAQUA RD, DURHAM, NH, 03824
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF ROCHESTER, NY USA 1964
Internship and Year CLEVELAND METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1965
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1967
License Expiration Date **6/30/2010**
Remarks

License Number 13058
License Date 4/5/2006
Name **VITTERITO II, JOSEPH A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-LEBANON NH USA 2000
Internship and Year RHODE ISLAND HOSPITAL-BROWN UNIV, PROVIDENCE RI 2001
Residency and Year RHODE ISLAND HOSPITAL-BROWN UNIV, PROVIDENCE, RI 2003
License Expiration Date **6/30/2010**
Remarks

License Number 4322
License Date 10/22/1968
Name **VLALUKIN, BORIS G MD**
Address 12309 SURREY CIR, FT WASHINGTON, MD, 20744
Specialty IM
Board Certified
School and Year of Graduation UNIV OF BELGRADE YUGOSLAVIA 1960
Internship and Year DISTRICT OF COLUMBIA GENERAL HOSPITAL - WASHINGTON, DC 1965
Residency and Year DISTRICT OF COLUMBIA GENERAL HOSPITAL - WASHINGTON, DC 1968
License Expiration Date **6/30/2003**
Remarks

License Number 8924
License Date 4/7/1993
Name **VNENCHAK, PAMELA A MD**
Address LANCASTER GENERAL HOSPITAL, PO BOX 3555LANCASTER, PA, 17604
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ USA 1990
Internship and Year LANCASTER GENERAL HOSPITAL 1991
Residency and Year LANCASTER GENERAL HOSPITAL 1993
License Expiration Date **6/30/2000**
Remarks

License Number 14001
License Date 5/7/2008
Name **VOGEL, NICOLA M MD**
Address CORE PHYSICIANS, 212 CALEF HWYEPHING, NH, 03042
Specialty AI
Board Certified AI
School and Year of Graduation NORTHWESTER UNIV USA 2000
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2001
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12682
License Date 4/6/2005
Name **VOGLER, SUSAN E DO**
Address HAWTHORN MEDICAL ASSOC, 535 FAUNCE CORNER RDDARTMOUTH, MA, 02747
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2001
Internship and Year ST FRANCIS HOSPITAL, HARTFORD CT 2002
Residency and Year ST FRANCIS HOSPITAL, HARTFORD CT 2004
License Expiration Date **6/30/2017**
Remarks

License Number 17036
License Date 4/1/2015
Name **VOGT, CHRISTOPHER T DO**
Address DHMC, ONE MEDICAL CTR DR / HEATER ROAD CLINICLEBANON, NH, 03756
Specialty FP
Board Certified
School and Year of Graduation UNIV OF PIKEVILLE-KY COLLEGE OF OSTEOPATHIC MEDICI USA 2012
Internship and Year UNECOM/KENT HOSPITAL - WARWICK, RI 2013
Residency and Year UNECOM/KENT HOSPITAL - WARWICK, RI 2015
License Expiration Date **6/30/2017**
Remarks

License Number 10574
License Date 5/5/1999
Name **VOIGHT II, ROBERT O MD**
Address 840 WINTER ST, WALTHAM, MA, 02451
Specialty IM
Board Certified IM
School and Year of Graduation UNIF OF MARYLAND SCH OF MED - BALTIMORE,MD USA 1981
Internship and Year BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA 1982
Residency and Year BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA 1984
License Expiration Date **6/30/2003**
Remarks

License Number 11806
License Date 12/4/2002
Name **VOIGT, WALTER J MD**
Address WEEKS MEDICAL CENTER, 170 MIDDLE ST LANCASTER, NH, 03584
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MIAMI SCH OF MED - MIAMI, FL USA 1989
Internship and Year UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE,KY 1990
Residency and Year UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE,KY 1995
License Expiration Date **6/30/2016**
Remarks

License Number 12089
License Date 9/3/2003
Name **VOISINE, RODNEY J MD**
Address NATIVIDAD MEDICAL CTR, 1441 CONSTITUTION BLVD SALINAS, CA, 93906
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIVERSITY OF NY, BUFFALO NY US 1989
Internship and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1990
Residency and Year UNIVERSITY OF ROCHESTER MED CTR, ROCHESTER NY 1992
License Expiration Date **6/30/2005**
Remarks

License Number 15604
License Date 3/7/2012
Name **VOLK, ANDREA L MD**
Address D-PATH DERMATOPATHOLOGY, 3495 HACKS CROSS RD MEMPHIS, TN, 38125
Specialty DMP
Board Certified DMP
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 1998
Internship and Year UNIVERSITY OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 1999
Residency and Year UNIVERSITY OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 2003
License Expiration Date **6/30/2016**
Remarks

License Number 17139
License Date 6/3/2015
Name **VOLK, NEIL R MD**
Address 33 FLOYD AVE UNIT 1, W LEBANON, NH, 03784
Specialty IM
Board Certified
School and Year of Graduation STATE UNIV OF NY @ STONY BROOK HLTH SCI CTR SCHOOL USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 15896
License Date 10/3/2012
Name **VOLLGER, HELMUTH F MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation WAKE FOREST SCHOOL OF MEDICINE USA 1987
Internship and Year CARILION ROANOKE MEMORIAL HOSPITALS - ROANOKE, VA 1988
Residency and Year UNIVERSITY OF CALIFORNIA IRVINE - ORANGE, CA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 13186
License Date 7/5/2006
Name **VOLOZHANINA, ELENA MD**
Address PRIMARY CARE OF DOVER, 19 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation PERM STATE MEDICAL ACADEMY RUSSIA 1992
Internship and Year CONEY ISLAND HOSPITAL-BROOKLYN, NY 2005
Residency and Year CONEY ISLAND HOSPITAL-BROOKLYN, NY 2006
License Expiration Date **6/30/2010**
Remarks

License Number 7757
License Date 12/2/1987
Name **VOLTURO, GREGORY A MD**
Address UNV OF MASS MED CTR, 55 LAKE AVE NWORCESTER, MA, 01655
Specialty EM
Board Certified EM
School and Year of Graduation LOYOLA UNIV OF CHICAGO STRITCH SCH MED - IL USA 1982
Internship and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1983
Residency and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 9957
License Date 3/5/1997
Name **VOLTZ, MARY A MD**
Address 172 KINSLEY ST, NASHUA, NH, 03060
Specialty HEM
Board Certified IM
School and Year of Graduation UNIV OF MASS MEDICAL SCHOOL WORCESTER,MA USA 1984
Internship and Year MIRIAM HOSPITAL - RI 1985
Residency and Year ROGER WILLIAMS HOSPITAL - RI 1990
License Expiration Date **6/30/2017**
Remarks

License Number 8447
License Date 10/10/1990
Name **VON FRANCKE, JOHANN F A MD**
Address PO BOX 796, OGDENSBURG, NY, 13669
Specialty P
Board Certified
School and Year of Graduation ST GEORGE'S UNIV SCH OF MED - GRENADA, WI WEST INDIES 1986
Internship and Year GREATER BALTIMORE MEDICAL CENTER - TOWSON, MD 1987
Residency and Year NORWICH HOSPITAL - NORWICH, CT 1990
License Expiration Date **6/30/2010**
Remarks

License Number 10226
License Date 1/7/1998
Name **VON HAAM, KAREN E MD**
Address 31 ANDREW ST 6, MANCHESTER, NH, 03104
Specialty FP
Board Certified
School and Year of Graduation OH STATE UNIV COLL OF MED - COLUMBUS, OH USA 1993
Internship and Year GOOD SAMARITAN REGIONAL MEDICAL CENTER - AZ 1996
Residency and Year GOOD SAMARITAN REGIONAL MEDICAL CENTER - AZ 1996
License Expiration Date **6/30/1999**
Remarks

License Number 11080
License Date 9/6/2000
Name **VON HAHN, LUDWIG E MD**
Address 1 VERNEY DR, GREENFIELD, NH, 03047
Specialty PD
Board Certified PD
School and Year of Graduation MCGILL UNIV OF MED - MONTREAL QUEBEC CANADA 1989
Internship and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1993
Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1997
License Expiration Date **6/30/2008**
Remarks

License Number 9826
License Date 8/7/1996
Name **VON KAENEL, WILLIAM E MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANONON, NH, 03756-
Specialty AN
Board Certified AN
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE - DC USA 1985
Internship and Year CLEVELAND CLINIC FOUNDATION - OHIO 1986
Residency and Year CLEVELAND CLINIC FOUNDATION - OHIO 1990
License Expiration Date **6/30/1998**
Remarks

License Number 4050
License Date 3/16/1967
Name **VON OLDENBURG, ALBERT A MD**
Address 8564 OLD MARSH WAY, MONTGOMERY, AL, 36117
Specialty P
Board Certified FOP
School and Year of Graduation UNIV OF LOUVAIN BELGIUM 1961
Internship and Year UNION HOSPITAL - FALL RIVER, MA 1966
Residency and Year UNION HOSPITAL - FALL RIVER, MA 1967
License Expiration Date **6/30/2000**
Remarks **Deceased 5/6/2012**

License Number 5755
License Date 6/13/1977
Name **VON REYN, CHARLES FORDHAM MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ID
Board Certified ID
School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON MA USA 1971
Internship and Year BETH ISRAEL HOSPITAL-BOSTON MA 1972
Residency and Year BETH ISRAEL HOSPITAL-BOSTON MA 1976
License Expiration Date **6/30/2017**
Remarks

License Number 5518
License Date 5/6/1976
Name **VON ZABERN, BERTRAM MD**
Address 311 COLBURN RD, TEMPLE, NH, 03084
Specialty FP
Board Certified
School and Year of Graduation MEDIZINISCHE FAKULTAT DER UNIV HAMBURG HAMBURG 1958
Internship and Year BRONX LEBANON HOSPITAL - BRONX, NY 1966
Residency and Year LETCHWORTH VILLAGE - THIELLS, 1972
License Expiration Date **6/30/2016**
Remarks

License Number 13135
 License Date 6/7/2006
 Name **VORE JR, JON MICHAEL B DO**
 Address AMHERST FAMILY PRACTICE, 199 RTE 101 STE 6 PO BOX 6057AMHERST, NH, 03031
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIV OF NE COLLEGE OF OSTEOPATHIC MED USA 2003
 Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD,CONCORD, NH 2004
 Residency and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD, CONCORD NH 2005
 License Expiration Date **6/30/2016**
 Remarks

License Number 5031
 License Date 7/10/1973
 Name **VORE, JON M MD**
 Address HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
 Specialty PD
 Board Certified PD
 School and Year of Graduation HARVARD UNIVERSITY-BOSTON MA USA 1968
 Internship and Year NEW ENGLAND MEDICAL CTR-BOSTON MA 1969
 Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON MA 1971
 License Expiration Date **6/30/2017**
 Remarks

License Number 8850
 License Date 11/4/1992
 Name **VORLICKY, LOREN N MD**
 Address 442 BRIAR HILL RD, HOPKINTON, NH, 03229
 Specialty PD
 Board Certified PD
 School and Year of Graduation MARQUETTE UNIVERSITY SCHOOL OF MEDICINE USA 1959
 Internship and Year NAVAL HOSPITAL PENDLETON - CALIFORNIA 1960
 Residency and Year NAVAL HOSPITAL OAKLAND - CALIFORNIA 1962
 License Expiration Date **6/30/2006**
 Remarks

License Number 8683
 License Date 2/5/1992
 Name **VOSS, PHILIP J MD**
 Address CONVENIENT MD, 125 INDIAN ROCK RDWINDHAM, NH, 03087
 Specialty UCM
 Board Certified EM
 School and Year of Graduation THOMAS JEFFERSON MEDICAL COLLEGE USA 1986
 Internship and Year WORCESTER MEMORIAL HOSPITAL WORCESTER - MA 1987
 Residency and Year WORCESTER MEMORIAL HOSPITAL WORCESTER - MA 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 10249
License Date 3/4/1998
Name **VOTH, MICHAEL R MD**
Address 13 PHILLIPS COVE RD, CAPE NEDDICK, ME, 03902
Specialty DR
Board Certified R
School and Year of Graduation LA STATE UNIV SCH OF MED-NEW ORLEANS, LA USA 1974
Internship and Year US PUBLIC HEALTH SERVICE HOSPITAL - LA 1975
Residency and Year US PUBLIC HELATH SERVICE HOSPITAL - LA 1977
License Expiration Date **6/30/2014**
Remarks **RETIRED**

License Number 13363
License Date 12/6/2006
Name **VRAHAS, MARK S MD**
Address MASSACHUSETTS GENERAL HOSPITAL, 55 FRUIT ST YAW 3600BOSTON, MA, 02114
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICINE USA 1984
Internship and Year UNIV HEALTH CENTER OF PITTSBURGH-PITTSBURGH, PA 1985
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH-PITTSBURGH, PA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 11099
License Date 10/4/2000
Name **VRAKATITSIS, KERRY L MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCH- LEBANON, NH USA 1997
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 7/15/14

License Number 7420
License Date 8/14/1986
Name **VRANEY, GEORGE A MD**
Address , , ,
Specialty IM
Board Certified IM
School and Year of Graduation 1969
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 12225
License Date 2/4/2004
Name **VREELAND, THOMAS H MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation LOUISIANA STATE UNIVERSITY, SHREVEPORT LA US 1990
Internship and Year MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1991
Residency and Year LOUISIANA STATE UNIVERSITY, SHREVEPORT LA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 4742
License Date 8/4/1972
Name **VREES, PETER A MD**
Address 19 HAMPTON RD, EXETER, NH, 03833-4816
Specialty GS
Board Certified GS
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1965
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1966
Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1970
License Expiration Date **6/30/2006**
Remarks

License Number 16615
License Date 5/7/2014
Name **VRLA, ROLF F MD**
Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty DR
Board Certified DR
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1978
Internship and Year NORTHWESTERN UNIVERSITY-FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1978
Residency and Year NORTHWESTERN UNIVERSITY-FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1980
License Expiration Date **6/30/2016**
Remarks

License Number 13728
License Date 10/3/2007
Name **VU, HUNG Q MD**
Address EMERGENCY CARDIAC IMAGING LLC, 401 BETHEL RDSOMERS POINT, NJ, 08244
Specialty R
Board Certified R
School and Year of Graduation TEMPLE UNIV USA 1994
Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 1995
Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 1996
License Expiration Date **6/30/2009**
Remarks

License Number 6839
License Date 1/5/1984
Name **VUCKOVIC, ALEXANDER MD**
Address 115 MILL ST, BELMONT, MA, 02478-1048
Specialty P
Board Certified P
School and Year of Graduation HARVARD MED SCH-BOSOTN,MA USA 1981
Internship and Year MC LEAN HOSP-BELMONT,MA 1982
Residency and Year MC LEAN HOSP-BEKMONT,MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 10943
License Date 6/7/2000
Name **VUICH, LISA M MD**
Address RENEW MEDISPA, 29 INDIAN ROCK ROAD 2ND FLOORWINDHAM, NH, 03087
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1992
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1993
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1995
License Expiration Date **6/30/2016**
Remarks **6/8/12 - Settlement Agreement**

License Number 11860
License Date 3/5/2003
Name **VUJICIC, RATKO MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DR PAIN CLINICLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation UNIV OF ZAGREB - ZAGREB, CROATIA CROATIA 1990
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2002
License Expiration Date **6/30/2005**
Remarks

License Number 16093
License Date 4/3/2013
Name **VUKMIR, RADE B MD**
Address 4075 COPPER RIDGE DR, TRAVERSE CITY, MI, 49684
Specialty EM
Board Certified CCM
School and Year of Graduation UNIVERSITY OF PITTSBURG SCHOOL OF MEDICINE USA 1986
Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1987
Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1989
License Expiration Date **6/30/2017**
Remarks

License Number 15331
License Date 7/6/2011
Name **VUOCOLO, PHILIP S MD**
Address MONADNOCK SURGICAL ASSOCIATES, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty GS
Board Certified GS
School and Year of Graduation SUNY UPSTATE USA 1983
Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1986
Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1989
License Expiration Date **6/30/2017**
Remarks

License Number 7823
License Date 4/6/1988
Name **VYAS, ANIL M MD**
Address MARLBOROUGH HOSP-DEPT OF ANEST, 57 UNION STREETMARLBOROUGH, MA, 01752
Specialty AN
Board Certified APM
School and Year of Graduation GOVERNMENT MEDICAL COLLEGE UNIV INDIA 1972
Internship and Year JOYCE GREEN HOSPITAL - ENGLAND 1974
Residency and Year DUKE UNIV DURHAM, NC 1981
License Expiration Date **6/30/2010**
Remarks

License Number 14108
License Date 7/9/2008
Name **VYENIELO, TONIA MD**
Address AMERICAN SPECIALTY HEALTH, 777 FRONT STSAN DIEGO, CA, 92101
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CALIFORNIA USA 1977
Internship and Year UNIV OF CALIFORNIA IRVINE-ORANGE, CA 1978
Residency and Year UNIV OF CALIFORNIA IRVINE-ORANGE, CA 1980
License Expiration Date **6/30/2012**
Remarks

License Number 13841
License Date 2/6/2008
Name **WAANDERS, NICHOLAS A MD**
Address PED ORTHOPEDIC CENTER OF ME, 489 STATE STBANGOR, ME, 04401
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF MICHIGAN USA 1995
Internship and Year UNIV OF HOSPITALS OF CLEVELAND - CLEVELAND, OH 1996
Residency and Year UNIV OF HOSPITALS OF CLEVELAND - CLEVELAND, OH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 5197
License Date 6/10/1974
Name **WACHS, M DENNIS MD**
Address 700 LAKE AVE STE 1, MANCHESTER, NH, 03103-2776
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF NORTH CAROLINA USA 1967
Internship and Year YALE-NEW HAVEN - NEW HAVEN, CT 1968
Residency and Year YALE-NEW HAVEN - NEW HAVEN, CT 1972
License Expiration Date **6/30/2012**
Remarks

License Number 10977
License Date 6/7/2000
Name **WADE, PHILIP H MD**
Address 8 ACORN HILL RD, LYME, NH, 03768
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - BOSTON, MA USA 1970
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1971
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1973
License Expiration Date **6/11/2013**
Remarks **Deceased 6/11/13.**

License Number 10978
License Date 6/7/2000
Name **WAGAR, DAVID B MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty DR
Board Certified
School and Year of Graduation UNIV OF TORONTO FAC OF MED - TORONTO ONTARIO CANADA 1987
Internship and Year UNIV OF TORONTO - TORONTO, ONTARIO CANADA 1988
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2002**
Remarks

License Number 8830
License Date 10/7/1992
Name **WAGER, GILBERT C MD**
Address 24 KENSINGTON RD, PORTSMOUTH, NH, 03801
Specialty PUD
Board Certified PUD
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1983
Internship and Year UNIV CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1984
Residency and Year UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL NC 1990
License Expiration Date **6/30/2016**
Remarks

License Number 15009
License Date 9/1/2010
Name **WAGGETT, IAN W MD**
Address 60 COMMERCIAL ST, CONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2004
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER,NY 2005
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER,NY 2007
License Expiration Date **6/30/2016**
Remarks

License Number 3325
License Date 9/12/1959
Name **WAGMAN, EDWARD MD**
Address 39 ISLE OF WIGHT RD, E HAMPTON, NY, 11937
Specialty PTH
Board Certified PTH
School and Year of Graduation GRONINGEM UNIVERSITY HOLLAND 1958
Internship and Year MEADOWBROOK HOSPITAL- NEW YORK 1959
Residency and Year NEW YORK VETERANS ADMINISTRATION HOSPITAL 1960
License Expiration Date **6/30/2007**
Remarks

License Number 9291
License Date 9/7/1994
Name **WAGMAN, JOEL I MD**
Address COVENANT HOUSE HEALTHCARE, 251 E BRINGLURISTPHILADELPHIA, PA, 19106
Specialty
Board Certified FP
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA PA 1992
Residency and Year READING HOSPITAL MEDICAL CENTER - READING PA 1994
License Expiration Date **6/30/2016**
Remarks **2/14/07 - Settlement Agreement**

License Number 10772
License Date 11/3/1999
Name **WAGMAN, RICHARD S MD**
Address DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILA- PA USA 1993
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1994
Residency and Year WASHINGTON UNIV -BARNES HOSPITAL - ST LOUIS, MO 1996
License Expiration Date **1/12/2002**
Remarks **DECEASED 1/12/02**

License Number 16245
License Date 7/3/2013
Name **WAGNER, ANDREW J MD**
Address EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty EM
Board Certified EM
School and Year of Graduation OHIO STATE UNIVERSITY USA 2006
Internship and Year OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2007
Residency and Year OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2009
License Expiration Date **6/30/2017**
Remarks

License Number 6750
License Date 7/7/1983
Name **WAGNER, DAVID J MD**
Address ANESTHESIA CARE GROUP, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty AN
Board Certified AN
School and Year of Graduation CORNELL UNIV MED COLL-NY USA 1981
Internship and Year DARTMOUTH MED CTR-HANOVER,NH 1983
Residency and Year DARTMOUTH MED CTR - HANOVER, NH 1983
License Expiration Date **6/30/2017**
Remarks

License Number 14152
License Date 8/6/2008
Name **WAGNER, ELLIOTT J MD**
Address 200 EAST 66 TH ST C-904, NEW YORK, NY, 10065
Specialty R
Board Certified R
School and Year of Graduation NEW YORK UNIV USA 1978
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1979
Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1982
License Expiration Date **6/30/2016**
Remarks

License Number 11547
License Date 3/6/2002
Name **WAGNER, HENRY W MD**
Address NCL, 7665 CORPORATED CENTER DRMIAMI, FL, 33126
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF NORTHEAST TAMPICO, MEXICO MEXICO 1980
Internship and Year JAMIAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 1982
Residency and Year LINCOLN MEDICAL AND MENTAL HLTH CTR - BRONX, NY 1983
License Expiration Date **6/30/2012**
Remarks

License Number 8744
License Date 6/3/1992
Name **WAGNER, JESSE MD**
Address LAHEY-HITCHCOCK CLINIC, PO BOX 2064 21 E HOLLIS ST NASHUA, NH, 03061-2064
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1989
Internship and Year NEW YORK HOSPITAL NEW YORK - NEW YORK 1992
Residency and Year NEW YORK HOSPITAL - NY 1992
License Expiration Date **6/30/1998**
Remarks

License Number 16692
License Date 7/2/2014
Name **WAGNER, MARK W MD**
Address GENESIS BEHAVIORAL HEALTH, 111 CHURCH ST LACONIA, NH, 03246
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1989
Internship and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1990
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1992
License Expiration Date **6/30/2016**
Remarks

License Number 14823
License Date 4/7/2010
Name **WAGNER, RACHEL M MD**
Address 336 36TH ST APT 322, BELLINGHAM, WA, 98225
Specialty FP
Board Certified FP
School and Year of Graduation MCP HAHNEMANN SCHOOL OF MEDICINE USA 2001
Internship and Year GLENDALE ADVENTIST MEDICAL CENTER - GLENDALE, CA 2002
Residency and Year CHESTNUT HILL HOSPITAL FAMILY PRACTICE CENTER - PHILADELPHIA, PA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 12859
License Date 8/3/2005
Name **WAGNER, TRACI L MD**
Address 600 ST JOHNSBURY RD, LITTLETON, NH, 03561
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1989
Internship and Year UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1990
Residency and Year UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1992
License Expiration Date **6/30/2017**
Remarks

License Number 7928
License Date 7/6/1988
Name **WAGONER, STEPHEN A MD**
Address 3015 SQUALICUM PARKWAY STE 140, BELLINGHAM, WA, 98225
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF ARKANSAS COLL OF MED-LITTLE ROCK,AR USA 1952
Internship and Year WALTER REED ARMY MED CTR-WASHINGTON,DC 1980
Residency and Year MADIGAN ARMY MED CTR-TACOMA,WA 1983
License Expiration Date **6/30/2010**
Remarks **LAPSED FOR NON-RENEWAL 6/30/99...**
REINSTATED ON 10/1/08

License Number 11746
License Date 9/4/2002
Name **WAGSHUL, ADAM D MD**
Address DHMC-ORTHOPAEDIC SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF MARYLAND, BALTIMORE MD USA 1996
Internship and Year PENNSYLVANIA HOSPITAL, PHILADELPHIA PA 1997
Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2001
License Expiration Date **6/30/2003**
Remarks

License Number 15142
License Date 2/2/2011
Name **WAHEED, NADIA K MD**
Address TUFTS MED CTR/NE EYE CTR/T, C/O S.DUNN 800 WASHINGTON STBOSTON, MA, 02111
Specialty OPH
Board Certified OPH
School and Year of Graduation AGA KKHAN UNIVERSITY PAKISTAN 1998
Internship and Year METROWEST MEDICAL CENTER FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 2001
Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY PROGRAM - BOSTON, MA 2004
License Expiration Date **6/30/2013**
Remarks

License Number 8569
License Date 6/5/1991
Name **WAHRENBERGER, JON W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty CD
Board Certified CD
School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MED USA 1985
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER 1986
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER 1989
License Expiration Date **6/30/2017**
Remarks

License Number 12722
License Date 5/4/2005
Name **WAITE, RICHARD J MD**
Address X-RAY PROFESSIONAL ASSOCIATION, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1983
Internship and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1984
Residency and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 12207
License Date 1/7/2004
Name **WAITZKIN, ELLEN D MD**
Address LAHEY CLINIC MEDICAL CENTER, 31 MALL RDBURLINGTON, MA, 01805
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1981
Internship and Year MASS GENERAL HOSPITAL, BOSTON MA 1982
Residency and Year MASS GENERAL HOSPITAL, BOSTON MA 1986
License Expiration Date **6/30/2010**
Remarks

License Number 13187
License Date 7/5/2006
Name **WALAT, ROBERT J MD**
Address 84 ENGLEWOOD RD, LONGMEADOW, MA, 01106
Specialty PTH
Board Certified PTH
School and Year of Graduation YALE UNIV USA 1969
Internship and Year YALE-NEW HAVEN MEDICAL CTR-NEW HAVEN, CT 1970
Residency and Year YALE-NEW HAVEN MEDICAL CTR-NEW HAVEN, CT 1971
License Expiration Date **6/30/2016**
Remarks

License Number 9232
License Date 7/6/1994
Name **WALCZAK, WIESLAW E MD**
Address GRANITE STATE MEDICAL GROUP, 190 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation POMORSKA AKAD MED POLAND 1971
Internship and Year
Residency and Year J DEMPSEY HOSPITAL UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1993
License Expiration Date **11/21/2009**
Remarks **DECEASED 11/21/09**

License Number 13474
License Date 4/4/2007
Name **WALDMAN, CHERYL B MD**
Address WALDMAN PLASTIC SURGERY & DERM, 17 RIVERSIDE ST STE 105 NASHUA, NH, 03062
Specialty D
Board Certified D
School and Year of Graduation TUFTS UNIV USA 2001
Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2002
Residency and Year UNIV OF ROCHESTER - ROCHESTER, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13475
License Date 4/4/2007
Name **WALDMAN, JEREMY MD**
Address WALDMAN PLASTIC SURGERY & DERM, 17 RIVERSIDE ST STE 105 NASHUA, NH, 03062
Specialty PS
Board Certified PS
School and Year of Graduation STATE UNIV OF NEW YORK USA 2001
Internship and Year UNIV OF ROCHESTER MEDICAL CTR - ROCHESTER, NY 2002
Residency and Year UNIV OF ROCHESTER MEDICAL CTR - ROCHESTER, NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 16932
License Date 1/21/2015
Name **WALDORF, BENJAMIN MD**
Address 41 MALL RD, BURLINGTON, MA, 01805
Specialty U
Board Certified
School and Year of Graduation UNIV OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2010
Internship and Year LAHEY CLINIC MEDICAL CENTER-BURLINGTON, MA 2011
Residency and Year LAHEY CLINIC MEDICAL CENTER-BURLINGTON, MA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 14949
License Date 7/7/2010
Name **WALDRON, WINIFRED M MD**
Address EXECUTIVE HEALTH RESOURCES, 15 CAMPUS BLVD STE 200 NEWTON SQUARE, PA, 19073
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF VERMONT USA 1996
Internship and Year SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1997
Residency and Year SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1999
License Expiration Date **6/30/2016**
Remarks

License Number 11807
License Date 12/4/2002
Name **WALDROP II, FRANK C MD**
Address FLETCHER ALLEN DEPT OF OPH, 1 S PROSPECT STBURLINGTON, VT, 05401
Specialty OPH
Board Certified
School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1998
Internship and Year WASHINGTON HOSPITAL CTR - WASHINGTON, DC 1999
Residency and Year UNIV OF MARYLAND - BALTIMORE, MD 2002
License Expiration Date **6/30/2003**
Remarks

License Number 14443
License Date 5/6/2009
Name **WALEK, WALTER B MD**
Address SOUTHEASTERN PATHOLOGY ASSOC, PO BOX 847LUMBERTON, NC, 28358
Specialty PTH
Board Certified PTH
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2000
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND CASE WESTERN RESERVE UNIVERSITY - CLEVELAND, OH 20
Residency and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 2005
License Expiration Date **6/30/2015**
Remarks **lapsed 6/30/11 - reinstated 9/5/12**

License Number 8270
License Date 1/10/1990
Name **WALKER JR, GEORGE A MD**
Address 60 FORREST DR, SPRINGFIELD, VT, 05156
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF TX HLTH SCI CTR-DALLAS,TX USA 1969
Internship and Year CONFEDERATE MEM MED CTR=SHEVEPORT,LA 1970
Residency and Year BOSTON CITY HOSP-BOSTON,MA 1971
License Expiration Date **6/30/2004**
Remarks

License Number 5675
License Date 2/3/1977
Name **WALKER, DAVID H MD**
Address SO NH MED CTR E D, 8 PROSPECT ST BOX 2014NASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation BOSTON UNIVERSITY-BOSTON MA USA 1973
Internship and Year UNIVERSITY HOSPITAL-BOSTON MA 1974
Residency and Year UNIV HOSPITAL - BOSTON, MA 1974
License Expiration Date **6/30/2017**
Remarks

License Number 9356
License Date 1/11/1995
Name **WALKER, GEORGE M MD**
Address 140 HAVERHILL ST, ANDOVER, MA, 01845-
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1976
Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON MA 1977
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON MA 1982
License Expiration Date **6/30/2002**
Remarks

License Number 12362
License Date 6/2/2004
Name **WALKER, GREGORY A MD**
Address NORTH COUNTRY HOSPITAL, 189 PROUTY DRNEWPORT, VT, 05829
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1991
Internship and Year MERCY HOSPITAL, PITTSBURGH PA 1992
Residency and Year MERCY HOSPITAL, PITTSBURGH, PA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 14109
License Date 7/9/2008
Name **WALKER, JENNIFER D MD**
Address MASS GEN HOSP-CARDIAC SURG DIV, COX 644 55 FRUIT STBOSTON, MA, 02114
Specialty TS
Board Certified TS
School and Year of Graduation MEDICAL UNIV OF SOUTH CAROLINA USA 1991
Internship and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1992
Residency and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1993
License Expiration Date **6/30/2016**
Remarks

License Number 16933
License Date 1/21/2015
Name **WALKER, KAREN L MD**
Address DHMC-SECTION OF VS, 1 MED CTR DRLEBANON, NH, 03756
Specialty VS
Board Certified
School and Year of Graduation UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2011
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 7958
License Date 8/10/1988
Name **WALKER, LARKIN F MD**
Address LAKES REGION GENERAL HOSP, 80 HIGHLAND ST LACONIA, NH, 03246-3298
Specialty PTH
Board Certified PTH
School and Year of Graduation MED COLL OF GEORGIA SCH OF MED-AUGUSTA,GA USA 1983
Internship and Year BOWMAN GRAY SCH MED AFFIL HOSP-SALEM,NC 1984
Residency and Year BOWMAN GRAY SCH MED AFFIL HOSP-SALEM,NC 1987
License Expiration Date **6/30/2016**
Remarks

License Number 16850
License Date 11/6/2014
Name **WALKER, TACEE E DO**
Address DHMC - DEPT OF ANESTHESIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03766
Specialty AN
Board Certified AN
School and Year of Graduation KANSAS CITY UNIV OF MED & BIOSCIENCES USA 2002
Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2003
Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2006
License Expiration Date **6/30/2016**
Remarks

License Number 5821
License Date 9/1/1977
Name **WALKLEY, PETER F MD**
Address 93 WHIPPLE AVE, LACONIA, NH, 03246
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1974
Internship and Year DARTMOUTH MEDICAL SCHOOL AFFIL HOSPITALS 1975
Residency and Year DARTMOUTH MEDICAL SCHOOL AFFIL HOSPITALS 1977
License Expiration Date **6/30/2017**
Remarks

License Number 10637
License Date 7/7/1999
Name **WALKO, MARTIN S MD**
Address ANDROSCOGGIN VALLEY HOSPITAL, 7 PAGE HILL RD BERLIN, NH, 03570
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MED NEW JERSEY - PISCATAWAY, NJ USA 1994
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1995
Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1996
License Expiration Date **6/30/2017**
Remarks

License Number 5537
License Date 6/21/1976
Name **WALLACE JR, WILLIAM T MD**
Address 378 AMESBURY RD, CONTOOCOOK, NH, 03229
Specialty PH
Board Certified PH
School and Year of Graduation UNIV. OF VERMONT COLLAGE OF MED. BURLINGTON USA 1961
Internship and Year METHODIST HOSP GRAD MED CENTER INDIANAPOLIS 1962
Residency and Year METHODIST HOSP GRAD MED CENTER - INDIANAPOLIS 1962
License Expiration Date **6/30/2000**
Remarks

License Number 8230
License Date 9/6/1989
Name **WALLACE, AMY E MD**
Address VALLEY VISTA, UPPER PLAINS ROADBRADFORD, VT, 05033
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TX MED SCH GALVESTON TX US 1987
Internship and Year DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1988
Residency and Year DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1991
License Expiration Date **6/30/2017**
Remarks

License Number 8364
License Date 6/6/1990
Name **WALLACE, ANDREW G MD**
Address DARTMOUTH MED SCHOOL, 1 MEDICAL CTR DRLEBANON, NH, 03755-3833
Specialty IM
Board Certified IM
School and Year of Graduation DUKE UNIV SCH OF MED -DURHAM,NC USA 1959
Internship and Year DUKE UNIV AFFIL HOSP-DURHAM,NC 1960
Residency and Year DUKE UNIV AFFIL HOSP-DURHAM,NC 1964
License Expiration Date **6/30/1999**
Remarks

License Number 16294
License Date 8/7/2013
Name **WALLACE, CHARLES W MD**
Address ONLINE CARE GROUP, 75 STATE ST., 26TH FLBOSTON, MA, 02109
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE USA 1999
Internship and Year AULTMAN HOSPITAL - NEOUCOM PROGRAM - CANTON, OH 2000
Residency and Year AULTMAN HOSPITAL - NEOUCOM PROGRAM - CANTON, OH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 13729
License Date 10/3/2007
Name **WALLACE, CHRISTOPHER A MD**
Address 406 FARMINGTON AVENUE STE 332, FARMINGTON, CT, 06032
Specialty DMP
Board Certified DMP
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1997
Internship and Year MEDICAL COLLEGE OF GEORGIA-AUGUSTA, GA 2000
Residency and Year WAKE FOREST UNIV SCHOOL OF MEDICINE-WINSTON-SALEM, NC 2002
License Expiration Date **6/30/2017**
Remarks

License Number 5822
License Date 9/1/1977
Name **WALLACE, JAMES W MD**
Address , , ,
Specialty R
Board Certified R
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1965
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 11548
License Date 3/6/2002
Name **WALLACE, KEVIN L MD**
Address 299 OCEAN HOUSE RD, CAPE ELIZABETH, ME, 04107
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VIRGINIA - CHARLOTTESVILLE, VA USA 1983
Internship and Year UNIV OF VIRGINIA - ROANOKE, VA 1984
Residency and Year EMORY UNIV SCH -ATLANTA, GA 1986
License Expiration Date **6/30/2008**
Remarks

License Number 14950
License Date 7/7/2010
Name **WALLACE, ROXANNE E MD**
Address 2116 CRAIG ROAD, EAU CLAIRE, WI, 54701
Specialty ORS
Board Certified ORS
School and Year of Graduation BOSTON UNIVERSITY USA 1996
Internship and Year EXEMPLA ST JOSEPH HOSPITAL - DENVER, CO 1997
Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2000
License Expiration Date **6/30/2014**
Remarks

License Number 17140
License Date 6/3/2015
Name **WALLACE, THOMAS C MD**
Address 606 WILMOT CTR RD, PO BOX 2576NEW LONDON, NH, 03257
Specialty P
Board Certified
School and Year of Graduation PONCE SCHOOL OF MEDICINE USA 1984
Internship and Year LOS ANGELES COUNTY-USC MEDICAL CENTER-LOS ANGELES, CA 1984
Residency and Year LOS ANGELES COUNTY-USC MEDICAL CENTER-LOS ANGELES, CA 1988
License Expiration Date **6/30/2017**
Remarks

License Number 5806
License Date 8/15/1977
Name **WALLACE, WESLEY R MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 21 E HOLLIS ST PO BOX 2064NASHUA, NH, 03061-2064
Specialty ORS
Board Certified ORS
School and Year of Graduation SUNY DOWNSTATE MEDICAL CENTER-BROOKLYN NY USA 1969
Internship and Year NEW ENGLAND MED CTR HOSPITAL - BOSTON, MA 1973
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL-BOSTON MA 1974
License Expiration Date **6/30/2011**
Remarks

License Number 15096
License Date 12/1/2010
Name **WALLAERT, JESSICA B MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date **6/30/2016**
Remarks

License Number 11013
License Date 7/5/2000
Name **WALLEN, ERIC M MD**
Address DARTMOUTH HITCHCOCK MEDICAL, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty U
Board Certified
School and Year of Graduation UNIV OF CA LOS ANGELES SCH OF MED - LOS ANGELES,CA USA 1994
Internship and Year STANFORD UNIV MEDICAL CENTER - STANFORD, CA 1995
Residency and Year STANFORD UNIV MEDICAL CENTER - STANFORD, CA 1996
License Expiration Date **6/30/2003**
Remarks

License Number 15995
License Date 1/9/2013
Name **WALLUS, HARRY J DO**
Address PORTSMOUTH REG HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF NE COLLEGE OF OSTEOPATHIC MED USA 2008
Internship and Year UNIVERSITY HOSPITAL-SUNY UPSTATE - SYRACUSE, NY 2009
Residency and Year UNIVERSITY HOSPITAL-SUNY UPSTATE - SYRACUSE, NY 2011
License Expiration Date **6/30/2017**
Remarks

License Number 7065
License Date 4/4/1985
Name **WALRATH, DANIEL L MD**
Address PRO HEALTH CARE MEDICAL ASSOC, 240 MAPLE AVEMUKWONKAGO, WI, 53149
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEBRASKA COLL MED-OMAHA,NE USA 1978
Internship and Year DEACON/G-SMATITAN MED CTR-MILWAUKEE ,WI 1979
Residency and Year MED COLL WI AFFIL HOSP-MILWAUKEE WI 1981
License Expiration Date **6/30/2017**
Remarks

License Number 16851
License Date 11/6/2014
Name **WALROD, MARK D MD**
Address CONCORD FAMILY MEDICINE, 18 FOUNDRY ST, STE 201CONCORD, NH, 03301
Specialty FP
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2014
License Expiration Date **6/30/2016**
Remarks

License Number 3406
License Date 11/25/1960
Name **WALSH, ARTHUR J MD**
Address HEALTH & HUMAN SERVICES, 6 HAZEN DRCONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation GEORGETOWN UNIVERSITY- WASHINGTON DC USA 1955
Internship and Year DETROIT RECEIVING HOSPITAL 1956
Residency and Year DETROIT RECEIVING HOSPITAL 1961
License Expiration Date **6/30/2012**
Remarks

License Number 10460
License Date 11/4/1998
Name **WALSH, ARTHUR W MD**
Address 56 BANK ST, LEBANON, NH, 03766
Specialty OPH
Board Certified OPH
School and Year of Graduation JEFFERSON MEDICAL SCHOOL-PA USA 1987
Internship and Year BRYN MAWR HOSPITAL-PA 1988
Residency and Year MASS EYE AND EAR INFIRMARY-MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 7664
License Date 7/8/1987
Name **WALSH, DANIEL B MD**
Address DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty GS
Board Certified VS
School and Year of Graduation UNIV OF PITTSBURGH, PA USA 1976
Internship and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1977
Residency and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1978
License Expiration Date **6/30/2017**
Remarks

License Number 3951
License Date 10/4/1966
Name **WALSH, DONALD C MD**
Address FAMILY HEALTH FIRST PC, BOX 1269WOLFEBORO, NH, 03894
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1954
Internship and Year US PUBLIC HEALTH SERVICE - STATEN ISLAND, NY 1955
Residency and Year US PUBLIC HEALTH SERVICE - BRIGHTON, MA 1965
License Expiration Date **6/30/2006**
Remarks **DECEASED 8-24-04**

License Number 16934
License Date 1/21/2015
Name **WALSH, ERIC F MD**
Address 11 GEORGE ST, BARRINGTON, RI, 02806
Specialty ORS
Board Certified ORS
School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2000
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13523
License Date 5/9/2007
Name **WALSH, JEANNA H MD**
Address NH HEMATOLOGY /ONCOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106
Specialty HO
Board Certified HO
School and Year of Graduation STATE UNIV OF NEW YORK USA 2001
Internship and Year STRONG MEMORIAL HOSPITAL-ROCHESTER,NY 2002
Residency and Year STRONG MEMORIAL HOSPITAL-ROCHESTER,NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 15996
License Date 1/9/2013
Name **WALSH, LIAM T MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CENTER USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 6202
License Date 5/8/1980
Name **WALSH, MICHAEL B MD**
Address 80 BOW CENTER RD, BOW, NH, 03304
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV. OF NEBRASKA COLL OF MED. OMAHA,NE USA 1976
Internship and Year MART I BASSETT HOSP.COOPERTOWN,NY 1977
Residency and Year MARY I BASSETT HOSP.COPPERTOWN,NY 1980
License Expiration Date **6/30/2016**
Remarks

License Number 14275
License Date 12/3/2008
Name **WALSH, SARAH E MD**
Address RIVERBEND CMHC, PO BOX 2032CONCORD, NH, 03302
Specialty P
Board Certified P
School and Year of Graduation UNIV OF CONNECTICUT USA 2006
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date **6/30/2016**
Remarks

License Number 10292
License Date 5/6/1998
Name **WALSH, THOMAS J MD**
Address SCOTT M SPECTOR MD, 1250 SUMMER ST STAMFORD, CT, 06905
Specialty OPH
Board Certified OPH
School and Year of Graduation WAKE FOREST COLLEGE-BOWMAN GRAY USA 1958
Internship and Year SAINT VINCENT'S HOSPITAL, NEW YORK NY 1959
Residency and Year NORTH CAROLINA BAPTIST HOSPITAL, WINSTON-SALEM NC 1964
License Expiration Date **6/30/1999**
Remarks

License Number 2988
License Date 9/9/1953
Name **WALSH, WILLIAM C MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 8003
License Date 11/9/1988
Name **WALTEN, MAX G MD**
Address 20470 CARRIAGE CT, ESTERO, FL, 33928
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VA SCH OF MED - CHARLOTTESVILLE, VA USA 1965
Internship and Year UNIV OF VIRGINIA MEDICAL CENTER - VA 1966
Residency and Year UNIV OF VIRGINIA MEDICAL CENTER - VA 1971
License Expiration Date **6/30/2002**
Remarks **DECEASED 4/22/07**

License Number 8246
License Date 11/1/1989
Name **WALTER JR, JOHN N MD**
Address DARTMOUTH-HITCHCOCK-KEENE, 20 WARWICK RD WINCHESTER, NH, 03470-2807
Specialty FP
Board Certified FP
School and Year of Graduation NORTHWESTERN UNIV MED SCH CHICAGO IL USA 1984
Internship and Year ST MARYS HOSP MED CTR MADISON WI 1985
Residency and Year ST MARYS HOSP MED CTR MADISON WI 1987
License Expiration Date **6/30/2017**
Remarks

License Number 11145
License Date 12/6/2000
Name **WALTER, ROBERT E MD**
Address R 304 80 E CONCORD, BOSTON, MA, 02118
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TEXAS-HOUSTON MED - HOUSTON, TX USA 1993
Internship and Year UNIV OF COLORADO MED SCH - DENVER, CO 1994
Residency and Year UNIV OF COLORADO MED SCH - DENVER, CO 1996
License Expiration Date **6/30/2002**
Remarks

License Number 6570
License Date 6/24/1982
Name **WALTERS, WILLIAM B MD**
Address , , ,
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1958
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 10461
License Date 11/4/1998
Name **WALTERS-SCHERRER, BARBARA A DO**
Address DARTMOUTH-HITCHCOCK, ONE BEDFORD FARMS DRBEDFORD, NH, 03110
Specialty P
Board Certified P
School and Year of Graduation MICHIGAN STATE UNIV -MI USA 1985
Internship and Year MICHIGAN CAPITAL MED CTR- MI 1986
Residency and Year UNIV OF NORTH CAROLINA SCHOOL OF MED-NC 1989
License Expiration Date **6/30/2016**
Remarks

License Number 7858
License Date 5/4/1988
Name **WALTON, BENITA J MD**
Address GLENS FALLS HOSPITAL, 100 PARK STGLENS FALLS, NY, 12801
Specialty PS
Board Certified PS
School and Year of Graduation STATE UNIV OF NY AT BUFFALO SCH MED - NY USA 1979
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1980
Residency and Year UNIV WISCONSIN HOSPITAL - MADISON, WI 1986
License Expiration Date **6/30/2016**
Remarks

License Number 12363
License Date 6/2/2004
Name **WALTON, EDWARD A MD**
Address WILLIAM BEAUMONT HOS-DPT EMG, 3601 W.THIRTEEN MILE RDROYAL OAK, MI, 48073-6769
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MED SCHOOL, LEBANON NH US 1988
Internship and Year UNIVERSITY OF CALIFORNIA, SAN DIEGO CA 1989
Residency and Year UNIVERSITY OF CALIFORNIA, SAN DIEGO CA 1991
License Expiration Date **6/30/2016**
Remarks

License Number 7470
License Date 11/12/1986
Name **WALTON, KAREN MD**
Address 100 EATON GRANGE RD E, WARNER, NH, 03278
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1978
Internship and Year MEDICAL CENTER HOSPITAL IN VERMONT - BURLINGTON, VT 1979
Residency and Year MEDICAL CENTER HOSPITAL IN VERMONT - BURLINGTON, VT 1980
License Expiration Date **6/30/2014**
Remarks

License Number 12769
License Date 6/1/2005
Name **WALTON, MATTHEW M MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF S CAROLINA, CHARLESTON SC US 2002
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2009**
Remarks

License Number 3532
License Date 7/26/1962
Name **WALTZ, MILES E MD**
Address , PO BOX 512N CONWAY, NH, 03860
Specialty FP
Board Certified
School and Year of Graduation UNIV OF VERMONT USA 1961
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1962
Residency and Year RHODE ISLAND HOSPITAL- PROVIDENCE, RI 1962
License Expiration Date **6/30/2010**
Remarks

License Number 12152
License Date 11/5/2003
Name **WALZER, ANN W MD**
Address 26 BEEHOLM RD, W REDDING, CT, 06896
Specialty R
Board Certified R
School and Year of Graduation NEW YORK UNIVERSITY, NEW YORK NEW YORK US 1971
Internship and Year LENOX HILL HOSPITAL, NEW YORK NY 1972
Residency and Year DANBURY HOSPITAL, DANBURY CT 1974
License Expiration Date **6/30/2009**
Remarks

License Number 16199
License Date 6/5/2013
Name **WAN, ZHINIAN MD**
Address WEST OCEAN MD, 21520 S PIONEER BLVD #203HAWAIIAN GARDENS, CA, 91706
Specialty ORS
Board Certified
School and Year of Graduation TONGJI MEDICAL UNIVERSITY CHINA 1984
Internship and Year THE METHODIST HOSPITAL - HOUSTON, TX 2010
Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM- CHARLOTTESVILLE, VA 2011
License Expiration Date **6/30/2015**
Remarks

License Number 14783
License Date 3/3/2010
Name **WANG, DAVID J MD**
Address 1838 GREENE TREE RD STE 150 LL, BALTIMORE, MD, 21208
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MARYLAND USA 2002
Internship and Year UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE, MD 2003
Residency and Year UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE, MD 2005
License Expiration Date **6/30/2012**
Remarks

License Number 10922
License Date 5/3/2000
Name **WANG, JINSONG MD**
Address NEW HAMPSHIRE ORTHOPAEDIC SUR, 9 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF CHICAGO SCHOOL OF MEDICINE-CHICAGO,I USA 1994
Internship and Year JOHNS HOPKINS UNIVERSITY-BALTIMORE,MD 1995
Residency and Year JOHNS HOPKINS UNIVERSITY-BALTIMORE,MD 1999
License Expiration Date **6/30/2016**
Remarks

License Number 6767
License Date 8/8/1983
Name **WANG, JOHN MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF SINGAPORE 1965
Internship and Year
Residency and Year
License Expiration Date **4/12/1992**
Remarks **EMERGENCY SUSPENSION 7/25/88**
REVOCAION OF LICENSE 4/12/92

License Number 16529
License Date 3/5/2014
Name **WANG, PAUL P MD**
Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DR BEDFORD, NH, 03110
Specialty NS
Board Certified NS
School and Year of Graduation HARVARD MEDICAL SCHOOL- BOSTON, MA USA 1997
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1998
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2003
License Expiration Date **6/30/2016**
Remarks

License Number 16246
License Date 7/3/2013
Name **WANG, XIAO-QING MD**
Address ELLIOT NEUROLOGY ASSOC, 185 QUEEN AVENUE MANCHESTER, NH, 03101
Specialty N
Board Certified N
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2008
Internship and Year RHODE ISLAND HOSPITAL/BROWN UNIVERSITY - PROVIDENCE, RI 2009
Residency and Year RHODE ISLAND HOSPITAL/BROWN UNIVERSITY - PROVIDENCE, RI 2012
License Expiration Date **6/30/2017**
Remarks

License Number 12540
License Date 11/3/2004
Name **WANG, YING MD**
Address CARITAS GOOD SAMARITAN MED CTR, 235 NO PEARL ST BROCKTON, MA, 02301
Specialty PTH
Board Certified PTH
School and Year of Graduation SECOND MILITARY MEDICAL UNIVERSITY, CHINA CHINA 1998
Internship and Year NEW ENGLAND MED CTR, BOSTON MA 1999
Residency and Year NEW ENGLAND MED CTR, BOSTON MA 2002
License Expiration Date **6/30/2006**
Remarks

License Number 14110
License Date 7/9/2008
Name **WANG, YULAN MD**
Address PAIN SOLUTIONS(C. APPELMAN), 280 MAIN ST STE 420NASHUA, NH, 03060
Specialty PM
Board Certified PM
School and Year of Graduation TIANJIN MEDICAL UNIV CHINA 1985
Internship and Year NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL - SALEM, MA 2001
Residency and Year TUFTS UNIV-NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 12249
License Date 3/3/2004
Name **WARACH, JONATHAN B MD**
Address COASTAL NEUROLOGY SERVICES, 158 E NH ROUTE 108DOVER, NH, 03820
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF NEW YORK, BUFFALO NY US 1982
Internship and Year SUNY AT BUFFALO, BUFFALO NY 1983
Residency and Year BOSTON MEDICAL CTR, BOSTON MA 1986
License Expiration Date **2/24/2012**
Remarks **2/24/12 - Order of Emergency License Suspension and Notice of Hearing. 3/9/12 - Preliminary Agreement for Practice Restrictions. 7/10/13 - Agreement for Non-Disciplinary Remedial Action.**

License Number 4277
License Date 7/25/1968
Name **WARBURTON, R KING MD**
Address 576 DOLLY RD, HOPKINTON, NH, 03229-
Specialty R
Board Certified R
School and Year of Graduation WESTERN RESERVE UNIV - CLEVELAND, OH USA 1960
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961
Residency and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1967
License Expiration Date **6/30/2016**
Remarks

License Number 3370
License Date 6/27/1960
Name **WARD JR, CHARLES L MD**
Address 43 N FRUIT ST, CONCORD, NH, 03301
Specialty IM
Board Certified
School and Year of Graduation BOSTON UNIVERSITY USA 1954
Internship and Year KINGS COUNTY HOSPITAL- BROOKLYN, NY 1955
Residency and Year MOUNT AUBURN HOSPITAL- CAMBRIDGE, MA 1956
License Expiration Date **6/30/2010**
Remarks **07/15/02 Settlement Agreement**

License Number 16960
License Date 2/4/2015
Name **WARD, CHRISTOPHER C MD**
Address SO NH MED CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MIAMI MILLER SCHOOL OF MEDICINE USA 1995
Internship and Year EMORY UNIVERSITY - ATLANTA, GA 1996
Residency and Year EMORY UNIVERSITY - ATLANTA, GA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 7892
License Date 6/8/1988
Name **WARD, HARRY A MD**
Address ROGER DIONNE SENIOR CENTER, 172 KINSLEY STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation BROWN UNIV PROGRAM IN MED - PROVIDENCE,RI USA 1981
Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1983
Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 12683
License Date 4/6/2005
Name **WARD, JERALD A MD**
Address ALICE PECK DAY HOSPITAL, 10 ALICE PECK DRIVELEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MARYLAND US 1979
Internship and Year UNION MEMORIAL HOSPITAL, BALTIMORE MD 1980
Residency and Year UNION MEMORIAL HOSPITAL, BALTIMORE MD 1982
License Expiration Date **6/30/2017**
Remarks

License Number 15143
License Date 2/2/2011
Name **WARD, MARION S MD**
Address ORTHOPEDIC PROFESSIONAL ASSOC, 14 MAPLE STGILFORD, NH, 03246-6574
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIVERSITY USA 2001
Internship and Year ST LUKE'S-ROOSEVELT HOSPITAL CENTER - NY, NY 2002
Residency and Year ST LUKE'S-ROOSEVELT HOSPITAL CENTER - NY, NY 2006
License Expiration Date **6/30/2013**
Remarks

License Number 13608
License Date 7/11/2007
Name **WARD, SALLY C MD**
Address REDWOOD MED GROUP STE 200, 900 LARKSPUR LANDING CIRLARKSPUR, CA, 94939
Specialty FP
Board Certified FP
School and Year of Graduation VIRGINIA UNIV USA 2003
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2004
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2007
License Expiration Date **6/30/2009**
Remarks

License Number 7049
License Date 2/7/1985
Name **WARD, THOMAS N MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR USA 1980
Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1981
Residency and Year DARTMOUTH-HTICHCOCK MED CTR 1984
License Expiration Date **6/30/2017**
Remarks

License Number 11341
License Date 7/11/2001
Name **WARDEH, ANAS MD**
Address 105 O'DONNELL AVE, SHREWSBURY, MA, 01545
Specialty IM
Board Certified IM
School and Year of Graduation ALEPPO UNIVERSITY SYRIA 1990
Internship and Year NY UNIVERSITY MEDICAL CENTER 1995
Residency and Year UNIVERSITY OF MASS MEDICAL SCHOOL 1997
License Expiration Date **6/30/2002**
Remarks

License Number 14153
License Date 8/6/2008
Name **WARDEN, MATTHEW P MD**
Address CONCORD EMERGENCY MED ASSOC, 250 PLEASANT STCONCORD, NH, 03301
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIV USA 1999
Internship and Year UNIV OF MARYLAND MEDICAL CENTER - BALTIMORE, MD 2000
Residency and Year UNIV OF MARYLAND MEDICAL CENTER - BALTIMORE, MD 2002
License Expiration Date **6/30/2016**
Remarks

License Number 10670
License Date 8/4/1999
Name **WARDEN, TODD M MD**
Address 232 LAKESIDE DR, HORSHAM, PA, 19044
Specialty EM
Board Certified EM
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1979
Internship and Year ALLEGHENY UNIV OF HLTH SCI - PHILA,PA 1980
Residency and Year ALLEGHENY UNIV OF HLTH SCI - PHILA, PA' 1981
License Expiration Date **6/30/2001**
Remarks

License Number 11081
License Date 9/6/2000
Name **WAREN, JILL M MD**
Address 52 HIGH ST, NEW BOSTON, NH, 03070
Specialty FP
Board Certified FP
School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1997
Internship and Year BEVERLY HOSPITAL - DANVERS, MA 1998
Residency and Year BEVERLY HOSPITAL- DANVERS, MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 9594
License Date 11/1/1995
Name **WARGO, TIMOTHY J MD**
Address MAD RIVER INTERGRATIVE MED, 5360 MAIN ST STE 2WAITSFIELD, VT, 05673
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VT COLL OF MED, BURLINGTON VT USA 1974
Internship and Year MALCOLM GROW USAF MED CENTER ANDREWS AFB MD 1977
Residency and Year MALCOLM GROW USAF MED CENTER ANDREWS AFB MD 1977
License Expiration Date **9/1/2008**
Remarks **DECEASE 9/1/08**

License Number 13417
License Date 2/7/2007
Name **WARHOLD, LANCE G MD**
Address DHMC-ORTHOPEDIC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation HAHNEMANN UNIV USA 1985
Internship and Year DARTMOUTH- HITCHCOCK MED CTR-LEBANON, NH 1987
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 1991
License Expiration Date **6/30/2017**
Remarks

License Number 12442
License Date 8/4/2004
Name **WARMAN, MARC J MD**
Address SURGICAL MONITORING SERVICES, 10151 YORK RD STE 120COCKEYSVILLE, MD, 21030
Specialty PM
Board Certified PM
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 1990
Internship and Year WINTHROP-UNIVERSITY HOSP, MINEOLA NY 1991
Residency and Year NEW YORK & PRESBYTERIAN HOSP, NEW YORK NY 1994
License Expiration Date **6/30/2006**
Remarks

License Number 15365
License Date 8/3/2011
Name **WARNDORF, MATTHEW G MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation NORTHEASTERN OHIO UNIVERSITY COLLEGE OF MED USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date **6/30/2013**
Remarks

License Number 13136
License Date 6/7/2006
Name **WARNER, ASHLEY A MD**
Address BELKNAP FAMILY HEALTH CENTER, 14 MILL STBELMONT, NH, 03220
Specialty FP
Board Certified FP
School and Year of Graduation NORTHWESTERN UNIV MEDICAL SCHOOL USA 1983
Internship and Year LOYOLA UNIV MEDICAL CTR-MAYWOOD, IL 1984
Residency and Year CONCORD HOSPITAL-CONCORD, NH 2005
License Expiration Date **6/30/2016**
Remarks

License Number 15781
License Date 7/11/2012
Name **WARNER, COURTNEY J MD**
Address 46 A BARRISTER DR APT 204, WHITE RIVER JCT, VT, 05001-550
Specialty VS
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER NH USA 2009
Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH-PITTSBURGH, PA 15261 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2012
License Expiration Date **6/30/2014**
Remarks

License Number 14240
License Date 11/5/2008
Name **WARNER, RICHARD T MD**
Address PO BOX 246, POMFRET CENTER, CT, 06259
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MIAMI USA 1987
Internship and Year CARITAS HEALTH CARE INC - ELMHURST, NY 1988
Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN 1991
License Expiration Date **6/30/2012**
Remarks

License Number 5981
License Date 9/7/1978
Name **WARNOCK, RICHARD N MD**
Address 200 SUTTON ST, STE 120N ANDOVER, MA, 01845
Specialty ORS
Board Certified ORS
School and Year of Graduation SUNY AT BUFFALO SCH OF MED - BUFFALOM NY USA 1972
Internship and Year MILLARD FILLMORE HOSPITAL - NY 1974
Residency and Year NEW ENGLAND MEDICAL CENTER - MA 1977
License Expiration Date **6/30/2003**
Remarks

License Number 6282
License Date 9/4/1980
Name **WARREN III, FRANK O MD**
Address 140 TARRYTOWN RD, MANCHESTER, NH, 03103-2713
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MARYLAND SCH OF MED- BALTIMORE,MD USA 1978
Internship and Year U MASS COORDINATED PROGRAM - WORCESTER, MA 1979
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1984
License Expiration Date **6/30/2004**
Remarks **2/8/06 - Voluntary Surrender of License**

License Number 9787
License Date 7/3/1996
Name **WARREN, JENNIFER L MD**
Address 29 LAFAYETTE RD UNIT K, NORTH HAMPTON, NH, 03862
Specialty FP
Board Certified FP
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1992
Internship and Year EASTERN MAINE MEDICAL CENTER - ME 1996
Residency and Year EASTERN MAINE MEDICAL CTR-ME 1996
License Expiration Date **6/30/2016**
Remarks

License Number 8065
License Date 3/29/1989
Name **WARREN, JOANN M MD**
Address PORTSMOUTH PEDIATRIC ASSOC, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801-4180
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1986
Internship and Year UNIV WISCONSIN HOSPITAL - MADISON, WI 1987
Residency and Year UNIV WISCONSIN HOSPITAL - MADISON, WI 1989
License Expiration Date **6/30/2017**
Remarks

License Number 15398
License Date 9/7/2011
Name **WARREN, JOHN F MD**
Address EYE & LASIK CTR, 33 RIDDELL STGREENFIELD, MA, 01301
Specialty OPH
Board Certified OPH
School and Year of Graduation STANFORD UNIVERSITY USA 1997
Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1998
Residency and Year UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE-SAN FRANCISCO, CA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 8188
License Date 7/12/1989
Name **WARREN, JOSEPH H MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation LOYOLA UNIVERSITY CANADA 1981
Internship and Year
Residency and Year
License Expiration Date **6/27/1991**
Remarks

License Number 13059
License Date 4/5/2006
Name **WARREN, KEITH R MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation TULANE UNIV-NEW ORLEANS LA USA 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH 2005
License Expiration Date **6/30/2012**
Remarks

License Number 14398
License Date 4/1/2009
Name **WARTMAN, DAVID G MD**
Address RHODE ISLAND HOSP, 593 EDDY STPROVIDENCE, RI, 02903
Specialty D
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 2006
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2008
License Expiration Date **6/30/2011**
Remarks

License Number 10408
License Date 9/2/1998
Name **WARWICK, ARTHUR M MD**
Address FLETCHER ALLEN HEALTH CARE, 1 SOUTH PROSPECT ST ST JOSEPH6BURLINGTON, VT, 05301
Specialty P
Board Certified P
School and Year of Graduation UNIV OF MARYLAND SCH OF MED- BALTIMORE,MD USA 1970
Internship and Year UNIV OF MARYLAND SYSTEM - BALTIMORE, MD 1971
Residency and Year UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCE DEPT OF PSYCHIATRY- BETHESDA, MD 1973
License Expiration Date **6/30/2012**
Remarks

License Number 9234
License Date 7/6/1994
Name **WASAG, YVONNE I MD**
Address CONCORD PEDIATRICS PA, PILLSBURY BLDG 248 PLEASANT STCONCORD, NH, 03301-
Specialty PD
Board Certified PD
School and Year of Graduation AKAD MED WARSZAWIE POLAND 1985
Internship and Year MEDICAL COLLEGE OF PA -PHIL,PA 1994
Residency and Year MEDICAL COLLEGE OF PA-PHIL,PA 1994
License Expiration Date **8/25/1999**
Remarks **DECEASED 8/25/99**

License Number 6248
License Date 7/3/1980
Name **WASDYKE, WESLEY R MD**
Address 6569 THE MASYERS AVE, BRANDENTON, FL, 34202
Specialty AN
Board Certified AN
School and Year of Graduation WASHINGTON UNIV SCHOOL MED - ST LOUIS, MO USA 1976
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1977
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1979
License Expiration Date **6/30/2010**
Remarks

License Number 15950
License Date 11/7/2012
Name **WASHBURN III, RICHARD MD**
Address NOVANT PRESBYTERIUM ORTHO & SPORTS MEDICINE, 6909 PROSPERITY CHURCH RDHUNTERS VILL
Specialty ORS
Board Certified
School and Year of Graduation UNIV OF N CAROLINA @ CHAPEL HILL SCHOOL OF MED USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16247
License Date 7/3/2013
Name **WASHBURN, KRISTIN C MD**
Address 809 BLISS RD, WRJ, VT, 05001
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL USA 2009
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2015**
Remarks

License Number 13648
License Date 8/1/2007
Name **WASHINGTON, TABITHA A MD**
Address CHRONIC PAIN KAISER SANTA ROSA, 2559 ROUND BORN BLVD SANTA ROSA, CA, 95403
Specialty AN
Board Certified APM
School and Year of Graduation UNIV OF COLORADO USA 2002
Internship and Year KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO, CA 2003
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2013**
Remarks

License Number 10351
License Date 7/1/1998
Name **WASIELEWSKI, PAUL G MD**
Address 115 LAKE VILLAGE BLVD #303, DEARBORN, MI, 48120
Specialty N
Board Certified
School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1993
Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1994
Residency and Year OHIO STATE UNIV HOSPITAL - COLUMBUS, OH 1997
License Expiration Date **6/30/2000**
Remarks

License Number 14577
License Date 8/5/2009
Name **WASILESKI, HEATHER L DO**
Address , 5029 GLEASON DR NASHUA, NH, 03062
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2002
Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2003
Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2005
License Expiration Date **6/30/2015**
Remarks

License Number 14111
License Date 7/9/2008
Name **WASILEWSKI, CHRISTINE L MD**
Address HEMATOLOGY&ONCOLOGY CTR, 155 BORTHWICK AVE STE 301 PORTSMOUTH, NH, 03801
Specialty IM
Board Certified HO
School and Year of Graduation TULANE UNIV USA 2001
Internship and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 2002
Residency and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 2004
License Expiration Date **6/30/2016**
Remarks

License Number 14112
License Date 7/9/2008
Name **WASON, SHAUN MD**
Address DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty U
Board Certified
School and Year of Graduation HOWARD UNIV USA 2005
Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2006
Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2007
License Expiration Date **6/30/2012**
Remarks

License Number 11118
License Date 11/1/2000
Name **WASSEF, RODEY DO**
Address ST JAMES HOSPITAL, 20201 SO CRAWFORD AVE OLYMPIA FIELDS, IL, 60641
Specialty GP
Board Certified FP
School and Year of Graduation MIDWESTERN UNIV- DOWNERS GROVE, IL USA 1977
Internship and Year MWU/CHICAGO COLL OF OSTEOPATHIC MEDICINE - OLYMPIA FIELDS, IL 1978
Residency and Year WMU/CHICAGO COLL OF OSTEOPATHIC MEDICINE - OLYMPIA FIELDS, IL 1979
License Expiration Date **6/30/2003**
Remarks

License Number 7291
License Date 4/1/1986
Name **WASSERMAN, GARY A MD**
Address 150 TARRYTOWN RD, MANCHESTER, NH, 03103-2713
Specialty OBG
Board Certified OBG
School and Year of Graduation STATE UNIV OF NY AT BUFFALO SCH MED , NY USA 1977
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1978
Residency and Year BAY STATE MEDICAL CENTER - SPRINGFIELD, MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 6838
License Date 1/5/1984
Name **WASSERMAN, LEONARD B MD**
Address OB/GYN ASSOC OF SOUTHERN NH, 30 DANIEL WEBSTER HIGHWAY #11MERRIMACK, NH, 03054
Specialty OBG
Board Certified OBG
School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA MEXICO 1979
Internship and Year LUTHERAN MED CTR-BROOKLYN,NY 1983
Residency and Year LUTHERAN MED CTR-BROOKLYN,NY 1984
License Expiration Date **6/30/2016**
Remarks

License Number 7421
License Date 8/14/1986
Name **WASSERMAN, PETER MD**
Address CONCORD EYE CARE P.C., 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1982
Internship and Year MT AUBURN HOSPITAL 1983
Residency and Year WASHINGTON HOSPITAL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 5077
License Date 9/13/1973
Name **WASSON, JOHN H MD**
Address 1 DORSET LN, LEBANON, NH, 03766
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1971
Internship and Year MARY HITCHCOCK HOSP-HANOVER NH 1972
Residency and Year MARY HITCHCOCK HOSP-HANOVER NH 1973
License Expiration Date **6/30/2017**
Remarks

License Number 11100
License Date 10/4/2000
Name **WASZKOWSKI, DANIEL A MD**
Address LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK RD #200LONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1994
Internship and Year SAN JOSE MEDICAL CENTER - SAN JOSE, CA 1995
Residency and Year SAN JOSE MEDICAL CENTER - SAN JOSE,CA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 8448
License Date 10/10/1990
Name **WATERS, PETER M MD**
Address CHILDRENS HOSP-ORTHO SURG, 300 LONGWOOD AVEBOSTON, MA, 02115-5737
Specialty ORS
Board Certified ORS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1981
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1982
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 8504
License Date 3/6/1991
Name **WATERSON JR, KARL W MD**
Address 1165 LILLYBRIDGE DR, LELAND, NC, 28451
Specialty D
Board Certified D
School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1962
Internship and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1963
Residency and Year PRESBYTERIAN HOSPITAL - NY, NY 1969
License Expiration Date **6/30/2015**
Remarks

License Number 12327
License Date 5/5/2004
Name **WATSON, JAMES M MD**
Address 204 SMALL DR, ELIZABETH CITY, NC, 27909
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1967
Internship and Year OREGON UNIVERSITY, PORTLAND OR 1968
Residency and Year UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1972
License Expiration Date **6/30/2006**
Remarks

License Number 10293
License Date 5/6/1998
Name **WATSON, JOHN A MD**
Address DARTMOUTH-HITCHCOCK-NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty D
Board Certified D
School and Year of Graduation UNIVERSITY OF CHICAGO USA 1988
Internship and Year OVERLOOK HOSPITAL-SUMMIT,NJ 1991
Residency and Year OVERLOOK HOSPITAL, SUMMIT, NJ 1991
License Expiration Date **6/30/2016**
Remarks

License Number 8541
License Date 5/8/1991
Name **WATSON, LUKE R MD**
Address PORTSMOUTH REGIONAL HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty PTH
Board Certified PTH
School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1985
Internship and Year UNIVERSITY OF CA-IRVINE MED CENTER 1986
Residency and Year UNIVERSITY OF CA - IRVINE MED CENTER 1991
License Expiration Date **6/30/2001**
Remarks

License Number 16808
License Date 10/1/2014
Name **WATSON, WILLIAM C DO**
Address 4337 18TH AVE SO, MINNEAPOLIS, MN, 55407
Specialty FP
Board Certified FP
School and Year of Graduation DES MOINES UNIV OSTEOPATHIC MED CTR USA 1992
Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1993
Residency and Year IOWA LUTHERAN HOSPITAL - DES MOINES, IA 1995
License Expiration Date **6/30/2016**
Remarks

License Number 14113
License Date 7/9/2008
Name **WATT, ANDREW H MD**
Address SNH MED CTR DEPT OF EM, 8 PROSPECT ST PO BOX 2014NASHUA, NH, 03061-2014
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2005
Internship and Year JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 2006
Residency and Year JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 2008
License Expiration Date **6/30/2016**
Remarks

License Number 7509
License Date 2/5/1987
Name **WATT, WILLIAM B MD**
Address 198 MASS AVE, N ANDOVER, MA, 01845-
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER, NY USA 1970
Internship and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER - ROCHESTER, NY 1971
Residency and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER - ROCHESTER, NY 1972
License Expiration Date **6/30/2003**
Remarks

License Number 17141
License Date 6/3/2015
Name **WATTO, MICHAEL B DO**
Address 115 GRIERSON AVE, FORT HUACHUCA, AZ, 85613
Specialty FP
Board Certified FP
School and Year of Graduation KANSAS CITY UNIV OF MED & BIOSCIENCES USA 2002
Internship and Year MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 2003
Residency and Year MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 10147
License Date 10/1/1997
Name **WATTS, BRADLEY V MD**
Address VA MEDICAL CENTER, 215 MAIN STWHITE RIVER JCT, VT, 05009
Specialty P
Board Certified P
School and Year of Graduation UNIV OF OK COLL OF MED -OKLAHOMA CITY, OK USA 1992
Internship and Year DUKE UNIV MEDICAL CTR-NC 1996
Residency and Year DUKE UNIV MEDICAL CENTER - NC 1996
License Expiration Date **6/30/2017**
Remarks

License Number L1954
License Date 10/10/2003
Name **WATZMAN, MARC MD**
Address DARTMOUTH-HITCHCOCK MEC CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **10/18/2003**
Remarks

License Number 14857
License Date 5/5/2010
Name **WAUGH, ROBERT P MD**
Address 84 PIPER ROAD, ACTON, MA, 01720
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2004
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2009
License Expiration Date **6/30/2016**
Remarks

License Number 9572
License Date 10/4/1995
Name **WAUGH, THEODORE R MD**
Address DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty ORS
Board Certified ORS
School and Year of Graduation MC GILL UNIV FAC OF MEDICAL MONTREAL, QUE CANADA 1953
Internship and Year ROYAL VICTORIA HOSPITAL MONTREAL PQ CANADA 1954
Residency and Year PRESBYTERIAN HOSPITAL NEW YORK, NY 1962
License Expiration Date **6/30/2007**
Remarks

License Number 4977
License Date 4/27/1973
Name **WAX, FREDERICK D MD**
Address 345 COURT ST, STE 201PLYMOUTH, MA, 02360
Specialty D
Board Certified D
School and Year of Graduation UNIV OF TORONTO FACULTY OF MEDICINE CANADA 1968
Internship and Year NEW MT SINAI HOSPITAL - ONTARIO, CANADA 1969
Residency and Year NEW MT SINAI HOSPITAL - ONTARIO,CANADA 1969
License Expiration Date **6/30/2017**
Remarks

License Number 14610
License Date 9/2/2009
Name **WAX, JOSEPH R MD**
Address MMP WOMEN'S HEALTH, 887 CONGRESS ST STE 200PORTLAND, ME, 04102
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1986
Internship and Year NAVAL MEDICAL CENTER-PORTSMOUTH, VA 1987
Residency and Year NAVAL MEDICAL CENTER-PORTSMOUTH, VA 1990
License Expiration Date **6/30/2017**
Remarks **06/30/2015 - Lapsed for non-renewal.**
08/03/2015 - Renewed.

License Number 4513
License Date 10/14/1969
Name **WAXLER, PAUL MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **7/20/1989**
Remarks **DECEASED 7/20/89**

License Number 11825
License Date 1/8/2003
Name **WAYHS, ROBERTO MD**
Address 3450 W WHEATLAND RD STE 340, DALLAS, TX, 75237
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SANTA CATARINA TRINDADE- FLORIANOPOLIS BRAZIL 1992
Internship and Year NORTH SHORE UNIV HOSPITAL- FOREST HILLS, NY 1996
Residency and Year UNIV OF ILLINOIS COLL OF MED - OAK LAWN, IL 2002
License Expiration Date **6/30/2005**
Remarks

License Number 7934
License Date 7/6/1988
Name **WEAFER, ROBERT J MD**
Address , , ,
Specialty ORS
Board Certified
School and Year of Graduation CREIGHTON UNIVERSITY USA 1956
Internship and Year
Residency and Year
License Expiration Date **9/14/1992**
Remarks **DECEASED - 09/14/92**

License Number 6583
License Date 6/24/1982
Name **WEATHERSBY, MARY E MD**
Address WDH WALK IN URGENT CARE CTR, 1 CALEF HWYLEE, NH, 03861
Specialty OS
Board Certified IM
School and Year of Graduation UNIV OF MASS SCH OF MED - WORCESTER, MA USA 1979
Internship and Year ST ELIZABETHS HOSPITAL - BOSTON, MA 1980
Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1982
License Expiration Date **6/30/2016**
Remarks

License Number 10462
License Date 11/4/1998
Name **WEAVER, DONALD S MD**
Address 690 HUNTINGTON RD, CAMBRIA, CA, 93428
Specialty OS
Board Certified
School and Year of Graduation CREIGHTON UNIV SCHOOL OF MED-NE USA 1956
Internship and Year CREIGHTON UNIV-NE 1958
Residency and Year CREIGHTON UNIV-NE 1958
License Expiration Date **6/30/1999**
Remarks

License Number 12684
License Date 4/6/2005
Name **WEBB, GAVIN R MD**
Address SEACOAST ORTHOPEDICS, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1999
Internship and Year MAINE MEDICAL CENTER, PORTLAND ME 2000
Residency and Year SUNY AT BUFFALO MEDICAL, BUFFALO, NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 10380
License Date 8/5/1998
Name **WEBB, JOAN L MD**
Address 2891 NINTA DR, PO BOX 2385 PRESCOTT, AZ, 86301
Specialty P
Board Certified P
School and Year of Graduation UNIV OF OKLAHOMA COLL OF MED - OK USA 1959
Internship and Year GRIFFIN MEMORIAL HOSPITAL - NORMAN, OK 1963
Residency and Year UNIV OF MISSOURI- COLUMBIA, MO 1965
License Expiration Date **6/30/1999**
Remarks

License Number 3700
License Date 6/15/1964
Name **WEBBER JR, EVERETT H MD**
Address 5 LONGWOOD LN, W LEBANON, NH, 03784-
Specialty EM
Board Certified GS
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1958
Internship and Year NEW ENGLAND CENTER - BOSTON, MA 1959
Residency and Year VETERANS ADMINISTRATION - PERRY POINT, MD 1964
License Expiration Date **6/30/2004**
Remarks

License Number 11158
License Date 1/3/2001
Name **WEBBER, ANTHONY E MD**
Address FAULKNER HOSP, STE 54BOSTON, MA, 02130
Specialty ORS
Board Certified ORS
School and Year of Graduation PULSE BEAT MEDICAL SCHOOL, U OF WITWATERSRAND SOUTH AFRICA 1977
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1984
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1984
License Expiration Date **6/30/2005**
Remarks

License Number 9827
License Date 8/7/1996
Name **WEBBER, CARRIE M MD**
Address MT ASCUTNEY HOSPITAL, 289 COUNTY ROADWINDSOR, VT, 05089
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1992
Internship and Year EDWARD W SPARROW HOSP-MI 1995
Residency and Year EDWARD W SPARROW HOSPITAL - MI 1995
License Expiration Date **6/30/2016**
Remarks

License Number 7220
License Date 10/3/1985
Name **WEBBER, GEORGE E MD**
Address 74 STATE RD #104, KITTERY, ME, 03904
Specialty P
Board Certified
School and Year of Graduation BOSTON UNIVERSITY - BOSTON, MA USA 1972
Internship and Year MOUNT ZION HOSPITAL MEDICAL CTR - SAN FRANCISCO, CA 1973
Residency and Year UNIVERSITY HOSPITAL INC - BOSTON, MA 1976
License Expiration Date **6/30/2011**
Remarks

License Number 3479
License Date 9/13/1961
Name **WEBER, ALFRED L MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **9/20/1994**
Remarks **Settlement Agreement
Deceased 3/19/2014**

License Number 16248
License Date 7/3/2013
Name **WEBER, DAVID M MD**
Address 4572 N GRANDVIEW RD, SILVER CITY, NM, 88061
Specialty FP
Board Certified FP
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1991
Internship and Year ELLIS HOSPITAL - SCHENECTADY, NY 1992
Residency and Year ELLIS HOSPITAL - SCHENECTADY, NY 1994
License Expiration Date **6/30/2017**
Remarks

License Number 13649
License Date 8/1/2007
Name **WEBER, DENISE A MD**
Address NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK USA 2004
Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 2005
Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 12226
License Date 2/4/2004
Name **WEBER, ELIZABETH W MD**
Address DHMC - DEPT OF ORTHOPAEDIC SUR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty ORS
Board Certified
School and Year of Graduation INDIANA UNIVERSITY, INDIANAPOLIS IN US 1999
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2000
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date **6/30/2006**
Remarks

License Number 16334
License Date 9/4/2013
Name **WEBER, JILL M DO**
Address AMERICAN WELL, 75 STATE STMILLSBORO, DE, 19966
Specialty FP
Board Certified FP
School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2002
Internship and Year FORBES FAMILY MEDICINE RESIDENCY PROGRAM - MONROEVILLE, PA 2003
Residency and Year FORBES FAMILY MEDICINE RESIDENCY PROGRAM - MONROEVILLE, PA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15685
License Date 5/2/2012
Name **WEBER, LITCHIA L MD**
Address DARTMOUTH- HITCHCOCK MEDL CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSIDADE FEDERAL DO CEARA USA 2005
Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
Residency and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2011
License Expiration Date **6/30/2016**
Remarks

License Number 16200
License Date 6/5/2013
Name **WEBER, WILLIAM E MD**
Address DARTMOUTH-HITCHCOCK MEDICAL CTR, ONE MEDICAL DRLEBANON, NH, 03756-1000
Specialty IM
Board Certified IMG
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2008
Internship and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2009
Residency and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2011
License Expiration Date **6/30/2015**
Remarks

License Number 8482
License Date 1/9/1991
Name **WEBSTER, HARRY C MD**
Address TUFTS MEDICAL CENTER, 800 WASHINGTON ST BOX 387BOSTON, MA, 02111-1122
Specialty
Board Certified PM
School and Year of Graduation UNIV OF CALIFORNIA - SAN FRANCISCO, CA USA 1977
Internship and Year CHILDREN'S HOSPITAL - PHILA, PA 1981
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2013**
Remarks **6/30/01 LAPSED FOR NON-RENEWAL---REINSTATED 3/1/06**

License Number 10148
License Date 10/1/1997
Name **WEBSTER, LYNN L MD**
Address VA HOSPITAL, 215 N MAIN STWHITE RIVER JCT, VT, 05001
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCH - HANVOER, NH USA 1995
Internship and Year MARY HITCHCOCK MEM HOSP-NH 1998
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date **6/30/2017**
Remarks

License Number 12227
License Date 2/4/2004
Name **WEBSTER, MICHAEL MD**
Address GRANDVIEW MEDICAL CENTER, DEPT OF ANESTH 405 W GRAND AVEDAYTON, OH, 45405
Specialty AN
Board Certified AN
School and Year of Graduation LOMA LINDA UNIVERSITY, LOMA LINDA CA US 1979
Internship and Year LOMA LINDA UNIVERSITY, LOMA LINDA CA 1980
Residency and Year LOMA LINDA UNIVERSITY, LOMA LINDA CA 1983
License Expiration Date **6/30/2014**
Remarks

License Number 10736
License Date 10/6/1999
Name **WEBSTER, STEVAN A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation INDIANA UNIVERSITY - INDIANAPOLIS IN USA 1977
Internship and Year TULANE UNIVERSITY MEDICAL SCHOOL - NEW ORLEANS LA 1978
Residency and Year TULANE UNIVERSITY MEDICAL SCHOOL - NEW ORLEANS LA 1980
License Expiration Date **6/30/2000**
Remarks

License Number 11208
License Date 3/7/2001
Name **WECHSLER-JENTZSCH, KAETHE MD**
Address 10105 ASHBURTON LN, BETHESDA, MD, 20817
Specialty R
Board Certified R
School and Year of Graduation FREE UNIV OF BERLIN- BERLILN, GERMANY GERMANY 1963
Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1980
Residency and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1982
License Expiration Date **6/30/2005**
Remarks

License Number 10352
License Date 7/1/1998
Name **WECKSTEIN, DOUGLAS J MD**
Address NH ONCOLOGY-HEMATOLOGY PA, 200 TECHONOLGY DRHOOKSETT, NH, 03106-2505
Specialty HEM
Board Certified HEM
School and Year of Graduation VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1986
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1987
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 14364
License Date 3/4/2009
Name **WEED, JONATHAN T MD**
Address DHMC - DEPT OF ANESTHESIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty AN
Board Certified
School and Year of Graduation TULANE UNIV USA 2005
Internship and Year NEW YORK DOWNTOWN HOSPITAL - NY, NY 2006
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2011**
Remarks

License Number 4531
License Date 2/9/1970
Name **WEEDER, DANA N MD**
Address 38 PINE ST, EXETER, NH, 03833
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF PENNSYLVANIA USA 1959
Internship and Year GERMANTOWN DISPENSARY & HOSPITAL - PHILA, PA 1960
Residency and Year GERMANTOWN DISPENSARY & HOSPITAL - PHILA, PA 1964
License Expiration Date **6/30/2002**
Remarks **DECEASED 10/28/2008**

License Number 8189
License Date 7/12/1989
Name **WEEKS, ANDREW S MD**
Address 9 BUZZELL AVE, EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1982
Internship and Year MERCY MEDICAL CENTER - DENVER CO 1983
Residency and Year MERCY MEDICAL CENTER - DENVER CO 1985
License Expiration Date **6/30/2017**
Remarks

License Number 8374
License Date 6/6/1990
Name **WEEKS, WILLIAM B MD**
Address 35 CENTERIA PARKWAY, ROOM 213LEBANON, NH, 03766
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TEXAS MED SCH AT GALVESTON-TX USA 1988
Internship and Year DARTMOUTH-HTICHOCK MED CTR -HANOVER,NH 1989
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1991
License Expiration Date **6/30/2016**
Remarks **9/9/11 - Settlement Agreement**

License Number 10040
License Date 6/4/1997
Name **WEEMAN, GLENDA C DO**
Address FAMILY PRAC OF SOUTH NASHUA, 383 EAST DUNSTABLE RD NASHUA, NH, 03062
Specialty FP
Board Certified FP
School and Year of Graduation MICHIGAN STATE UNIVERSITY-MI USA 1985
Internship and Year FLINT OSTEOPATHIC HOSPITAL-MI 1986
Residency and Year OSTEOPATHIC HOSPITAL OF MAINE-ME 1987
License Expiration Date **6/30/2003**
Remarks

License Number 9204
License Date 6/1/1994
Name **WEGLARZ, STANLEY S MD**
Address THE HEART CTR, 57 WEBSTER ST MANCHESTER, NH, 03104-2503
Specialty CD
Board Certified CD
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA USA 1959
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1960
Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1967
License Expiration Date **6/30/2012**
Remarks

License Number 14002
License Date 5/7/2008
Name **WEHBI, FADI S MD**
Address SJ FAMILY MEDICAL CENTER, 382 DW HWYMERRIMACK, NH, 03054
Specialty FP
Board Certified FP
School and Year of Graduation BEIRUT ARAB UNIV USA 2002
Internship and Year UNIV OF PITTSBURGH SHADYSIDE-PITTSBURGH, PA 2006
Residency and Year UNIV OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 13278
License Date 9/6/2006
Name **WEHLOU, KICKI S MD**
Address 149 SLOCUM CRESCENT, FOREST HILLS, NY, 11375
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF LEUVEN, LEUVEN BELGIUM BELGIUM 1979
Internship and Year NEW YORK UNIVERSITY, NEW YORK NY 1984
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 1986
License Expiration Date **6/30/2008**
Remarks

License Number 8225
License Date 9/6/1989
Name **WEIDEMANN, MICHAEL T MD**
Address , , ,
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF WUERZBURG GERMANY 1973
Internship and Year
Residency and Year
License Expiration Date **6/30/1991**
Remarks

License Number 5168
License Date 4/16/1974
Name **WEIDER, DUDLEY J MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OTO
Board Certified OTO
School and Year of Graduation TUFTS UNIV, MA USA 1964
Internship and Year SAINT LUKE'S HOSPITAL - CLEVELAND, OH 1965
Residency and Year CLEVELAND CLINIC - CLEVELAND, OH 1971
License Expiration Date **6/30/2006**
Remarks **DECEASED 2/28/05**

License Number 10890
License Date 4/5/2000
Name **WEIDMAN, ERIC R MD**
Address COLORADO SPRINGS RADIOLOGISTS, 1390 KELLY JOHNSON BLVDCOLORADO SPRINGS, CO, 80920-3
Specialty R
Board Certified R
School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE-DURHAM,NC USA 1991
Internship and Year ST MARYS HEALTH CENTER-ST LOUIS,MO 1992
Residency and Year MALLINCKRODT INSTITUTE OF RADIOLOGY-ST LOUIS,MO 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11681
License Date 7/3/2002
Name **WEIDNER, DANIEL F MD**
Address 8 PROSPECT ST, NASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED- FARMINGTON, CT USA 2000
Internship and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 2001
Residency and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12924
 License Date 10/5/2005
 Name **WEIDNER, JENNIFER W MD**
 Address BEDFORD COMMONS OB-GYN, 201 RIVERWAY PLACE BEDFORD, NH, 03110
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 2001
 Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2002
 Residency and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2005
 License Expiration Date **6/30/2017**
 Remarks

License Number 9133
 License Date 3/2/1994
 Name **WEIGEL, WILLIAM L MD**
 Address N.W. PAIN SPECIALIST, 2500 CHERRY AVE STE 303 BREMERTON, WA, 98310-
 Specialty AN
 Board Certified AN
 School and Year of Graduation UNIVERSITY OF NE COLLEGE OF MEDICINE USA 1976
 Internship and Year PACIFIC PRESBYTERIAN MEDICAL CENTER - SAN FRANCISCO CA 1977
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1984
 License Expiration Date **6/30/1998**
 Remarks

License Number 10923
 License Date 5/3/2000
 Name **WEIL, JEFFREY MD**
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
 Specialty DR
 Board Certified DR
 School and Year of Graduation OREGON HEALTH SCIENCES UNIVERSITY-PORTLAND, OR USA 1995
 Internship and Year MOUNT SINAI MEDICAL CTR-CLEVELAND, OH 1996
 Residency and Year MOUNT SINAI MEDICAL CENTER-CLEVELAND, OH 1999
 License Expiration Date **6/30/2001**
 Remarks

License Number 10837
 License Date 2/7/2000
 Name **WEINBERG, BENJAMIN MD**
 Address 632 BRIGHTON AVE, PORTLAND, ME, 04101
 Specialty FP
 Board Certified FP
 School and Year of Graduation SACKLER FAC OF MED TEL AVIV UNIV- ISRAEL ISRAEL 1983
 Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1984
 Residency and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1986
 License Expiration Date **6/30/2016**
 Remarks **1/14/2000 ORDER OF CONDITIONAL APPROVAL** Requested inactive
6/30/06 Reinstated on 1/7/09

License Number 10353
License Date 7/1/1998
Name **WEINBERG, DANIEL J MD**
Address 1150 A PROFESSIONAL COURT, HAGERTOWN, MD, 21740
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALL, NY USA 1981
Internship and Year HOSPITAL OF THE UNIV OF PA - PHILA, PA 1982
Residency and Year HOSPITAL OF THE UNIV OF PA - PHILA, PA 1986
License Expiration Date **6/30/2001**
Remarks

License Number 10171
License Date 11/5/1997
Name **WEINBERG, DAVID A MD**
Address CONCORD EYE CENTER, 248 PLEASANT STCONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1984
Internship and Year GOOD SAMARITAN HOSPITAL - OH 1985
Residency and Year UNIV CINCINNATI HOSPITAL - CINCINNATI, OH 1988
License Expiration Date **6/30/2017**
Remarks

License Number 9173
License Date 5/4/1994
Name **WEINDLING, STEVEN N MD**
Address DHMC PEDIATRICS CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty PDC
Board Certified PDC
School and Year of Graduation PA SCHOOL OF MEDICINE USA 1987
Internship and Year UNIVERSITY OF MN HOSPITAL CLINIC - MINNEAPOLIS MN 1990
Residency and Year CHILDRENS HOSPITAL - BOSTON MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 13609
License Date 7/11/2007
Name **WEINER, DIANA L MD**
Address RIVERBEND COM MENTAL HEALTH, 105 LOUDON RD BLG 3CONCORD, NH, 03302
Specialty P
Board Certified P
School and Year of Graduation STATE UNIV OF NEW YORK USA 1992
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1993
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996
License Expiration Date **6/30/2017**
Remarks

License Number 11043
License Date 8/2/2000
Name **WEINER, IRA L MD**
Address 1940 HARRISON AVE, PANAMA CITY, FL, 32407
Specialty P
Board Certified
School and Year of Graduation FINCH UNIVERSITY - NORTH CHICAGO IL USA 1972
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 1975
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 1975
License Expiration Date **6/30/2004**
Remarks

License Number 8140
License Date 6/7/1989
Name **WEINER, MARC A MD**
Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-
Specialty EM
Board Certified EM
School and Year of Graduation WASHINGTON UNIV SCH OF MED-ST LOUIS,MO USA 1982
Internship and Year UNIV OF CINCINNATI HOSP-CINCINNATI,OH 1983
Residency and Year UNIV OF CINCINNATI HOSP-CINCINNATI,OH 1985
License Expiration Date **6/30/2017**
Remarks

License Number 9205
License Date 6/1/1994
Name **WEINER, ROBERT M MD**
Address 70 CARLTON ST, BROOKLINE, MA, 02146-
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURG USA 1957
Internship and Year STRONG MEMORIAL HOSPITAL, UNIVERSITY OF ROCHESTER - ROCHESTER, NY 1959
Residency and Year VETERAN AFFAIRS MEDICAL CENTER - BOSTON, MA 1964
License Expiration Date **6/30/2014**
Remarks

License Number 3216
License Date 9/11/1957
Name **WEINER, ROBERT S MD**
Address 32 EDWARD DR, WINCHESTER, MA, 01890
Specialty TS
Board Certified TS
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1946
Internship and Year BETH ISRAEL HOSPITAL BOSTON - MASSACHUSETTS 1947
Residency and Year MASSACHUSETTS MEMORIAL HOSPITAL BOSTON - MASSACHUSETTS 1955
License Expiration Date **6/30/1998**
Remarks **Deceased 4/23/04**

License Number 13569
License Date 6/6/2007
Name **WEINER, SHELLEY N MD**
Address 31 CRESTVIEW DR, PLEASANTVILLE, NY, 10570-1426
Specialty R
Board Certified R
School and Year of Graduation STATE UNIV OF NEW YORK USA 1972
Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1973
Residency and Year JACOBI MEDICAL CENTER - BRONX, NY 1976
License Expiration Date **6/30/2017**
Remarks

License Number 11469
License Date 11/7/2001
Name **WEINGARDEN, EDWARD MD**
Address 2 JOYCE LN, SIMSBURY, CT, 06070
Specialty AN
Board Certified AN
School and Year of Graduation STATE UNIV OF NY - STONY BROOK, NY USA 1985
Internship and Year WATERBURY HOSPITAL/YALE-NEWHAVEN MEDICAL CENTER - WATERBURY, CT 1986
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1989
License Expiration Date **6/30/2002**
Remarks

License Number 10575
License Date 5/5/1999
Name **WEINMANN, CHRISTOPHER M MD**
Address LAKES REGION SURGICAL ASSOC, PO BOX 7133 VILLAGE WESTGILFORD, NH, 03247
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1991
Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1992
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1996
License Expiration Date **6/30/2017**
Remarks

License Number 6618
License Date 10/7/1982
Name **WEINRAUB, RONALD O MD**
Address 222 MAIN ST, TILTON, NH, 03276
Specialty IM
Board Certified
School and Year of Graduation UNIVERSITY OF VERMONT USA 1959
Internship and Year
Residency and Year
License Expiration Date **6/30/1990**
Remarks **Deceased 8/27/2009**

License Number 9507
 License Date 7/5/1995
 Name **WEINREB, MARK D MD**
 Address WEINREB PEDIATRICS, 446 CENTRAL STFRANKLIN, NH, 03235
 Specialty PD
 Board Certified PD
 School and Year of Graduation SUNY UPSTATE MED UNIV- SYRACUSE, NY USA 1989
 Internship and Year SCHNEIDER CHILDREN'S HOSPITAL - NEW HYDE PARK, NY 1991
 Residency and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1992
 License Expiration Date **1/27/2012**
 Remarks **1/27/12 - Order of Emergency License Suspension and Notice of Hearing. 3/9/12 - Preliminary Agreement for Practice Restrictions. 12/7/12 - Settlement Agreement**

License Number 14529
 License Date 7/1/2009
 Name **WEINSTEIN, ADAM R MD**
 Address DHMC-DEPT OF PEDIATRICS, 1 MED CTR DRLEBANON, NH, 03756
 Specialty PD
 Board Certified PD
 School and Year of Graduation CORNELL UNIVERSITY USA 2002
 Internship and Year YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 2003
 Residency and Year YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN , CT 2006
 License Expiration Date **6/30/2017**
 Remarks

License Number 10800
 License Date 12/1/1999
 Name **WEINSTEIN, FRANKLIN MD**
 Address 1447 YORK RD STE 504, LUTHERVILLE, MD, 21093
 Specialty OBG
 Board Certified OBG
 School and Year of Graduation FAC OF MED NATIONAL AUTONOMOUS UNIV MEXICO MEXICO 1970
 Internship and Year SINAI HEALTH SYSTEM - BALTIMORE, MD 1972
 Residency and Year SANAI HOSPITAL - BALTIMORE, MD 1975
 License Expiration Date **6/30/2005**
 Remarks

License Number 9664
 License Date 3/6/1996
 Name **WEINSTEIN, JAMES N DO**
 Address THE HITCHCOCK CLINIC SPINE CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE-CHICAGO IL USA 1977
 Internship and Year CHICAGO COLL OF OSTEOPATHIC MEDICINE-CHICAGO IL 1979
 Residency and Year RUSH PRESBYTERIAN-CHICAGO IL 1983
 License Expiration Date **6/30/2016**
 Remarks

License Number 8108
License Date 5/10/1989
Name **WEINSTEIN, MICHAEL P MD**
Address NASHUA MEDICAL GROUP, 173 DANIEL WEBSTER HWYNASHUA, NH, 03060-5242
Specialty PD
Board Certified PD
School and Year of Graduation CORNELL UNIV MED COLL NEW YORK NY USA 1971
Internship and Year STRONG MEM HOSP ROCHESTER NY 1972
Residency and Year NY HOSP CORNELL UNIV MC NEW YORK NY 1974
License Expiration Date **6/30/2017**
Remarks

License Number 10850
License Date 3/1/2000
Name **WEINSTEIN, PAUL D MD**
Address 52 OLYMPIC LN, N ANDOVER, MA, 01845
Specialty EM
Board Certified EM
School and Year of Graduation UHIV OF MASS MED SCH - WORCESTER, MA USA 1977
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1978
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1978
License Expiration Date **5/14/2009**
Remarks **3/10/2000- ISSUED ORDER 4/12/02 - ORDER AMENDING ORDER DATED 3/10/00 LAPSED 6/30/2003---Reinstated 12/6/2006**
5/14/09 - Preliminary Agreement for Practice Restrictions. Original license expiration date 6/30/10. Call Board for further details.
9/6/13 - Voluntary Surrender of License

License Number 10381
License Date 8/5/1998
Name **WEINTRAUB, KENNETH J MD**
Address DH - NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty ORS
Board Certified ORS
School and Year of Graduation ALBERT EINSTEIN COLL OF MED YESHIVA UNIV-NY USA 1991
Internship and Year MONTEFIORE MEDICAL CTR - ALBERT EINSTEIN COLL OF MED - BRONX, NY 1992
Residency and Year MONTEFIORE MEDICAL CTR - ALBERT EINSTEIN COLL OF MED - BRONX, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 13060
License Date 4/5/2006
Name **WEINZWEIG, JEFFREY MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty PS
Board Certified PS
School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE-BRONX NY USA 1988
Internship and Year UNIV OF CHICAGO HOSPITAL-CHICAGO IL 1989
Residency and Year UNIV OF CHICAGO HOSPITAL-CHICAGO IL (1) MEDICAL COLLEGE OF WISCONSIN-MILWAUKI WI 199
License Expiration Date **6/30/2008**
Remarks

License Number 8299
License Date 4/4/1990
Name **WEISCHEDEL, GARRY R MD**
Address 20 WINDRIDGE RD, ESSEX JCT, VT, 05452
Specialty FP
Board Certified FP
School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1987
Internship and Year UNIV IOWA HOSPITAL - IOWA CITY, IA 1988
Residency and Year UNIV IOWA HOSPITAL - IOWA CITY, IA 1989
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/00 - reinstated 2/6/13**

License Number 13443
License Date 3/7/2007
Name **WEISER, JONATHAN MD**
Address 153 AVE P, BROOKLYN, NY, 11204
Specialty FP
Board Certified FP
School and Year of Graduation TECHNION ISRAEL INSTITUTE ISRAEL 2002
Internship and Year MONTGOMERY FAMILY PRACTICE RESIDENCY PROGRAM - NORRISTOWN, PA 2003
Residency and Year OVERLOOK HOSPITAL - SUMMIT NJ 2005
License Expiration Date **6/30/2011**
Remarks

License Number 14241
License Date 11/5/2008
Name **WEISER, KIRSTEN T MD**
Address ASHEVILLE GASTRO ASSOCIATES, 191 BILTMORE AVEASHEVILLE, NC, 28801
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL MEDICAL SCHOOL USA 2000
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2001
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date **6/30/2010**
Remarks

License Number 3926
License Date 8/1/1966
Name **WEISMAN, BARRIE L MD**
Address 67 FLUME RD, PO BOX 865LINCOLN, NH, 03251
Specialty AI
Board Certified AI
School and Year of Graduation JEFFERSON MEDICAL COLLEGE - PHILA, PA USA 1964
Internship and Year DELAWARE HOSPITAL - WILMINGTON, DE 1965
Residency and Year DELAWARE HOSPITAL - WILMINGTON, DE 1965
License Expiration Date **6/30/2016**
Remarks

License Number 4899
License Date 2/29/1972
Name **WEISS, DONALD R MD**
Address NRCC, 11 NORTH SOUTHWOOD DRNASHUA, NH, 03063
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF COLORADO-BOULDER CO USA 1965
Internship and Year US PUBLIC HLTH SVS-STATEN ISLAND NY 1966
Residency and Year BOSTON CITY HOSP-BOSTON MA 1971
License Expiration Date **6/30/2016**
Remarks

License Number 14727
License Date 1/6/2010
Name **WEISS, DOUGLASS R MD**
Address MONADNOCK ORTHOPAEDIC ASSOC, 458 OLD STREET RD STE 200PETERBOROUGH, NH, 03458
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 11841
License Date 2/5/2003
Name **WEISS, GARY M MD**
Address 167 KUALAPA PLACE, LAHAINA, HI, 96761
Specialty R
Board Certified R
School and Year of Graduation UNIV OF FLORIDA - GAINESVILLE, FL USA 1979
Internship and Year UNIV OF SOUTH FLORIDA - TAMPA, FL 1983
Residency and Year UNIV OF MIAMI-JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2002
License Expiration Date **6/30/2013**
Remarks

License Number 15608
License Date 3/7/2012
Name **WEISS, GREGORY M MD**
Address AUCKLAND DISTRICT HEALTH BOARD, 60 RAWHITIROA RDAUCKLAND, NZ, 1071
Specialty AN
Board Certified
School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA USA 2007
Internship and Year VIRGINIA COMMONWEALTH UNIVERSITY - RICHMOND, VA 2007
Residency and Year VIRGINIA COMMONWEALTH UNIVERSITY - RICHMOND, VA 2011
License Expiration Date **6/30/2014**
Remarks

License Number 7552
License Date 4/1/1987
Name **WEISS, JONATHAN S MD**
Address CHESTNUT GREEN #53, 555 TURNPIKE STN ANDOVER, MA, 01845
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF CALIFORNIA - LOS ANGELES, CA USA 1983
Internship and Year LA CO HARBOR/UCLA MEDICAL CENTER - TORRANCE, CA 1984
Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1987
License Expiration Date **6/30/2017**
Remarks **Decision and Order, December 16, 2002**

License Number 16201
License Date 6/5/2013
Name **WEISS, MICHAEL E MD**
Address ASSOCIATED RADIOLOGISTS, 8 E PEARL STNASHUA, NH, 03060
Specialty DR
Board Certified DR
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 2007
Internship and Year MT SINAI HOSPITAL - NEW YORK, NY 2008
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2012
License Expiration Date **6/30/2015**
Remarks

License Number 13418
License Date 2/7/2007
Name **WEISS, ROBERT M MD**
Address 20 POND MEADOW DR STE #101, READING, MA, 01867
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NEW JERSEY USA 1984
Internship and Year BROOKDALE UNIV HOSPITAL MED CTR - BROOKLYN, NY 1985
Residency and Year BROOKDALE UNIV HOSPITAL MED CTR-BROOKLYN, NY 1988
License Expiration Date **6/30/2015**
Remarks

License Number 14784
License Date 3/3/2010
Name **WEISSBURG, ALAN J MD**
Address 300 PEARL ST #208, PROVIDENCE, RI, 02907
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 1976
Internship and Year CHILDRENS HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1977
Residency and Year CHILDRENS HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1979
License Expiration Date **6/30/2012**
Remarks

License Number 15206
License Date 4/6/2011
Name **WEISTROFFER, JOSEPH K MD**
Address NEW ENGLAND NEUROLOGICAL ASSOC, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty OSS
Board Certified ORS
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1993
Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MA 1994
Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 10227
License Date 1/7/1998
Name **WEITZ, THEODORE I MD**
Address 24 STARK FARM RD, WINHALL, VT, 05340
Specialty PD
Board Certified PD
School and Year of Graduation HEBREW UNIV HADASSAH MED SCH JERUSALEM ISREAL 1985
Internship and Year BETH ISREAL MEDICAL CENTER - NY 1989
Residency and Year UNIV OF MINNESOTA MEDICAL SCHOOL - MN 1992
License Expiration Date **6/30/2016**
Remarks **lapsed 6/30/03 - reinstated 4/2/14**

License Number 12925
License Date 10/5/2005
Name **WELCH MARSH, ELIZABETH J MD**
Address 5 ALUMNI DR, EXETER, NH, 03833
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 2001
Internship and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2002
Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 7984
License Date 10/5/1988
Name **WELCH, CATHRYN L MD**
Address THEODORE RENNA, MA PA, 454 OLD STREET RD STE 204 PETERBOROUGH, NH, 03458-1284
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF NEBRASKA COLLEGE OF MEDICINE USA 1983
Internship and Year UNIV OF NEBRASKA AFFIL PROGRAM - OMAHA NE 1984
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 10250
License Date 3/4/1998
Name **WELCH, GEORGE N MD**
Address MAINE CARDIOLOGY ASSOC, 119 GANNETT DR SO PORTLAND, ME, 04106
Specialty CD
Board Certified IM
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1991
Internship and Year BETH ISREAL HOSPITAL - MA 1994
Residency and Year BOSTON MEDICAL CENTER - MA 1999
License Expiration Date **6/30/2008**
Remarks

License Number 9292
License Date 9/7/1994
Name **WELCH, GREGORY P MD**
Address MADIGAN ARMY MEDICAL CTR, FORT LEWIS, WA, 98431
Specialty NPM
Board Certified NPM
School and Year of Graduation BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1988
Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU HI 1991
Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU HI 1991
License Expiration Date **6/30/2008**
Remarks

License Number 10241
License Date 2/4/1998
Name **WELCH, HAROLD J MD**
Address LAHEY-HITCHCOCK CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty VS
Board Certified GS
School and Year of Graduation ALBANY MED COLL - ALBANY, NY USA 1983
Internship and Year NAVAL HOSPITAL - CA 1984
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS - MA 1992
License Expiration Date **6/30/2000**
Remarks

License Number 7422
License Date 8/14/1986
Name **WELCH, JOHN B MD**
Address 48 AUBURN ST, CONCORD, NH, 03301
Specialty N
Board Certified N
School and Year of Graduation UNIV IL COLL OF MED CHICAGO IL USA 1972
Internship and Year JOHN HOPKINS UNIVERSITY 1973
Residency and Year MASS GEN HOSPITAL BOSTON MA 1976
License Expiration Date **5/3/2001**
Remarks **DECEASED 11/10/10** **5/03/01 - Emergency Suspension** **5/25/01 - Order Continuing Suspension. 2/10/04- Consent Decree (Revoked License)**

License Number 15605
License Date 3/7/2012
Name **WELCH, MARNIE B MD**
Address DHMC/DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation ST LOUIS UNIVERSITY - ST LOUIS MO USA 2005
Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR MI 2006
Residency and Year UNIVERISTY OF MICHIGAN HOSPITALS - ANN ARBOR MI 2009
License Expiration Date **6/30/2016**
Remarks

License Number 15606
License Date 3/7/2012
Name **WELCH, TERRENCE D MD**
Address DHMC - DEPT OF CARDIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MED - ST LOUIS MO USA 2005
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2006
Residency and Year UNIVERSITY OF MICHIGAN HOSPITAL - ANN ARBOR, MI 2009
License Expiration Date **6/30/2016**
Remarks

License Number 17245
License Date 8/5/2015
Name **WELCH, TYLER P MD**
Address ATLANTIC ORTHOPAEDICS & SPORTS MEDICINE, 150 US-1 BYPPORTSMOUTH, NH, 03801
Specialty ORS
Board Certified
School and Year of Graduation UNIVERSITY OF CONNECTICUT SCH OF MED-FARMINGTON CT USA 2008
Internship and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 2009
Residency and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 2011
License Expiration Date **6/30/2017**
Remarks

License Number 11082
License Date 9/6/2000
Name **WELD, ROSE S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PITTSBURGH SCH - PITTSBURGH, PA USA 1997
Internship and Year BEVERLY HOSPITAL - DANVERS, MA 1998
Residency and Year BEVERLY HOSPITAL - DANVERS, MA 2000
License Expiration Date **6/30/2006**
Remarks

License Number 11083
License Date 9/6/2000
Name **WELKE, KARL F MD**
Address U OF IOWA HOSP & CLINICS, 200 HAWKINS DRIOWA CITY, IA, 52246
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF ILLINOIS COLL - CHICAGO, IL USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1995
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1996
License Expiration Date **6/30/2006**
Remarks

License Number 10442
License Date 10/7/1998
Name **WELKOVICH, BRUCE MD**
Address SEACOAST EMERGENCY PHYSICIANS, 789 CENTRAL AVENUE DOVER, NH, 03838
Specialty EM
Board Certified EM
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1989
Internship and Year BETH ISRAEL MEDICAL CENTER - NEW YORK CITY, NY 1990
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date **6/30/2010**
Remarks **LAPSED FOR NON-RENEWAL 6/30/03...REINSTATED 6/6/07**

License Number 6659
License Date 3/3/1983
Name **WELLENS, MARK D MD**
Address SPRINGFIELD HOSP, PO BOX 2003 SPRINGFIELD, VT, 05156
Specialty DR
Board Certified DR
School and Year of Graduation ALBERT EINSTEIN COLL MED-YESHIVA-BRONX, NY USA 1975
Internship and Year ST FRANCIS HOSP-HARTFORD, CT 1976
Residency and Year NEW ENGLAND MED CTR-BOSTON, MA 1978
License Expiration Date **6/30/2003**
Remarks

License Number D0010
License Date 8/6/2001
Name **WELLIVER, GARY E MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation UNIVERSITY OF TENNESSEE USA 1966
Internship and Year
Residency and Year
License Expiration Date
Remarks **3/29/02 - Order of Conditional Denial.**

License Number 14114
License Date 7/9/2008
Name **WELLS, GREGORY L MD**
Address ADA WEST DERMATOLOGY, 1618 S MILLENIUM WAY ATE 100MERIDIAN, ID, 83642
Specialty D
Board Certified D
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2007
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2008
License Expiration Date **6/30/2012**
Remarks

License Number 9206
License Date 6/1/1994
Name **WELLS, THOMAS D DO**
Address WEEKS HOSPITAL, MIDDLE ST RR 2 BOX 8LANCASTER, NH, 03584
Specialty FP
Board Certified FP
School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OSTEO MED USA 1987
Internship and Year GRAFENWOHR HEALTH CLINIC - GRAFEN WOHR WEST GERMANY- US ARMY 1991
Residency and Year FLORIDA HOSPITAL - ORLANDO FL 1993
License Expiration Date **6/8/2010**
Remarks **6/8/10 - Preliminary Agreement for Practice Restrictions. 2/8/13 - Settlement Agreement**

License Number 8362
License Date 6/6/1990
Name **WELLS, WENDY A MD**
Address DHMC PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty CLP
Board Certified CLP
School and Year of Graduation UNIV OF LONDON FAC DE MED-LONDON ENGLAND 1982
Internship and Year DARTMOUTH- HITCHCOCK MEDICAL CTR-HANOVER,NH 1990
Residency and Year DARTMOUTH-HITCHCOCK MED CTR -HANOVER,NH 1990
License Expiration Date **6/30/2016**
Remarks

License Number 11470
License Date 11/7/2001
Name **WELTER, JOHN F DO**
Address LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK ROAD STE 200LONDONDERRY, NH, 03053
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO- BIDDEFORD, ME USA 1997
Internship and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA' 1998
Residency and Year MERCY HOSPITAL OF PITTSBURGH, PA 2000
License Expiration Date **6/30/2017**
Remarks

License Number 15144
License Date 2/2/2011
Name **WELTIN, GREGORY G MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation WASHINGTON UNIVERSITY USA 1979
Internship and Year WATERBURY HOSPITAL - WATERBURY, CT 1980
Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1983
License Expiration Date **6/30/2017**
Remarks

License Number 12285
License Date 4/7/2004
Name **WENCKUS, TERESE D MD**
Address 5 MASQUANIPI DR, ANTRIM, NH, 03440
Specialty PD
Board Certified PD
School and Year of Graduation LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA US 1987
Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1988
Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1990
License Expiration Date **6/30/2006**
Remarks

License Number 10921
License Date 5/3/2000
Name **WENDLING, CLAIRE L MD**
Address W C B H, 85 MECHANIC ST LEBANON, NH, 03743
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF MICHIGAN-ANN ARBOR, MI USA 1996
Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1997
Residency and Year UNIVERSITY OF MICHIGAN HOSPITAL- ANN ARBOR, MI 1999
License Expiration Date **6/30/2016**
Remarks

License Number 10979
License Date 6/7/2000
Name **WENDLING, ROBERT J MD**
Address WEST CENTRAL BEHAVIORAL HEALTH, 9 HANOVER ST LEBANON, NH, 03766
Specialty P
Board Certified P
School and Year of Graduation UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1996
Internship and Year UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1997
Residency and Year UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1999
License Expiration Date **6/30/2016**
Remarks

License Number 12685
License Date 4/6/2005
Name **WENDT, JAMES B MD**
Address SIOUX FALL VA HOSPITAL, 2501 W 22ND STSIOUX FALL, SD, 57105
Specialty
Board Certified IM
School and Year of Graduation LOYOLA UNIVERSITY OOF CHICAGO, MATFIELD IL US 1994
Internship and Year ST LUKES MEDICAL, CHICAGO IL 1995
Residency and Year ST LUKES MEDICAL CENTER, CHICAGO IL 1997
License Expiration Date **6/30/2017**
Remarks

License Number 8300
License Date 4/4/1990
Name **WENGER, HAROLD MD**
Address PLAISTOW MEDICAL CENTER, 15 ROSEWOOD CIRCLE EAST HAMPSTEAD, NH, 03826-5406
Specialty EM
Board Certified
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1979
Internship and Year MICHAEL REESE HOSPITAL MEDICAL CENTER - CHICAGO IL 1980
Residency and Year MICHAEL REESE HOSPITAL MEDICAL CENTER - CHICAGO IL 1980
License Expiration Date **6/30/2003**
Remarks **DECEASED 4/25/2012**

License Number 11403
License Date 9/5/2001
Name **WENGER, JODI K MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CTR DR LEBANON, NH, 03758
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MED SCH - LEBANON, NH USA 1994
Internship and Year BOSTON MEDICAL CENTER - ROXBURY, MA 1995
Residency and Year BOSTON MEDICAL CENTER - ROXBURY, MA 1997
License Expiration Date **6/30/2015**
Remarks

License Number 2849
License Date 3/14/1951
Name **WENTWORTH, MARY P MD**
Address , PO BOX 28 FRANCONIA, NH, 03580-0028
Specialty GP
Board Certified
School and Year of Graduation TUFTS UNIVERSITY USA 1949
Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1950
Residency and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1950
License Expiration Date **6/30/1999**
Remarks **Deceased 7/26/2003**

License Number 9343
 License Date 12/7/1994
 Name **WEPSIC, JAMES G MD**
 Address 152 PARKER HILL AVE, BOSTON, MA, 02120-
 Specialty NS
 Board Certified NS
 School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1963
 Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN CT 1964
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA NEW ENGLAND BAPTIST HOSPITAL 1968
 License Expiration Date **6/30/2006**
 Remarks

License Number 11723
 License Date 8/7/2002
 Name **WERCHNIAK, ANDREW E MD**
 Address BRIGHAM DERMATOLOGY ASSOC, 221 LONGWOOD AVE BOSTON, MA, 02112
 Specialty D
 Board Certified D
 School and Year of Graduation UNIV OF VIRGINIA SCH OF MED - CHARLETTESVILLE, VA USA 2000
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
 License Expiration Date **6/30/2016**
 Remarks **REQUESTED INACTIVE 6/30/04-----REINSTATED 11/1/06 lapsed 6/30/10 - reinstated 11/6/14**

License Number 14728
 License Date 1/6/2010
 Name **WERNER, ALAIN-MARC MD**
 Address HIGHLAND PRIMARY CARE, 21 HIGHLAND AVE STE #2 NEWBURYPORT, MA, 01950
 Specialty IM
 Board Certified IM
 School and Year of Graduation YALE UNIVERSITY USA 1991
 Internship and Year MCGILL UNIVERSITY-FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 1996
 Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1998
 License Expiration Date **6/30/2016**
 Remarks

License Number 12894
 License Date 9/7/2005
 Name **WERNER, SHELDON L MD**
 Address 2104 WEST 49TH ST, WESTWOOD HILL, KS, 66205
 Specialty AN
 Board Certified AN
 School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1976
 Internship and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1977
 Residency and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1980
 License Expiration Date **6/30/2007**
 Remarks

License Number 10315
License Date 6/3/1998
Name **WERNER, TODD R MD**
Address COMPHEALTH, PO BOX 5795SALT LAKE CITY, UT, 84157
Specialty IM
Board Certified IM
School and Year of Graduation UMDNJ ROBERT WOOD JOHNSON MED SCH, NJ USA 1994
Internship and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1995
Residency and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1997
License Expiration Date **6/30/1999**
Remarks

License Number 9105
License Date 1/5/1994
Name **WERNINGHAUS, KARLA I MD**
Address 27400 HESPERIAN BLVD, HAYWOOD, CA, 94545
Specialty D
Board Certified D
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year PRESBY MEDICAL CENTER - PHILADELPHIA PA 1985
Residency and Year NY UNIVERSITY MEDICAL CENTER - NEW YORK NY 1987
License Expiration Date **6/30/2000**
Remarks

License Number 12559
License Date 12/1/2004
Name **WERRING, JOHN A MD**
Address VIRTUAL RADIOLOGIC CONSULTANTS, 5995 OPUS PARKWAY STE 200MINNETONKA, MN, 55343
Specialty R
Board Certified R
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1998
Internship and Year GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 1999
Residency and Year GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 2003
License Expiration Date **6/30/2006**
Remarks

License Number 14444
License Date 5/6/2009
Name **WERTHEIM, CARYN DO**
Address ELLIOT PED & PRIM CARE, 20 CHAMBERS RD STE 2200HOOKSETT, NH, 03106
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date **6/30/2017**
Remarks

License Number 13570
License Date 6/6/2007
Name **WERTHEIMER, PETER H DO**
Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT ST NASHUA, NH, 03060
Specialty AN
Board Certified AN
School and Year of Graduation PHILADELPHIA COLLEGE USA 2002
Internship and Year DELAWARE COUNTY MEMORIAL HOSPITAL - DREXEL HILL, PA 2004
Residency and Year TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 2007
License Expiration Date **6/30/2017**
Remarks

License Number 7055
License Date 2/28/1985
Name **WEST, DONALD A MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation UNIV OF KA SCH MED KANSAS CITY KA USA 1964
Internship and Year DENVER GEN HOSP DENVER CO 1964
Residency and Year UNIV COLO SCHOOL OF MED AFF HOSP- DENVER CO 1971
License Expiration Date **6/30/2017**
Remarks

License Number 16568
License Date 4/2/2014
Name **WEST, JASON L MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200 PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MED CTR USA 2002
Internship and Year LOUISIANA STATE UNIVERSITY HOSPITAL - SHREVEPORT, LA 2003
Residency and Year LOUISIANA STATE UNIVERSITY HOSPITAL - SHREVEPORT, LA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 14481
License Date 6/3/2009
Name **WEST, JEANETTE F MD**
Address 46 B MARCH RD, NEWPORT, VT, 05855
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF FLORIDA USA 2002
Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2004
Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 6084
License Date 7/5/1979
Name **WEST, JOHN L MD**
Address C/O ASSOCIATES IN MEDICINE, 241 ELM STCLAREMONT, NH, 03743
Specialty FP
Board Certified
School and Year of Graduation UNIV OF WESTERN ONTARIO CANADA 1976
Internship and Year UNIV OF OTTAWA - CANADA 1977
Residency and Year UNIV OF OTTAWA - CANADA 1978
License Expiration Date **6/30/2017**
Remarks

License Number 13761
License Date 11/7/2007
Name **WEST, LOYD A MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty OBG
Board Certified OBG
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1993
Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1994
Residency and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 4019
License Date 3/29/1967
Name **WEST, MAXWELL J MD**
Address COMPHEALTH, 4021 S 700 ESALT LAKE CITY, UT, 84107
Specialty P
Board Certified P
School and Year of Graduation MELBOURNE UNIV VICTORIA AUSTRALIA USA 1955
Internship and Year OHIO VALLEY GENERAL HOSPITAL - WHEELING , WV 1957
Residency and Year OHIO STATE UNIV - COLUMBUS, OH 1960
License Expiration Date **6/30/2003**
Remarks

License Number 16693
License Date 7/2/2014
Name **WEST, THOMAS A MD**
Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER USA 1992
Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER 1993
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER 1997
License Expiration Date **6/30/2016**
Remarks

License Number 14824
License Date 4/7/2010
Name **WESTBROOK, ANDREW G MD**
Address CRVNA HOSPICE, 30 PILLSBURY STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation VANDERBILT UNIVERSITY USA 1993
Internship and Year UNIVERSITY OF MINNESOTA NORTH MEMORIAL HEALTH CARE - MINNEAPOLIS, MN 1994
Residency and Year UNIVERSITY OF MINNESOTA NORTH MEMORIAL HEALTH CARE - MINNEAPOLIS, MN 1996
License Expiration Date **6/30/2016**
Remarks

License Number 14785
License Date 3/3/2010
Name **WESTBROOK, ANNICK D MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation VANDERBILT UNIVERSITY USA 1993
Internship and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1994
Residency and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1997
License Expiration Date **6/30/2016**
Remarks

License Number 8038
License Date 2/1/1989
Name **WESTBROOK, BENJAMIN M MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR ST STE B 600AMANCHESTER, NH, 03102-3770
Specialty CD
Board Certified CD
School and Year of Graduation UNIV OF S ALABAMA COLL OF MED - MOBILE, AL USA 1979
Internship and Year SANTA BARBARA COTTAGE HOSPITAL - SANTA BARBARA, CA 1980
Residency and Year UNIV HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2017**
Remarks

License Number RT797
License Date 8/1/1999
Name **WESTBROOK, HELOISE D MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRIVELEBANON, NH, 03755
Specialty AN
Board Certified
School and Year of Graduation FINCH UNIVERSITY/ CHICAGO MEDICAL SCHOOL USA 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CENTER - LEBANON, NH 2000
Residency and Year
License Expiration Date **9/5/2000**
Remarks

License Number 12587
License Date 1/5/2005
Name **WESTERKAMM, JOHN C MD**
Address EAR NOSE THROAT SURGEONS, 130 TARRYTOWN RD MANCHESTER, NH, 03103
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1983
Internship and Year JEWISH HOSPITAL, CINCINNATI OH 1984
Residency and Year OHIO STATE UNIVERSITY HOSP, COLUMBUS OH 1988
License Expiration Date **6/30/2009**
Remarks

License Number 14670
License Date 11/4/2009
Name **WESTINGHOUSE, ANDREA L MD**
Address CORE PEDIATRICS PLAISTOW, 24 PLAISTOW RD UNIT 3 PLAISTOW, NH, 03865
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1989
Internship and Year CHILDREN'S HOSPITAL - BUFFALO, NY 1990
Residency and Year CHILDREN'S HOSPITAL - BUFFALO, NY 1993
License Expiration Date **6/30/2017**
Remarks

License Number 9758
License Date 6/5/1996
Name **WESTON, KEITH R MD**
Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, HANOVER, NH USA 1992
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1993
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date **6/30/2016**
Remarks

License Number 15782
License Date 7/11/2012
Name **WESTON, MARGRETHE E MD**
Address WEATHERBY HEALTHCARE, 6451 NORTH FEDERAL HWY STE 800 FORT LAUDERDALE, FL, 33308
Specialty EM
Board Certified EM
School and Year of Graduation JEFFERSON MEDICAL COLLEGE- PHILADELPHIA, PA USA 2002
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 23708 2003
Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 23708 2008
License Expiration Date **6/30/2016**
Remarks

License Number 9357
License Date 1/11/1995
Name **WESTOVER, GERALD F MD**
Address PENBAY MEDICAL CTR, 6 GLEN COVE DRROCKPORT, ME, 04856
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MA MEDICAL SCHOOL USA 1976
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1977
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 11943
License Date 5/7/2003
Name **WESTPHAL, ROBERT G MD**
Address 6 TUDOR RD, ALBANY, NY, 12203
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1967
Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1968
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1969
License Expiration Date **6/30/2007**
Remarks

License Number 15897
License Date 10/3/2012
Name **WETHERBEE, KATHARINE L DO**
Address MANCHESTER COMMUNITY HEALTH CENTER, 145 HOLLIS STMANCHESTER, NH, 03101
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year FORT COLLINS FAMILY MEDICINE PROGRAM - FORT COLLINS, CO 2010
Residency and Year FORT COLLINS FAMILY MEDICINE PROGRAM - FORT COLLINS, CO 2012
License Expiration Date **6/30/2016**
Remarks

License Number 5647
License Date 11/15/1976
Name **WETZNER, STEVEN M MD**
Address 125 PARKER HILL AVE, BOSTON, MA, 02120-2847
Specialty R
Board Certified DR
School and Year of Graduation UNIV OF COLORADO SCHOOL OF MED USA 1971
Internship and Year NEW ENGLAND MED CENTER HOSPITAL 1972
Residency and Year NEW ENGLAND MED CENTER HOSPITAL 1975
License Expiration Date **6/30/2016**
Remarks

License Number 12519
License Date 10/6/2004
Name **WEYLMAN, LAURA E MD**
Address 249 COUNTY RD #101, NEW LONDON, NH, 03257
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1996
Internship and Year TACOMA FAMILY MEDICINE, TACOMA WA 1997
Residency and Year TACOMA FAMILY MEDICINE, TACOMA WA 1997
License Expiration Date **6/30/2008**
Remarks

License Number 12895
License Date 9/7/2005
Name **WEYMOUTH, JENNIFER L DO**
Address 330 BORTHWICK AVE STE 200, PORTSMOUTH, NH, 03801
Specialty GS
Board Certified GS
School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1994
Internship and Year MIDWESTERN UNIVERSITY, OLYMPIA FIELDS IL 1995
Residency and Year MIDWESTERN UNIVERSITY, OLYMPIA FIELDS IL 1999
License Expiration Date **6/30/2017**
Remarks

License Number 12826
License Date 7/6/2005
Name **WHALEN, BONNY L MD**
Address DHMC- PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT USA 1996
Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1997
Residency and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 8652
License Date 11/6/1991
Name **WHARTON JR, THOMAS P MD**
Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 101EXETER, NH, 03833-
Specialty CD
Board Certified CD
School and Year of Graduation WASHINGTON UNIVERSITY UNITED STATES 1971
Internship and Year PETER BENT BRIGHAM HOSPITAL BOSTON - MASSACHUSETTS 1972
Residency and Year PETER BENT BRIGHAM HOSPITAL BOSTON - MASSACHUSETTS 1974
License Expiration Date **6/30/2017**
Remarks

License Number 2379
License Date 9/14/1944
Name **WHEAT SR, PARKER MD**
Address 17 ORCHARD HILL CIR, BEDFORD, NH, 03110-6034
Specialty GP
Board Certified
School and Year of Graduation TUFTS MEDICAL COLLEGE USA 1943
Internship and Year LOWELL GENERAL HOSPITAL- LOWELL, MA 1944
Residency and Year 0000
License Expiration Date **7/5/1998**
Remarks

License Number 7139
License Date 6/6/1985
Name **WHEELER II, KIRKE W MD**
Address CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANTST SUITE 103CONCORD, NH, 03301-2944
Specialty CD
Board Certified CD
School and Year of Graduation UNIVERSITY OF ROCHESTER-ROCHESTER, NY USA 1978
Internship and Year STRONG MEMORIAL HOSPITAL-ROCHESTER, NY 1979
Residency and Year STRONG MEMORIAL HOSPITAL-ROCHESTER, NY 1982
License Expiration Date **6/30/2017**
Remarks

License Number 8029
License Date 1/4/1989
Name **WHEELER JR, LEIGH F MD**
Address ON CALL INTERNATIONAL, ONE DELAWARE DRSALEM, NH, 03079
Specialty EM
Board Certified IM
School and Year of Graduation UNIV OF MARYLAND SCH OF MED - BALTIMORE, MD USA 1975
Internship and Year WALTER REED ARMY MED CTR - WASHINGTON, DC 1976
Residency and Year WALTER REED ARMY MED CTR - WASHINGTON, DC 1977
License Expiration Date **6/30/2017**
Remarks

License Number 12364
License Date 6/2/2004
Name **WHEELER, JAYANTHI E MD**
Address WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CHENNAI, VELLORE INDIA INDIA 1992
Internship and Year NEWTON-WELLESLEY HOSP, NEWTON LOWER FALLS MA 2001
Residency and Year HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 2003
License Expiration Date **6/30/2016**
Remarks

License Number 10636
License Date 7/7/1999
Name **WHEELER, JOHN H DO**
Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLL OSTEO MED - PHILA, PA USA 1996
Internship and Year PHILADELPHIA COLL OF OSTEO MED - PHILA, PA 1997
Residency and Year CROZER-KEYSTONE FAMILY PRACTICE RESIDENCY - SPRINGFIELD, PA 1998
License Expiration Date **6/30/2017**
Remarks

License Number 12827
License Date 7/6/2005
Name **WHEELER, KEVIN G MD**
Address EMERGENCY MEDICINE ASSOCIATES, PRINC WILIAMHOS/8700 SUDLEY RDMANASSAS, VA, 20110
Specialty EM
Board Certified EM
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC USA 1998
Internship and Year BOSTON UNIVERSITY MEDICAL CENTER, BOSTON MA 1999
Residency and Year BOSTON MEDICAL CENTER, BOSTON MA 2002
License Expiration Date **6/30/2013**
Remarks

License Number 10039
License Date 6/4/1997
Name **WHEELER, MARGOT G MD**
Address 1007 N JEFFERSON ST, ARLINGTON, VA, 22205
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-NH USA 1991
Internship and Year NATIONAL NAVAL MEDICAL CENTER-MD 1992
Residency and Year NATIONAL NAVAL MEDICAL CENTER-MD 1994
License Expiration Date **6/30/1999**
Remarks

License Number 7935
License Date 7/6/1988
Name **WHEELER, MARK M MD**
Address , , ,
Specialty IM
Board Certified
School and Year of Graduation BOWMAN GRAY UNIVERSITY 1986
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 11342
License Date 7/11/2001
Name **WHEELER, MAYNARD B MD**
Address CONCORD EYE CARE, 248 PLEASANT STCONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation COLUMBIA UNIVERSITY USA 1966
Internship and Year ST LUKES HOSPITAL CENTER, NYC, NY 1967
Residency and Year COLUMBIA-PRESBYTERIAN MED CTR NYC,NY 1972
License Expiration Date **6/30/2017**
Remarks

License Number 12250
License Date 3/3/2004
Name **WHEELER, NOEL S MD**
Address SEACOAST PULMONARY MED, 789 CENTRAL AVEDOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CHENNAI, INDIA INDIA 1992
Internship and Year TEXAS TECH UNIVERSITY, EL PASO TX 1998
Residency and Year TEXAS TECH UNIVERSITY, EL PASO TX 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10891
License Date 4/5/2000
Name **WHEELER, RICHARD L MD**
Address 6108 HOPE FARM LANE, WAKE FOREST, NC, 27587-9655
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF COLORADO-DENVER,CO USA 1982
Internship and Year ST ANTHONY CENTRAL HOSPITAL-DENVER,CO 1983
Residency and Year ST ANTHONY CENTRAL HOSPITAL-DENVER,CO 1985
License Expiration Date **6/30/2001**
Remarks

License Number 7423
License Date 8/14/1986
Name **WHEELER, ROBERT E MD**
Address ROBERT WHEELER, MD FACEP, 9 CORDUROY RDAMHERST, NH, 03031-2724
Specialty EM
Board Certified EM
School and Year of Graduation UNIV MA MED SCHOOL WORCESTER MA USA 1978
Internship and Year WORCESTER MEM HOSP INC WORCESTER MA 1979
Residency and Year WORCESTER MEM HOSP INC WORCESTER MA 1981
License Expiration Date **6/30/2016**
Remarks

License Number 12228
 License Date 2/4/2004
 Name **WHITAKER III, ORION C MD**
 Address 8 PALMER ST, QUINCY, MA, 02169
 Specialty AN
 Board Certified AN
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE WI US 1982
 Internship and Year MEDICAL COLLEGE OF OHIO, TOLEDO OH 1983
 Residency and Year MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE WI 1984
 License Expiration Date **6/30/2006**
 Remarks

License Number 16094
 License Date 4/3/2013
 Name **WHITAKER, MARTIN D MD**
 Address RIVERSIDE EYE CTR, 193 MAIN STNORWAY, ME, 04268
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1997
 Internship and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1998
 Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2001
 License Expiration Date **6/30/2015**
 Remarks

License Number 8788
 License Date 8/5/1992
 Name **WHITAKER, STANLEY W MD**
 Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570
 Specialty DR
 Board Certified DR
 School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1984
 Internship and Year ILLINOIS MASONIC MEDICAL CENTER CHICAGO - ILLINOIS 1985
 Residency and Year MC GAW MC/NORTHWESTERN UNIVERSITY CHICAGO - ILLINOIS 1989
 License Expiration Date **6/30/2016**
 Remarks

License Number 11842
 License Date 2/5/2003
 Name **WHITE, BRENT C MD**
 Address DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
 Specialty GS
 Board Certified GS
 School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 2000
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
 License Expiration Date **6/30/2017**
 Remarks **lapsed 6/30/09 - reinstated 1/9/13**

License Number 12090
License Date 9/3/2003
Name **WHITE, ERIC S MD**
Address ORTHOPEDIC ASSOCIATES OF NORTH, STE #107 77 HOSPITAL AVENORTH ADAMS, MA, 01247
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1967
Internship and Year ST LUKES ROOSEVELT HOSPITAL CTR, NEW YORK NY 1968
Residency and Year ST LUKES ROOSEVELT HOSPITAL CTR, NEW YORK NY 1969
License Expiration Date **6/30/2007**
Remarks

License Number 13061
License Date 4/5/2006
Name **WHITE, EVELYN M MD**
Address 2350 CHESTNUT AVE, STE 302-NGLENVIEW, IL, 60026
Specialty R
Board Certified R
School and Year of Graduation UNIV OF CINCINNATI-CINCINNATI OH USA 1979
Internship and Year EVANSTON NORTHWESTERN HEALTHCARE-EVANSTON IL 1980
Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 6047
License Date 5/3/1979
Name **WHITE, GREGORY E MD**
Address DEPT OF VA AFFAIRS MED CTR, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty IM
Board Certified IM
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL MEDICINE - WASH, DC USA 1976
Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1977
Residency and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1979
License Expiration Date **6/30/2017**
Remarks

License Number 8190
License Date 7/12/1989
Name **WHITE, GREGORY V MD**
Address HUGGINS HOSPITAL, PO BOX 912 S MAIN STWOLFEBORO, NH, 03894
Specialty DR
Board Certified DR
School and Year of Graduation SUNY-HLTH SCI CTR-SYRACUSE,NY USA 1979
Internship and Year WILFORD HALL USAF MED CTR-LACKLAND AFB,TX 1980
Residency and Year WILFORD HALL USAF MED CTR- LACKLAND AFB,TX 1983
License Expiration Date **6/30/2017**
Remarks

License Number 7140
License Date 6/6/1985
Name **WHITE, JERRY L MD**
Address AMOSKEAG ANESTHESIA PLLC, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS-WORCESTER, MA USA 1982
Internship and Year LOS ANGELES CO USC MED CENTER-LOS ANGELES, CA 1983
Residency and Year MEDICAL CENTER HOSPITAL-BURLINGTON, VT 1985
License Expiration Date **6/30/2017**
Remarks

License Number 9635
License Date 1/3/1996
Name **WHITE, JONATHAN C MD**
Address SPECTRUM MEDICAL GROUP, 300 PROFESSIONAL DRSCARBOROUGH, ME, 03074
Specialty R
Board Certified R
School and Year of Graduation STANFORD UNIV SCHOOL OF MEDICINE - STANFORD, CA USA 1988
Internship and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 1989
Residency and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 1992
License Expiration Date **6/30/2012**
Remarks

License Number 7239
License Date 12/5/1985
Name **WHITE, JOSEPH D MD**
Address 158 NH ROUTE 108 SUITE B, DOVER, NH, 03820
Specialty OTO
Board Certified OTO
School and Year of Graduation BOSTON UNIV SCH MED - BOSTON,MA USA 1979
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1980
Residency and Year UNIV COLORADO SCH OF MED - DENVER, CO 1983
License Expiration Date **6/30/2017**
Remarks

License Number 16616
License Date 5/7/2014
Name **WHITE, JOSHUA A MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2009
Residency and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2011
License Expiration Date **6/30/2016**
Remarks

License Number 15116
License Date 1/5/2011
Name **WHITE, JOSHUA T MD**
Address DHMC - EMERGENCY DEPT, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation UNIVERSITY OF IOWA USA 2001
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
License Expiration Date **6/30/2017**
Remarks

License Number 14003
License Date 5/7/2008
Name **WHITE, KELLEY J MD**
Address MIDSTATE HLTH CTR, 101 BOULDER POINT DRPLYMOUTH, NH, 03264
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1980
Internship and Year ST CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 1981
Residency and Year ST CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 5639
License Date 11/4/1976
Name **WHITE, MICHAEL P MD**
Address 5061 BANNOCK AVE, SIERRA VISTA, AZ, 85650
Specialty IM
Board Certified
School and Year of Graduation ST THOMAS MEDICAL SCHOOL LONDON 1964
Internship and Year LUSAKA GENERAL- LUSAKA, ZAMBIA 1966
Residency and Year ROYAL MASONIC HOSPITAL- LONDON 1972
License Expiration Date **6/30/2014**
Remarks **Deceased 4/1/14**

License Number 6819
License Date 11/10/1983
Name **WHITE, NORMAN S MD**
Address 1885 SAN LUIS DR, SAN LUIS OBISPO, CA, 93401
Specialty P
Board Certified P
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA USA 1964
Internship and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1965
Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1976
License Expiration Date **6/30/2013**
Remarks

License Number 10191
License Date 3/13/1997
Name **WHITE, ROBERT W MD**
Address GREATER NEW BEDFORD COMMUNITY, 874 PURCHERS STNEW BEDFORD, MA, 02740
Specialty FP
Board Certified
School and Year of Graduation MED COLL OF GEORGIA SCH OF MED-AUGUSTA,GA USA 1994
Internship and Year SACRED HEART MEDICAL CENTER - WA 1995
Residency and Year HEALTH ALLIANCE HOSPITAL - LEOMINSTER, MA 1996
License Expiration Date **6/30/2001**
Remarks

License Number 16809
License Date 10/1/2014
Name **WHITE, STEPHANIE L MD**
Address DHMC - GENERAL ACADEMIC PEDIATRICSQ, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MED USA 2008
Internship and Year JACKSON MEMORIAL HOSP-MILLER SOM-UNIV OF MIAMI - MIAMI, FL 2009
Residency and Year JACKSON MEMORIAL HOSP-MILLER SOM-UNIV OF MIAMI - MIAMI, FL 2012
License Expiration Date **6/30/2016**
Remarks

License Number 7665
License Date 7/8/1987
Name **WHITE, SUSAN E MD**
Address MASS. COLLEGE OF PHARMACY, 1260 ELM STMANCHESTER, NH, 03101-1305
Specialty OBG
Board Certified OBG
School and Year of Graduation TUFTS UNIV SCH MED -BOSTON,MA USA 1983
Internship and Year ST MARGARETS HOSP-DORCHESTER,MA 1984
Residency and Year ST MARGARETS HOSP-DORCHESTER,MA 1987
License Expiration Date **6/30/2015**
Remarks

License Number 10599
License Date 6/2/1999
Name **WHITE, W BRADLEY MD**
Address CHESHIRE MED CTR - DHMC KEENE, 580-90 COURT STREETKEENE, NH, 03431
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF TEXAS SW MEDICAL CENTER - DALLAS,TX USA 1983
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1984
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date **6/30/2017**
Remarks

License Number 12411
License Date 7/7/2004
Name **WHITE, WAYNE D MD**
Address WOMEN'S HEALTH ASSOC OF DERRY, 6 TSIENNETO RD STE 204DERRY, NH, 03038
Specialty OBG
Board Certified OBG
School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1981
Internship and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1982
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 16144
License Date 5/1/2013
Name **WHITEHEAD, DIANA A MD**
Address DHMC - GASTROENTEROLOGY & HEPATOLOGY 4C, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation STATE UNIV OF NY UPSTATE MEDICAL UNIV USA 2010
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2011
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2013
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/2015. Renewed 9/9/15**

License Number 17286
License Date 9/2/2015
Name **WHITEMAN, DIANA M MD**
Address 3788 S ROCKBRIDGE RD, STONE MOUNTAIN, GA, 30087-4409
Specialty PM
Board Certified PM
School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND, VA USA 1983
Internship and Year HARLEM HOSPITAL CENTER, NEW YORK, NY 1984
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL, NEW YORK, NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 4676
License Date 4/10/1972
Name **WHITENACK, DAVID C MD**
Address 10 CHESTNUT ST, EXETER, NH, 03833
Specialty P
Board Certified
School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1961
Internship and Year KAISER FOUNDATION - SAN FRANCISCO, CA 1962
Residency and Year WESTERN PSYCHIATRIC INSTITUTIONAL HOSPITAL - PITTSBURGH, PA 1969
License Expiration Date **6/30/2012**
Remarks **ORDER 2/8/90**

License Number 9759
License Date 6/5/1996
Name **WHITESELL, KIMBERLY K MD**
Address 251 CENTRAL AVE, DOVER, NH, 03820
Specialty CHP
Board Certified P
School and Year of Graduation UNIV OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICIN USA 1990
Internship and Year MOUNT ZION MEDICAL CENTER UNIV OF CA - SAN FRANCISCO, CA 1991
Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1995
License Expiration Date **6/30/2016**
Remarks **NO DISCIPLINARY ACTION. 1/10/03 THERE HAS BEEN AN ASSESSMENT OF A CIVIL PENALTY FOR FAILURE TO RENEW HER LICENSE IN A TIMELY MANNER.**

License Number 12412
License Date 7/7/2004
Name **WHITESIDE, JAMES L MD**
Address THE CHRIST HOSPITAL, 2123 AUBURN AVE, SUITE 307CINCINNATI, OH, 45219
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA USA 1997
Internship and Year WOMEN AND INFANTS HOSPITAL - BROWN UNIVERSITY - PROVIDENCE, RI 1999
Residency and Year WOMEN AND INFANTS HOSPITAL - BROWN UNIVERSITY - PROVIDENCE, RI 2000
License Expiration Date **6/30/2014**
Remarks

License Number 5329
License Date 5/2/1975
Name **WHITING, RICHARD D MD**
Address DHMC - GIM, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation CORNELL UNIV - NY USA 1969
Internship and Year UNIV OF VIRGINIA - CHARLOTTSVILLE, VA 1970
Residency and Year UNIV OF VIRGINIA - CHARLOTTSVILLE, VA 1972
License Expiration Date **6/30/2013**
Remarks

License Number 7594
License Date 5/6/1987
Name **WHITLOCK JR, JAMES A MD**
Address NORTHEAST REHAB HOSPITAL, 70 BUTLER STSALEM, NH, 03079
Specialty N
Board Certified N
School and Year of Graduation DALHOUSIE UNIVERSITY NOVA SCOTIA 1981
Internship and Year UNIV OF MA HOSPITAL 1985
Residency and Year UNIV OF MA HOSPITAL 1986
License Expiration Date **6/30/2017**
Remarks

License Number 9879
License Date 11/6/1996
Name **WHITMAN, BRADLEY W MD**
Address 831 BEACON ST 276, NEWTON CTR, MA, 02459
Specialty CHN
Board Certified
School and Year of Graduation TELAVIV UNIV SACKLER FACULTY OF MEDICINE - ISRAEL ISRAEL 1988
Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NY 1990
Residency and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1993
License Expiration Date **6/30/2000**
Remarks

License Number 13811
License Date 1/11/2008
Name **WHITNEY, CHRISTIAN J DO**
Address GREENWICH HOSP, 5 PERRYRIDGE RD GREENWICH, CT, 06830
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NJ USA 2004
Internship and Year ST VINCENT'S MIDTOWN HOSPITAL - NY, NY 2005
Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2007
License Expiration Date **6/30/2010**
Remarks

License Number 15097
License Date 12/1/2010
Name **WHITNEY, JOHN F MD**
Address WELL POINT, 11 CORPORATE WOODS BLVD R-5 LALBANY, NY, 12211
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1990
Internship and Year FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VERMONT - BURLINGTON, VT 1991
Residency and Year FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VERMONT - BURLINGTON, VT 1993
License Expiration Date **6/30/2012**
Remarks

License Number 13188
License Date 7/5/2006
Name **WHITEMORE, DARREN E DO**
Address DEPT OF PATHOLOGY, 2200 BERGQUIST DR #1 LACKLAND AFB, TX, 78236
Specialty PTH
Board Certified PTH
School and Year of Graduation WESTERN UNIV USA 2000
Internship and Year WILFORD HALL MEDICAL CTR-LACKLAND AFB, TX 2002
Residency and Year WILFORD HALL MEDICAL CENTER-LACKLAND AFB, TX 2005
License Expiration Date **6/30/2010**
Remarks

License Number 15117
 License Date 1/5/2011
 Name **WHITTEMORE, DOUGLAS M MD**
 Address VISTA STAFFING SOLUTIONS, 272 EAST 200 SOUTHSALT LAKE CITY, UT, 84111
 Specialty U
 Board Certified U
 School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1980
 Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1981
 Residency and Year ST FRANCIS HOSPITAL MOUNT SINAI HOSPITAL - HARTFORD, CT 1982
 License Expiration Date **6/30/2017**
 Remarks

License Number 3226
 License Date 1/20/1958
 Name **WHITTENBURG, ROSS E MD**
 Address 6 JORDAN AVE, CONCORD, NH, 03301
 Specialty IM
 Board Certified
 School and Year of Graduation UNIVERSITY OF TEXAS USA 1943
 Internship and Year PHILADELPHIA GENERAL HOSPITAL PHILADELPHIA - PENNSYLVANIA 1944
 Residency and Year LAHEY CLINIC HOSPITAL BOSTON - MASSACHUSETTS 1949
 License Expiration Date **6/30/2010**
 Remarks

License Number 4511
 License Date 10/14/1969
 Name **WHYBROW, PETER C MD**
 Address UCLA NEURO PSYCHIATRIC INST, 760 WESTWOOD BLVD C7-463 LOS ANGELES, CA, 90024-1759
 Specialty P
 Board Certified
 School and Year of Graduation UNIV COLLEGE HOSPITAL MEDICAL SCHOOL ENGLAND 1962
 Internship and Year UNIV COLLEGE HOSPITAL - LONDON, ENGLAND 1965
 Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1967
 License Expiration Date **6/30/2017**
 Remarks

License Number 5089
 License Date 9/18/1973
 Name **WHYTE, THOMAS R MD**
 Address DIAGNOSTIC RADIOLOGY, PO BOX 172 CTR SANDWICH, NH, 03227
 Specialty R
 Board Certified R
 School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1962
 Internship and Year DARTMOUTH-MEDICAL CENTER - LEBANON, NH 1963
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1969
 License Expiration Date **6/30/2011**
 Remarks

License Number 11404
License Date 9/5/2001
Name **WICKBERG, LYNN MARIE H MD**
Address 745 HARTLEY HILL SOUTH, PUTNEY, VT, 05346
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year DARMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year DARMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date **6/30/2015**
Remarks

License Number 15238
License Date 5/4/2011
Name **WICKS, CHARLES D MD**
Address CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2006
Residency and Year UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 8067
License Date 3/29/1989
Name **WICKSMAN, ROGER H DO**
Address CONCORD PEDIATRICS PA, 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301-
Specialty PD
Board Certified
School and Year of Graduation UNIV OF N.E. COLL OF OSTEO BIDDEFORD ME USA 1985
Internship and Year MORRISTOWN MEM HOSP MORRISTOWN NJ 1987
Residency and Year MORRISTOWN MEM HOSP MORRISTOWN NJ 1989
License Expiration Date **6/30/2017**
Remarks

License Number 14611
License Date 9/2/2009
Name **WIDNESS, CRAIG P MD**
Address ELLIOT PEDIATRICS & PRIMARY CARE RIVERSIDE, 20 CHAMBERS DR #2200HOOKSETT, NH, 03106
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2003
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2005
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11580
License Date 4/3/2002
Name **WIDZER, HELEN M MD**
Address INTRACORP, 523 PLYMOUTH RDPLYMOUTH MEETING, PA, 19462
Specialty OBG
Board Certified OBG
School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA- PHILA, PA USA 1978
Internship and Year MEDICAL COLLEGE OF PENNSYLVANIA - PHILADELPHIA, PA 1979
Residency and Year MEDICAL COLLEGE OF PENNSYLVANIA - PHILADELPHIA, PA 1982
License Expiration Date **6/30/2006**
Remarks

License Number 2911
License Date 5/14/1952
Name **WIEDERHOLD III, LOUIS MD**
Address 219 MAIN ST, FRANCESTOWN, NH, 03043-0300
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1950
Internship and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1951
Residency and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1952
License Expiration Date **7/9/2008**
Remarks **07/09/08 - Voluntary Surrender of License.
Deceased 9/16/2012**

License Number 6992
License Date 10/4/1984
Name **WIEGAND, MARGARET L A MD**
Address DARTMOUTH HITCHCOCK MED CTR, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty PD
Board Certified PD
School and Year of Graduation BROWN UNIV OF BIOLOGICAL MED-PROVIDENCE,RI USA 1979
Internship and Year RHODE ISLAND HOSP-PROV. RI 1980
Residency and Year RHODE ISLAND HSOP-PROV., RI 1982
License Expiration Date **6/30/2016**
Remarks

License Number 3438
License Date 3/11/1961
Name **WIEGMAN, JOSEPH B MD**
Address 11 SUNSET DR, ROCHESTER, NH, 03867-3222
Specialty GP
Board Certified
School and Year of Graduation STATE UNIVERSITY OF LEIDEN HOLLAND 1957
Internship and Year WORCESTER CITY HOSPITAL- MA 1960
Residency and Year WORCESTER CITY HOSPITAL- MA 1960
License Expiration Date **6/30/2005**
Remarks **Deceased 11/16/13**

License Number 12183
License Date 12/3/2003
Name **WIENER, DANIEL C MD**
Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS ST BOSTON, MA, 02115
Specialty GS
Board Certified
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 2001
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date **6/30/2011**
Remarks

License Number 13476
License Date 4/4/2007
Name **WIENER, RENDA S MD**
Address VA MEDICAL CENTER, VA OUTCOMES GROUP 111BWRJ, VT, 05009
Specialty IM
Board Certified IM
School and Year of Graduation COLUMBIA UNIV USA 2000
Internship and Year NEW YORK & PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 2001
Residency and Year NEW YORK & PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 2003
License Expiration Date **6/30/2011**
Remarks

License Number 17094
License Date 5/6/2015
Name **WIENER, STEPHEN M MD**
Address 110 CONCORD RD, WESTON, MA, 02493
Specialty GE
Board Certified GE
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1991
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1992
License Expiration Date **6/30/2017**
Remarks

License Number 6868
License Date 4/10/1984
Name **WIESE, FREDERICK K MD**
Address HITCHCOCK CLINIC, 590 COURT ST KEENE, NH, 03431-1798
Specialty CD
Board Certified CD
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1979
Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1980
Residency and Year ALBANY MED CTR HOSP-ALBANY,NY 1982
License Expiration Date **6/30/2000**
Remarks

License Number 4783
License Date 5/25/1971
Name **WIETING, WILLIAM F MD**
Address 569 MIDDLE ST, PORTSMOUTH, NH, 03801-5012
Specialty IM
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1963
Internship and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1964
Residency and Year U S NAVAL HOSPITAL BOSTON - CHELSEA, MA 1969
License Expiration Date **6/30/2007**
Remarks

License Number 10409
License Date 9/2/1998
Name **WIGHT JR, JOSEPH N MD**
Address MMP - MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty CD
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1990
Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1991
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
License Expiration Date **6/30/2016**
Remarks

License Number 10835
License Date 2/2/2000
Name **WIJEYASEKARAN, SINGHARETNAM MD**
Address REGIONAL HLTH CORPORATION, 50 UNION ST GRANDFALLS WINDSORNEWFOUNDLAND CANADA,
Specialty IM
Board Certified IM
School and Year of Graduation UNIF OF PERADENIYA - PERADENIYA, SRI LANKA SRI LANKA 1984
Internship and Year UNITY HEALTH SYSTEM - ROCHESTER, NY 1994
Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1996
License Expiration Date **6/30/2002**
Remarks

License Number 6869
License Date 4/10/1984
Name **WILCOX JR, LLOYD M MD**
Address CONCORD OPHTHALMOLOGIC ASSOC, 2 PILLSBURY STCONCORD, NH, 03301
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCH MED -BOSTON,MA USA 1967
Internship and Year HARTFORD HOSP-HARTFORD,CT 1968
Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1974
License Expiration Date **6/30/2016**
Remarks

License Number 6223
License Date 6/9/1980
Name **WILCOX, GILBERT M MD**
Address MAINE GASTROENTEROLOGY ASSOC, 131 CHADWICK ST PORTLAND, ME, 04102-3214
Specialty GE
Board Certified GE
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1971
Internship and Year CLEVELAND GENERAL HOSPITAL - CLEVELAND OH 1972
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1976
License Expiration Date **6/30/2014**
Remarks

License Number 10316
License Date 6/3/1998
Name **WILCZYNSKI, STEPHEN W MD**
Address CONCORD PULMONARY MEDICINE, 248 PLEASANT ST G 100 CONCORD, NH, 03301
Specialty PUD
Board Certified PUD
School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1989
Internship and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1990
Residency and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1992
License Expiration Date **6/30/2012**
Remarks

License Number 9937
License Date 2/5/1997
Name **WILE, IONA MD**
Address WEEKS MEDICAL CENTER, 24 LANCASTER RD WHITEFIELD, NH, 03598
Specialty FP
Board Certified
School and Year of Graduation UNIV DALHOUSIE HALIFAX NOVA SCOTIA CANADA 1988
Internship and Year MCGILL UNIV MONTREAL - QUEBEC, CANADA 1990
Residency and Year CANADIAN ACADEMY OF SPORT MEDICINE - OTTOWA ONTARIO, CANADA 1993
License Expiration Date **6/30/2001**
Remarks

License Number 8836
License Date 10/23/1992
Name **WILEY, CHRISTOPHER W MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year UNIVERSITY OF CALIFORNIA HOSPITALS AND CLINICS SAN FRANCISCO - CA 1979
Residency and Year STANFORD UNIVERSITY MEDICAL CENTER STANFORD - CA 1981
License Expiration Date **6/30/2016**
Remarks **DISCIPLINARY ACTION-1992**

License Number 11521
License Date 2/6/2002
Name **WILEY, JEFFREY W MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty ORS
Board Certified ORS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10671
License Date 8/4/1999
Name **WILEY, KATE M MD**
Address DARTMOUTH HITCHCOCK CLINIC, 32 PLEASANT STWOODSTOCK, VT, 05091
Specialty FP
Board Certified FP
School and Year of Graduation QUEENS UNIV FAC OF HLTH SCI - KINGSTON ONTARIO CANADA 1990
Internship and Year UNIV OF CALGARY - CALGARY AB CANADA 1991
Residency and Year UNIV OF CALGARY - CALGARY AB CANADA 1992
License Expiration Date **6/30/2002**
Remarks

License Number 10768
License Date 11/3/1999
Name **WILHITE, JOHN M MD**
Address SEACOAST ORTHOPEDICS & SPORTS, 237 RTE 108SOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF MISSOURI SCH OF MED - COLUMBIA, OH USA 1980
Internship and Year ST JOSEPH'S MEDICAL CENTER OF SOUTH BEND - SOUTH BEND, IN 1985
Residency and Year UNIV OF NEBRASKA MED CTR - OMAHA, NE 1989
License Expiration Date **6/30/2003**
Remarks

License Number 13386
License Date 1/3/2007
Name **WILKE, CHRISTIAN P MD**
Address DARTMOUTH-HITCHCOCK, 253 PLEASANT STCONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF COLORADO USA 1990
Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1991
Residency and Year SWEDISH MEDICAL CENTER-SEATTLE - SEATTLE, WA 1999
License Expiration Date **6/30/2017**
Remarks

License Number 7641
License Date 6/19/1987
Name **WILKENS, SUSANNA S MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty IM
Board Certified IM
School and Year of Graduation OHIO STATE UNIV COLL MED - COLUMBUS, OH USA 1984
Internship and Year ALBANY CHILD GUIDANCE CENTER - ALBANY, NY 1985
Residency and Year ALBANY CHILD GUIDANCE CENTER - ALBANY, NY 1987
License Expiration Date **6/30/2017**
Remarks

License Number 16202
License Date 6/5/2013
Name **WILKING, ANDREW P MD**
Address ANDREW P WILKING MD PLLC, 180 EMERALD STKEENE, NH, 03431
Specialty PD
Board Certified PD
School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE USA 1987
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1979
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1980
License Expiration Date **6/30/2015**
Remarks

License Number 7755
License Date 12/2/1987
Name **WILKING, SPENCER V MD**
Address EAST POINTE REHAB CTR, 255 CENTRAL AVECHELSEA, MA, 02150
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF LONDON FAC MED-LONDON ENGLAND 1982
Internship and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1984
Residency and Year UNIV HOSP-BOSTON,MA 1987
License Expiration Date **6/30/2005**
Remarks

License Number 8745
License Date 6/3/1992
Name **WILKINSON, ROBERT H MD**
Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PDR
Board Certified PDR
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1951
Internship and Year ROCHESTER GENERAL HOSPITAL ROCHESTER - NEW YORK 1952
Residency and Year CHILDREN'S HOSPITAL DENVER - COLORADO 1956
License Expiration Date **6/30/2000**
Remarks **Deceased 3/26/2005**

License Number 8982
License Date 6/2/1993
Name **WILKINSON, STEPHEN B DO**
Address 21 WHITEHALL RD, STE 303 ROCHESTER, NH, 03867-
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO MED USA 1989
Internship and Year ST LUKES HOSPITAL - BETHLEHEM PA 1993
Residency and Year ST LUKES HOSPITAL - BETHLEHEM PA 1993
License Expiration Date **6/30/2005**
Remarks **DECEASED 10-16-05**

License Number 17142
License Date 6/3/2015
Name **WILKINSON-RYAN, IVY MD**
Address DHMC, ONE MEDICAL CTR DR LEBANON, NH, 03766
Specialty OBG
Board Certified
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2009
Residency and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 8623
License Date 8/7/1991
Name **WILKS, KERRI L MD**
Address BAUMEL-EISNER NEURO INSTITUTE, 7301 NO UNIVERSITY STE 300FT LAUDERDALE, FL, 33321
Specialty N
Board Certified N
School and Year of Graduation NEW YORK MED COLL - VALHALLA, NY USA 1985
Internship and Year ST LUKES-ROOSEVELT - NY, NY 1986
Residency and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1989
License Expiration Date **6/30/1998**
Remarks

License Number 10172
License Date 11/5/1997
Name **WILLER, ROBERT J MD**
Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAY MANCHESTER, NH, 03104
Specialty D
Board Certified D
School and Year of Graduation UNIV OF AZ COLLEGE OF MED - TUCSON, AZ USA 1982
Internship and Year GOOD SAMARITAN REGIONAL MEDICAL CENTER - AZ 1983
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
License Expiration Date **6/30/2017**
Remarks

License Number 5726
License Date 5/5/1977
Name **WILLETT, LEE R MD**
Address LACONIA CLINIC, 724 N MAIN ST LACONIA, NH, 03246
Specialty PD
Board Certified PD
School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1974
Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT-BURLINGTON VT 1975
Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT-BURLINGTON VT 1977
License Expiration Date **6/30/2017**
Remarks

License Number 11471
License Date 11/7/2001
Name **WILLETTE, PAUL A DO**
Address RIVERSIDE METHODIST HOSP, 3535 OLENTANGY RDCOLUMBUS, OH, 43201
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF HLTH SCI COLL OF OSTEO- KANSAS CITY, MO USA 1990
Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1991
Residency and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1992
License Expiration Date **6/30/2017**
Remarks

License Number 12443
License Date 8/4/2004
Name **WILLETTE, PAUL M MD**
Address 80 SEYMORE ST, PO BOX 5037 HARFORD, CT, 06102-5037
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1994
Internship and Year BERKSHIRE MEDICAL CTR, PITTSFIELD MA 1995
Residency and Year BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2000
License Expiration Date **6/30/2010**
Remarks

License Number 13444
License Date 3/7/2007
Name **WILLIAMS, ADRIENNE P MD**
Address DHMC/ANESTHESIOLOGY, ONE MED CTR DR LEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 10769
License Date 11/3/1999
Name **WILLIAMS, ANDREA R MD**
Address 10 ALICE PECK DAY DRIVE, LEBANON, NH, 03766
Specialty AN
Board Certified AN
School and Year of Graduation MEDICAL UNIV OF S CAROLINA - CHARLESTON, SC USA 1989
Internship and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1990
Residency and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1993
License Expiration Date **6/30/2017**
Remarks

License Number 14115
License Date 7/9/2008
Name **WILLIAMS, CARL M MD**
Address 20 DERAN DR, SABATTUS, ME, 04280
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MARYLAND USA 1995
Internship and Year BOSTON UNIV MEDICAL CENTER-BOSTON,MA 1996
Residency and Year BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1998
License Expiration Date **6/30/2010**
Remarks

License Number 9610
License Date 12/6/1995
Name **WILLIAMS, CURTIS M MD**
Address RADIOLOGY ASSOCIATES, 38 HAMLET AVEWOONSOCKET, RI, 02895-
Specialty R
Board Certified R
School and Year of Graduation UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWMARK, NJ USA 1970
Internship and Year ST VINCENT'S HOSPITAL & M C NY NEW YORK, NY 1971
Residency and Year ST NINCENT'S HOSPITAL & M C NY NEW YORK, NY 1976
License Expiration Date **6/30/1998**
Remarks

License Number 14951
License Date 7/7/2010
Name **WILLIAMS, DAVID D MD**
Address 15 PROSPECT ST, NASHUA, NH, 03060
Specialty CHP
Board Certified P
School and Year of Graduation UNIVERSITY OF ALABAMA USA 2004
Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2006
Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2008
License Expiration Date **6/30/2016**
Remarks

License Number 9848
License Date 9/4/1996
Name **WILLIAMS, EDWARD J MD**
Address WENTWORTH-DOUGLAS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty EM
Board Certified EM
School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MED- WASHINGTON, DC USA 1993
Internship and Year WEST VIRGINIA UNIV HOSPITAL-WV 1996
Residency and Year WEST VIRGINIA UNIV HOSPITAL - WV 1996
License Expiration Date **6/30/2016**
Remarks

License Number 17287
License Date 9/2/2015
Name **WILLIAMS, ERIC M MD**
Address 7322 W ELLER RD, BLOOMINGTON, IN, 47403-9215
Specialty CD
Board Certified CD
School and Year of Graduation SOUTHERN ILLINOIS UNIVERSITY, SPRINGFIELD, IL USA 2004
Internship and Year UNIVERSITY OF WISCONSIN, MADISON, WI 2005
Residency and Year UNIVERSITY OF WISCONSIN, MADISON, WI 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11119
License Date 11/1/2000
Name **WILLIAMS, GREGORY R MD**
Address ST JOSEPH FAMILY MED CTR, 382 DW HIGHWAYMERRIMACK, NH, 03054
Specialty FP
Board Certified
School and Year of Graduation MEDICAL COLL OF WISCONSIN - MILWAUKEE, WI USA 1990
Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1991
Residency and Year BEVERY HOSPITAL - DANVERS, MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 9084
License Date 11/3/1993
Name **WILLIAMS, JOHN C MD**
Address BEACHS UROLOGY, 1370 13TH AVE STE 121JACKSONVILLE BEACH, FL, 32250
Specialty U
Board Certified U
School and Year of Graduation VA COMMONWEALTH UNIV MED COLL - RICHMOND USA 1990
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1992
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date **6/30/2002**
Remarks

License Number 9716
License Date 5/1/1996
Name **WILLIAMS, LINDA A MD**
Address FOUNDATION PEDIATRICS, 280 MAIN ST., STE 111 NASHUA, NH, 03060
Specialty PD
Board Certified PD
School and Year of Graduation GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC USA 1991
Internship and Year GEORGE WASHINGTON UNIVERSITY-WASHINGTON, DC 1994
Residency and Year GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC 1994
License Expiration Date **6/30/2016**
Remarks

License Number 13610
License Date 7/11/2007
Name **WILLIAMS, MARCUS R MD**
Address REFOCUS LLC, 1492 POTTSTOWN PIKE #259 WEST CLESTER, PA, 19380
Specialty IM
Board Certified IM
School and Year of Graduation WAKE FOREST UNIV USA 1985
Internship and Year NEW HANOVER REGIONAL MEDICAL CENTER-COASTAL AHEC - WILMINGTON, NC 1986
Residency and Year NEW HANOVER REGIONAL MEDICAL CENTER-COASTAL AHEC - WILMINGTON, NC 1988
License Expiration Date **6/30/2009**
Remarks

License Number 4993
License Date 5/22/1973
Name **WILLIAMS, RICHARD A MD**
Address 1045 N VISTA VERDE, LITCHFIELD PARK, AZ, 85340
Specialty IM
Board Certified IM
School and Year of Graduation LONDON UNIVERSITY-LONDON ENGLAND ENGLAND 1968
Internship and Year UNIVERSITY OF LONDON-LONDON ENGLAND 1969
Residency and Year WHITTINGTON HOSP-LONDON ENGLAND 1972
License Expiration Date **6/30/2013**
Remarks

License Number 6224
License Date 6/9/1980
Name **WILLIAMS, RUSSELL S MD**
Address PO BOX 35, LOWER WATERFORD, VT, 05848
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ILLINOIS COLL-CHICAGO, IL USA 1954
Internship and Year SWEDISH-AMERICAN HOSP-ROCKFORD, IL 1955
Residency and Year METHODIST HOSP INDIANA-INDIANAPOLIS, IN 1958
License Expiration Date **6/30/2014**
Remarks

License Number 5810
License Date 8/16/1977
Name **WILLIAMS, THOMAS H MD**
Address 277 N PEAK DR, EASTON, NH, 03580
Specialty PD
Board Certified PD
School and Year of Graduation MCGILL UNIV FAC OF MED MONTREAL QUEBEC CANADA 1970
Internship and Year MAYO GRAD SCHOOL MEDICAL/MAYO FOUNDATION - MN 1971
Residency and Year MAYO GRAD SCHOOL MEDICAL/MAYO FOUNDATION - MN 1973
License Expiration Date **6/30/2013**
Remarks

License Number 9573
License Date 10/4/1995
Name **WILLIAMSON, DOUGLAS E MD**
Address COMMUNITY CARE CTR, ALICE PECK DAY DRIVELEBANON, NH, 03766
Specialty PD
Board Certified PD
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL HANOVER, NH USA 1993
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER, NH 1996
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER, NH 1996
License Expiration Date **6/30/2017**
Remarks

License Number 8631
License Date 9/4/1991
Name **WILLIAMSON, PETER D MD**
Address DHMC-NEUROLOGY, 1 MEDICAL CTR DRHANOVER, NH, 03756
Specialty N
Board Certified N
School and Year of Graduation UNIV OF SO CALIFORNIA -LOS ANGELES, CA USA 1963
Internship and Year NEW YORK HOSPITAL - NY, NY 1964
Residency and Year NEW YORK HOSPITAL - NY, NY 1965
License Expiration Date **6/4/2008**
Remarks **DECEASED 06/04/08**

License Number 13005
License Date 2/1/2006
Name **WILLIS JR, FRED S MD**
Address EMERGENCY DEPARTMENT, 2600 GREENWOOD RDSHREVEPORT, LA, 71103
Specialty EM
Board Certified EM
School and Year of Graduation LOUISIANA STATE UNIVERSITY, SHREVEPORT LA US 1988
Internship and Year LOUISIANA STATE UNIVERSITY, SHREVEPORT LA 1989
Residency and Year CHARITY HOSP, NEW ORLEANS LA 1992
License Expiration Date **6/30/2010**
Remarks

License Number 5855
License Date 1/5/1978
Name **WILLITTS, WILLIAM J MD**
Address DARTMOUTH COMMONS, 765 S MAIN ST STE 101-DMANCHESTER, NH, 03102
Specialty GE
Board Certified GE
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1973
Internship and Year CARNEY HOSPITAL - BOSTON, MA 1974
Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1978
License Expiration Date **6/30/1999**
Remarks **LICENSE REVOKED 3/8/99 PURSUANT TO RSA 161-B:11, CHILD SUPPORT.
REINSTATEMENT DENIED 2/14/01 MOTION FOR RECONSIDERATION DENIED 4/6/01.**

License Number 14399
License Date 4/1/2009
Name **WILLOUGHBY, MARTA G MD**
Address 5810 STERLING PL, MIDLAND, TX, 79707
Specialty EM
Board Certified EM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year BRODY SCHOOL OF MEDICINE @ EAST CAROLINA UNIV - GREENVILLE, NC 2003
Residency and Year BRODY SCHOOL OF MEDICINE @ EAST CAROLINA UNIV - GREENVILLE, NC 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15973
License Date 12/5/2012
Name **WILLS JR, HENRY D MD**
Address 3544 W CONGRESS ST, ALLENTOWN, PA, 18104
Specialty N
Board Certified N
School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year THE ALLENTOWN HOSPITAL - ALLENTOWN, PA 1976
Residency and Year THE ALLENTOWN HOSPITAL - ALLENTOWN, PA 1977
License Expiration Date **6/30/2014**
Remarks

License Number 14982
License Date 8/4/2010
Name **WILLS, MARCIA MD**
Address STRATA DX, ONE CRANBERRY HILL STE 303LEXINGTON, MA, 02421
Specialty PTH
Board Certified PTH
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1994
Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1996
License Expiration Date **6/30/2016**
Remarks

License Number 11146
 License Date 12/6/2000
 Name **WILLSON, SHAWN L MD**
 Address NH STATE PRISON, 281 N STATE STCONCORD, NH, 03301
 Specialty P
 Board Certified
 School and Year of Graduation UNIV OF MISSOURI-KANSAS CITY SCH- KANSAS CITY, MO USA 1990
 Internship and Year GEORGIA BAPTIST MEDICAL CENTER - ATLANTA, GA 1991
 Residency and Year GEORGIA BAPIST MEDICAL CENTER - ATLANTA, GA 1992
 License Expiration Date **6/30/2003**
 Remarks

License Number 9789
 License Date 7/16/1996
 Name **WILMOT, CLARE J M MD**
 Address 3501 OLD COUNTY RD, WATERFORD, VT, 05819
 Specialty GS
 Board Certified GS
 School and Year of Graduation UNIV OF BRISTOL THE MED SCHOOL, BRISTOL UK 1977
 Internship and Year ST ELIZABETHS HOSPITAL - BOSTON, MA 1982
 Residency and Year ST ELIZABETHS HOSP-BOSTON,MA 1982
 License Expiration Date **6/30/2016**
 Remarks **7/10/96 "ORDER OF CONDITIONAL APPROVAL" 9/18/97 "ORDER" LICENSE UNRESTRICTED AND IN GOOD STANDING**

License Number 14182
 License Date 9/3/2008
 Name **WILSON JR, WILLIAM R MD**
 Address COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 333 BORTHWICK AVE, STE 402PORTSMOUTH,
 Specialty TS
 Board Certified TS
 School and Year of Graduation UNIV OF CONNECTICUT USA 1982
 Internship and Year UNIV OF VERMONT MEDICAL CENTER/FAHC - BURLINGTON, VT 1983
 Residency and Year UNIV OF VERMONT MEDICAL CENTER/FAHC - BURLINGTON, VT 1987
 License Expiration Date **6/30/2016**
 Remarks

License Number 16617
 License Date 5/7/2014
 Name **WILSON, AMANDA L MD**
 Address CLEAN SLATE CENTERS, PO BOX 32NORTHAMPTON, MA, 01061-0032
 Specialty ADM
 Board Certified ADM
 School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1997
 Internship and Year MIDDLESEX HOSPITAL - MIDDLETOWN, CT 1998
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2001
 License Expiration Date **6/30/2016**
 Remarks

License Number 16055
License Date 3/6/2013
Name **WILSON, BARBARA A MD**
Address LITTLETON REGIONAL HEALTHCARE, 580 ST JOHNSBURY RD STE 25LITTLETON, NH, 03561
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11944
License Date 5/7/2003
Name **WILSON, DIANA L MD**
Address CNTRL ME PULMONARY & SLEEP MED, 76 HIGH ST SUITE 300LEWISTON, ME, 04240
Specialty PCC
Board Certified SM
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1997
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date **6/30/2013**
Remarks

License Number 6539
License Date 5/6/1982
Name **WILSON, DONALD V MD**
Address DARTMOUTH-HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798
Specialty OTO
Board Certified OTO
School and Year of Graduation TEMPLE UNIV SCH MED-PHIL,PA USA 1975
Internship and Year NAVAL REGIONAL MED CTR-PHIL,PA 1976
Residency and Year FITZSIMONS ARMY MED CTR-AURORA,CO 1980
License Expiration Date **6/30/2016**
Remarks

License Number 11227
License Date 4/4/2001
Name **WILSON, FLETCHER R MD**
Address BEDFORD COMMONS OB/GYN, 201 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF VERMONT COLL- BURLINGTON, VT USA 1997
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1998
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 9174
License Date 5/4/1994
Name **WILSON, JAMES M MD**
Address CAROLINA CENTER RHEUMATOLOGY, 1665 HERLONG CT STE A ROCKHILL, SC, 29732-
Specialty RHU
Board Certified RHU
School and Year of Graduation WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year WM BEAUMONT ARMY MEDICAL CENTER - EL PASO TX 1986
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON DC 1991
License Expiration Date **6/30/1998**
Remarks

License Number 10013
License Date 5/7/1997
Name **WILSON, JOHN M MD**
Address 1235 TROON CT SE, GRAND RAPIDS, MI, 49546
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF TX SOUTHWESTERN MED CTR-DALLAS,TX USA 1987
Internship and Year
Residency and Year MED CTR HOSP OF VT-VT 1992
License Expiration Date **6/30/1998**
Remarks

License Number 7595
License Date 5/6/1987
Name **WILSON, MARY T MD**
Address 20 LADD ST, PORTSMOUTH, NH, 03801
Specialty P
Board Certified P
School and Year of Graduation MC MASTER UNIVERSITY SCHOOL OF MEDICINE CANADA 1981
Internship and Year UNIVERSITY HOSPITAL INC - BOSTON MA 1986
Residency and Year UNIVERSITY HOSPITAL INC - BOSTON MA 1987
License Expiration Date **6/30/2005**
Remarks

License Number 12043
License Date 8/6/2003
Name **WILSON, MICHAEL F MD**
Address 126 WING ST, #185ARLINGTON HEIGHTS, IL, 60004
Specialty GS
Board Certified GS
School and Year of Graduation RUSH UNIVERSITY, CHICAGO IL US 1978
Internship and Year RUSH-PRESBYTERIAN - ST LUKES MED CTR, CHICAGO IL 1979
Residency and Year RUSH-PRESBYTERIAN - ST LUKES MED CTR, CHICAGO IL 1983
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 15052
License Date 10/6/2010
Name **WILSON, PETER H MD**
Address CONCORD SURGICAL ASSOC, 246 PLEASANT STCONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1982
Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1983
Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1987
License Expiration Date **6/30/2016**
Remarks

License Number D0016
License Date 2/12/2014
Name **WILSON, RALPH S MD**
Address DOCTORS BLDG, 500 S UNIVERSITY AVE STE 519LITTLE ROCK, AR, 72205
Specialty OPH
Board Certified
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 1963
Internship and Year
Residency and Year
License Expiration Date **2/12/2014**
Remarks **2/12/14 - Final Decision & Order.**

License Number 7985
License Date 10/5/1988
Name **WILSON, RICHARD W MD**
Address LACONIA CLINIC, PO BOX 637LACONIA, NH, 03247-0637
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1977
Internship and Year UNIV OF UTAH MED CTR-SALT LAKE CITY,UT 1978
Residency and Year UNIV OF UTAH MED CTR-SALT LAKE CITY,UT 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11645
License Date 6/5/2002
Name **WILSON, STEVEN G MD**
Address 570 BALDWINVILLE RD, BALDWINVILLE, MA, 01430
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1997
Internship and Year UNIV OF FLORIDA JACKSONVILLE - SHANDS MEDICAL CENTER - JACKSONVILLE, FL 1998
Residency and Year UNIV OF FLORIDA JACKSONVILLE - SHANDS MEDICAL CENTER - JACKSONVILLE, FL 2000
License Expiration Date **6/30/2003**
Remarks

License Number 13762
License Date 11/7/2007
Name **WILSON, TARA D MD**
Address DOCTOR ON DEMAND, 121 SPEAR ST (RINCON2) SUITE 420SAN FRANCISCO, CA, 94105
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF SOUTH CAROLINA USA 1999
Internship and Year HALIFAX MEDICAL CENTER - DAYTONA BEACH, FL 2000
Residency and Year HALIFAX MEDICAL CENTER - DAYTONA BEACH, FL 2002
License Expiration Date **6/30/2017**
Remarks

License Number 16935
License Date 1/21/2015
Name **WILSON, TORRENCE M MD**
Address 2300 HARDWOOD CT SW, ROCHESTER, MN, 55902
Specialty U
Board Certified U
School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 1974
Internship and Year FITZSIMONS ARMY MEDICAL CENTER - AURORA, CO 1975
Residency and Year FITZSIMONS ARMY MEDICAL CENTER - AURORA, CO 1979
License Expiration Date **6/30/2017**
Remarks

License Number 12588
License Date 1/5/2005
Name **WILSON, TRACEY S MD**
Address 23 STILES RD, STE 109SALEM, NH, 03079
Specialty U
Board Certified U
School and Year of Graduation HOWARD UNIVERSITY, WASHINGTON DC US 1994
Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1996
Residency and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2000
License Expiration Date **6/30/2009**
Remarks

License Number 14365
License Date 3/4/2009
Name **WILSON, YVONNE F MD**
Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2001
Internship and Year NEW YORK & PRESBYTERIAN MEDICAL CENTER COLUMBIA CAMPUS - NY, NY 2003
Residency and Year NEW YORK & PRESBYTERIAN MEDICAL CENTER COLUMBIA CAMPUS - NY, NY 2004
License Expiration Date **6/30/2017**
Remarks

License Number 15010
License Date 9/1/2010
Name **WILT III, RAY E DO**
Address BARRINGTON FAMILY PRACTICE, 426 CALEF HIGHWAYBARRINGTON, NH, 03825
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2006
Internship and Year SUBURBAN GENERAL HOSPITAL - NORRISTOWN, PA 2007
Residency and Year SUBURBAN GENERAL HOSPITAL - NORRISTOWN, PA 2009
License Expiration Date **6/30/2016**
Remarks

License Number 9595
License Date 11/1/1995
Name **WILZ, STEPHEN W MD**
Address DIANON SYSTEMS INC, 200 WATSON BLVDSTATFORD, CT, 06615
Specialty PTH
Board Certified PTH
School and Year of Graduation TUFTS UNIV SCH OF MED-BOSTON, MA USA 1985
Internship and Year MASS GENERAL HOSP - BOSTON, MA 1986
Residency and Year MASS GENERAL HOSP - BOSTON, MA 1987
License Expiration Date **6/30/2002**
Remarks

License Number 14310
License Date 1/7/2009
Name **WIN, SANDAR MD**
Address COMMUNITY HOSPITALIST MED GRP, 1180 E SHAW AVE., STE 101FRESNO, CA, 93710
Specialty IM
Board Certified IM
School and Year of Graduation INSTITUTE OF MEDICINE I MYANMAR 2001
Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date **6/30/2015**
Remarks

License Number 9311
License Date 10/5/1994
Name **WINCHESTER, PAUL D MD**
Address ST FRANCIS HOSP & HEALTH CTRS, 8111 SOUTH EMERSON AVEINDIANAPOLIS, IN, 46237
Specialty NPM
Board Certified PD
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1976
Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1977
Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1979
License Expiration Date **6/30/2004**
Remarks

License Number 5982
License Date 9/7/1978
Name **WINDLER, WILLIAM N MD**
Address THE DOCTORS OFFICE, 102 BAY STMANCHESTER, NH, 03104-
Specialty EM
Board Certified EM
School and Year of Graduation BAYLOR COLLEGE MEDICINE HOUSTON TX USA 1973
Internship and Year PRESBYTERIAN MEDICAL CENTER - DENVER, CO 1974
Residency and Year PRESBYTERIAN MEDICAL CENTER - DENVER, CO 1975
License Expiration Date **6/30/2016**
Remarks

License Number 7208
License Date 9/10/1985
Name **WINDT, MARK R MD**
Address 65 LAFAYETTE RD, 2ND FLNORTH HAMPTON, NH, 03862
Specialty AI
Board Certified
School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED-FARMINGTON,CT USA 1978
Internship and Year UNIV OF TX MED SCH-HOUSTON,TX 1979
Residency and Year NEW ENGLAND MED CTR -BOSTON,MA 1984
License Expiration Date **6/30/2017**
Remarks

License Number 9463
License Date 6/7/1995
Name **WINER, MATTHEW S T MD**
Address CLINICAL ASSOCIATES, PO BOX 1199NORWICH, VT, 05055
Specialty P
Board Certified P
School and Year of Graduation BOSTON UNIVERSITY USA 1985
Internship and Year METROWEST MEDICAL CENTER, FRAMINGHAM MA 1986
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1993
License Expiration Date **6/30/2005**
Remarks

License Number 7720
License Date 9/2/1987
Name **WING, DANIEL C MD**
Address MOUNT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty PM
Board Certified PM
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1973
Internship and Year ROOSEVELT HOSPITAL - NEW YORK, NY 1974
Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1984
License Expiration Date **6/30/2013**
Remarks

License Number 5133
License Date 1/2/1974
Name **WINGATE JR, CHARLES E MD**
Address NASHUA EYE ASSOCIATES PA, 5 COLISEUM AVENASHUA, NH, 03063-3292
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIVERSITY OF TEXAS-GALVESTON TX USA 1968
Internship and Year HARRISBURG POLYCLINIC HOSP-HARRISBURG PA 1969
Residency and Year MEDICAL COLLEGE OF VIRGINIA-RICHMOND VA 1974
License Expiration Date **6/30/2016**
Remarks

License Number 9093
License Date 12/1/1993
Name **WINGATE JR, WALTER M MD**
Address CENTER FOR LIFE MGMT, 10 TSIENNETO RDDERRY, NH, 03038
Specialty CHP
Board Certified CHP
School and Year of Graduation MAYO MEDICAL SCHOOL USA 1988
Internship and Year NY UNIVERSITY MEDICAL CTR - NEW YORK NY 1989
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date **6/30/2017**
Remarks

License Number 17246
License Date 8/5/2015
Name **WINGERCHUK, DEAN M MD**
Address 13400 E SHEA BLVD, SCOTTSDALE, AZ, 85259-5452
Specialty N
Board Certified
School and Year of Graduation UNIVERSITY OF SASKATCHEWAN COLL OF MED- CANADA CANADA 1993
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1994
Residency and Year MAYO SCHOOL OF MEDICINE - ROCHESTER, MN 1997
License Expiration Date **6/30/2017**
Remarks

License Number 14578
License Date 8/5/2009
Name **WINIECKI, MARC A DO**
Address JAFFREY FAMILY MEDICINE, 82 PETERBOROUGH RDJAFFREY, NH, 03452
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2007
Residency and Year MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2009
License Expiration Date **6/30/2017**
Remarks

License Number 7222
License Date 10/3/1985
Name **WININGS, DENISE M MD**
Address 50 NASHUA RD STE 301, LONDONDERRY, NH, 03053-3447
Specialty FP
Board Certified FP
School and Year of Graduation INDIANA UNIV SCH MED-INDIANAPOLIS, IN USA 1981
Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1982
Residency and Year CENTRAL MAINE MEDICAL CENTER- LEWISTON, ME 1984
License Expiration Date **6/30/2007**
Remarks **DECEASED 8/11/07**
PATIENT MEDICAL RECORDS ARE BEING HELD AT ELLIOT PRIMARY CARE IN LONDERRY (603) 552-1400.

License Number 7510
License Date 2/5/1987
Name **WINKLER, PETER A MD**
Address 50 STRATHAM GREEN, STRATHAM, NH, 03885
Specialty PS
Board Certified PS
School and Year of Graduation SEMMELWEIS ORVOTUDOMANYI EGYETEM HUNGARY 1979
Internship and Year CASE WESTERN RESERVE UNIV AFFILIATED HOSPITAL-LOUISVILLE KY 1985
Residency and Year CASE WESTERN RESERVE UNIV AFFILIATED HOSPITAL - LOUISVILLE, KY 1985
License Expiration Date **6/30/2013**
Remarks

License Number 7511
License Date 2/5/1987
Name **WINKLER, THOMAS R MD**
Address , , ,
Specialty TS
Board Certified
School and Year of Graduation UNIVERSITY OF COLORADO USA 1978
Internship and Year
Residency and Year
License Expiration Date **8/22/1988**
Remarks

License Number 11646
License Date 6/5/2002
Name **WINN, STEVEN S MD**
Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200COUTH PORTLAND, ME, 04106
Specialty DR
Board Certified DR
School and Year of Graduation ALBANY MED COLL - ALBANY, NY USA 1992
Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1993
Residency and Year MALLINCKRODT INSTITUTE OF RADIOLOGY- ST LOUIS, MO 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10014
 License Date 5/7/1997
 Name **WINOKUR, ANDREW MD**
 Address UNIV OF CT HEALTH CTR, 263 FARMINGTON AVE FARMINGTON, CT, 06030
 Specialty P
 Board Certified P
 School and Year of Graduation TUFTS UNIV SCH MED-BOSTON, MA USA 1970
 Internship and Year VET AFFAIRS MED CTR-MA 1971
 Residency and Year HOSPITAL UNIV OF PENNSYLVANIA-PA 1975
 License Expiration Date **6/30/1999**
 Remarks

License Number 12560
 License Date 12/1/2004
 Name **WINSLOW, JILL M MD**
 Address DHK-CMC, ONCOLOGY DEPT, 580 COURT ST KEENE, NH, 03431
 Specialty IM
 Board Certified IM
 School and Year of Graduation HAHNEMANN UNIVERSITY, PHILADELPHIA PA US 1984
 Internship and Year BASSETT HEALTHCARE, COOPERSTOWN NY 1985
 Residency and Year BASSETT HEALTHCARE, COOPERSTOWN NY 1988
 License Expiration Date **6/30/2016**
 Remarks

License Number 8612
 License Date 7/17/1991
 Name **WINTER, DUNCAN F MD**
 Address 83 MAIN ST, SARANAC LAKE, NY, 12983
 Specialty OPH
 Board Certified OPH
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1984
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL ALBANY - NEW YORK 1985
 Residency and Year ALBANY MEDICAL CENTER HOSPITAL ALBANY - NEW YORK 1986
 License Expiration Date **6/30/2000**
 Remarks

License Number 12120
 License Date 10/1/2003
 Name **WINTER, LEE H MD**
 Address DEPT OF ANESTHESIOLOGY, FRISBIE MEMORIAL HOSPITAL ROCHESTER, NH, 03867-3297
 Specialty AN
 Board Certified AN
 School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA USA 1986
 Internship and Year LENOX HILL HOSPITAL, NEW YORK NY 1987
 Residency and Year ALBERT EINSTEIN COLLEGE, BRONX NY 1990
 License Expiration Date **6/30/2017**
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/13/15.**

License Number 4720
License Date 6/12/1972
Name **WINTERLING, CHARLES A MD**
Address PILLSBURY BLDG, 248 PLEASANT ST STE 2800CONCORD, NH, 03301-
Specialty END
Board Certified END
School and Year of Graduation UNIVERSITY OF ROCHESTER-ROCHESTER NY USA 1958
Internship and Year BARNES HOSP-ST LOUIS MO 1959
Residency and Year BARNES HOSP-ST LOUIS MO 1964
License Expiration Date **6/30/2014**
Remarks

License Number 12229
License Date 2/4/2004
Name **WINTERS III, ADAM D MD**
Address 97 OCEAN HEIGHTS LN, OGUNQUIT, ME, 03907
Specialty PD
Board Certified
School and Year of Graduation UNIVERSITY OF VIRGINIA, RICHMOND VA US 1976
Internship and Year KEESLER MEDICAL CTR, KEESLER AFB, MS 1977
Residency and Year
License Expiration Date **6/30/2016**
Remarks

License Number 17037
License Date 4/1/2015
Name **WINTERS JR, CHARLES MD**
Address 2511 SADDLEHORN DR, PARK CITY, UT, 84098
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TENNESSEE MEMPHIS COLLEGE OF MEDICINE USA 1978
Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1979
Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1981
License Expiration Date **6/30/2017**
Remarks

License Number 10770
License Date 11/3/1999
Name **WIREDU, AKUA D MD**
Address LAKELAND REGIONAL MEDICAL CENTER, 1324 LAKELAND HILLS BLVDLAKELAND, FL, 33805
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1995
Internship and Year EVANSTO NORTHWESTERN HEALTHCARE - EVANSTON, IL 1997
Residency and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1998
License Expiration Date **6/30/2015**
Remarks

License Number 16295
License Date 8/7/2013
Name **WIRTH, LORI J MD**
Address MASS GEN HOSP, 55 FRUIT ST, YAWKEY 73BOSTON, MA, 02114
Specialty ON
Board Certified ON
School and Year of Graduation COLUMBIA UNIVERSITY USA 1997
Internship and Year NY PRESBYTERIAN HOSPITAL - NY, NY 1998
Residency and Year NY PRESBYTERIAN HOSPITAL - NY, NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9236
License Date 7/6/1994
Name **WIRTH, WILLIAM F MD**
Address LAHEY HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431
Specialty PD
Board Certified
School and Year of Graduation BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1990
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1993
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1994
License Expiration Date **6/30/1998**
Remarks

License Number 5297
License Date 2/18/1975
Name **WISE, DAVID I MD**
Address VA MEDICAL CTR, BAY PINES, FL, 33744
Specialty FP
Board Certified
School and Year of Graduation LONDON HOSPITAL MEDICAL COLLEGE LONDON 1966
Internship and Year KING GEORGE HOSPITAL - BEWBURY PARK ESSEX, UK 1967
Residency and Year ST ANDREWS HOSPITAL - BILLERICAY ESSEX, UK 1967
License Expiration Date **6/30/2003**
Remarks

License Number 12016
License Date 7/2/2003
Name **WISE, JENNIFER R MD**
Address DERRYFIELD MEDICAL GROUP, 275 MAMMOTH RD STE 4MANCHESTER, NH, 03109
Specialty IM
Board Certified IM
School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC CANADA CANADA 2000
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 9894
License Date 12/4/1996
Name **WISE, ROBERT J DO**
Address 59 PAGE HILL RD, BERLIN, NH, 03570
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF HLTH SCI COLL OF OSTEO MED, MO USA 1988
Internship and Year WILSON MEMORIAL REGIONAL MEDICAL CENTER - NY 1990
Residency and Year WILSON MEMORIAL REGIONAL MEDICAL CENTER - NY 1991
License Expiration Date **6/30/2016**
Remarks

License Number 11947
License Date 5/19/2003
Name **WISNER, HARRY K MD**
Address 126 LYME RD, HANOVER, NH, 03755-6600
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF NEBRASKA - OMAHA, NE USA 1962
Internship and Year WESLEY MEDICAL CENTER - WICHITA, KS 1963
Residency and Year UNIV OF KANSAS - WHICHITA, KS 1967
License Expiration Date **6/30/2011**
Remarks **5/19/03 RESTRICTED LICENSE**

License Number 6751
License Date 7/7/1983
Name **WITKIE, SUSAN M MD**
Address 6 WHITTIER PL APT 17N, BOSTON, MA, 02114-
Specialty P
Board Certified P
School and Year of Graduation HARVARD MED SCHOOL BOSTON, MA USA 1979
Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1980
Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date **6/30/2000**
Remarks

License Number 15686
License Date 5/2/2012
Name **WITKIN, ANDRE J MD**
Address TUFTS MED CTR - DEPT OF OPHTHALMOLOGY, 800 WASHINGTON ST BOX 450 BOSTON, MA, 02111
Specialty OPH
Board Certified OPH
School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2006
Internship and Year CABRINI MEDICAL CENTER - EULESS, TX 2007
Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 5697
License Date 4/8/1977
Name **WITKIN, RONALD H MD**
Address 85 SPRING ST, STE 503LACONIA, NH, 03246-3113
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN-MILWAUKEE WI USA 1970
Internship and Year UNIVERSITY OF CONNECTICUT-FARMINGTON CT 1975
Residency and Year UNIV OF CT - FARMINGTON, CT 1975
License Expiration Date **6/30/2017**
Remarks **2/11/98 - SETTLEMENT AGREEMENT**

License Number 11808
License Date 12/4/2002
Name **WITKOWSKA, RENATA A MD**
Address 90 BERGEN ST DOC 4700, NEWARK, NJ, 07103
Specialty IM
Board Certified IM
School and Year of Graduation KAROL MARCINKOWSKI UNIV - POZNAN, POLAND POLAND 1992
Internship and Year GRADUATE HOSPITAL - TENET HLTH SYSTEMS - PHILADELPHIA, PA 1999
Residency and Year GRADUATE HOSPITAL - TENET HLTH SYSTEMS - PHILADELPHIA, PA 2001
License Expiration Date **6/30/2004**
Remarks

License Number 13364
License Date 12/6/2006
Name **WITT, KARIN L MD**
Address GREATER NASHUA OB/GYN, 10 PROSPECT ST STE 402NASHUA, NH, 03060
Specialty OBG
Board Certified OBG
School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1999
Internship and Year COOPER HOSPITAL/UNIV MEDICAL CTR - CAMDEN, NJ 2000
Residency and Year COOPER HOSPITAL /UNIV MEDICAL CTR - CAMDEN, NJ 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12828
License Date 7/6/2005
Name **WITT, MICHAEL T MD**
Address ELLIOT HLTH SYSTEM, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty EM
Board Certified EM
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY USA 1999
Internship and Year COOPER HOSPITAL/UNIVERSITY MEDICAL CENTER, CAMDEN NJ 2002
Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER, HARTFORD CT 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12328
License Date 5/5/2004
Name **WITT, SARAH A MD**
Address ANESTHESIA ASSOCIATES PROFESS, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF TEXAS, GALVESTON TX US 2000
Internship and Year EXEMPLA ST JOSEPH HOSP, DENVER CO 2001
Residency and Year MASS GENERAL HOSP, BOSTON MA 2003
License Expiration Date **6/30/2016**
Remarks

License Number 15687
License Date 5/2/2012
Name **WITTA, JASSIR MD**
Address FOUNDATION GASTROENTEROLOGY, 8 PROSPECT ST NORTH II SPECIALTY SUITENASHUA, NH, 0306
Specialty IM
Board Certified IM
School and Year of Graduation LEKARSKA FAKULTA 1, UNIVERSITY KARLOVY CZECH REPUBLIC 1993
Internship and Year UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 2006
Residency and Year UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 2008
License Expiration Date **6/30/2016**
Remarks

License Number 7006
License Date 11/1/1984
Name **WITTERS, LEE ALAN MD**
Address DC - CLASS OF 78 LIFE SCI CTR, 78 COLLEGE ST HB6044HANOVER, NH, 03755-3833
Specialty END
Board Certified END
School and Year of Graduation UNIV OF ROCHESTER SCH MED-ROCHESTER,NY' USA 1969
Internship and Year BETH ISREAL HOSP-BOSTON,MA 1970
Residency and Year MASS GEN HOSP-BOSTON,MA 1974
License Expiration Date **6/30/2016**
Remarks

License Number 13695
License Date 9/5/2007
Name **WITTRAM, CONRAD MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF LIVERPOOL UNITED KINGDOM 1986
Internship and Year AINTREE HOSPITAL-LIVERPOOL, UNITED KINGDOM 1987
Residency and Year AINTREE HOSPITAL-LIVERPOOL, UNITED KINGDOM 1989
License Expiration Date **6/30/2013**
Remarks

License Number 12896
License Date 9/7/2005
Name **WLADIS, EDWARD J MD**
Address 967 A PINE ST, BURLINGTON, VT, 05401
Specialty OPH
Board Certified
School and Year of Graduation STATE UNIVERSITY OF NY, SYRACUSE NY US 2001
Internship and Year FRANKFORD HOSPITAL, PHILADELPHIA PA 2002
Residency and Year NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 2005
License Expiration Date **6/30/2007**
Remarks

License Number 8068
License Date 3/29/1989
Name **WLODYKA, LANA E MD**
Address , , ,
Specialty FP
Board Certified
School and Year of Graduation WEST VIRGINIA UNIVERSITY USA 1986
Internship and Year
Residency and Year
License Expiration Date **6/30/1996**
Remarks

License Number 13696
License Date 9/5/2007
Name **WOFFORD, MICHAEL J DO**
Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NORTH TEXAS USA 2004
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2005
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2007
License Expiration Date **6/30/2017**
Remarks

License Number L1518
License Date 8/14/2000
Name **WOLANIN-SAIFI, SUSANNE V MD**
Address HITCHCOCK CLINIC MANCHESTER, MANCHESTER, NH, 03301
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date
Remarks

License Number 12208
License Date 1/7/2004
Name **WOLBARSHT, LAWRENCE B MD**
Address 3 PONDVIEW LANE, MANCHESTER, NH, 03102
Specialty R
Board Certified R
School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1975
Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1976
Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1977
License Expiration Date **6/30/2016**
Remarks

License Number 5426
License Date 9/9/1975
Name **WOLCOTT II, CHARLES J MD**
Address AMMONOOSUC COMMUNITY HEALTH SVC, 155 MAIN STFRANCONIA, NH, 03580-4815
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VERMONT USA 1973
Internship and Year HENNEPIN GENERAL HOSPITAL - MINNEAPOLIS, MN 1974
Residency and Year HENNEPIN GENERAL HOSPITAL - MINNEAPOLIS, MN 1974
License Expiration Date **6/30/2017**
Remarks

License Number 8333
License Date 5/9/1990
Name **WOLCOTT, JAMES K MD**
Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-
Specialty DR
Board Certified R
School and Year of Graduation UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1985
Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1986
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1990
License Expiration Date **6/30/2014**
Remarks

License Number 12017
License Date 7/2/2003
Name **WOLD, THOMAS D DO**
Address LAHEY CLINIC MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 2001
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003
License Expiration Date **6/30/2017**
Remarks **lapsed 6/30/11 - reinstated 9/4/13**

License Number 5847
License Date 12/5/1977
Name **WOLF III, RALPH R MD**
Address 159 KINSLEY ST, NASHUA, NH, 03060-3701
Specialty ORS
Board Certified ORS
School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE - DC USA 1969
Internship and Year CHARITY HOSPITAL OF LOUISIANA - NEW ORLEANS, LA 1970
Residency and Year BROOKE ARMY MEDICAL CENTER - SAN ANTONIO, TX 1976
License Expiration Date **6/30/2017**
Remarks

License Number 7495
License Date 1/8/1987
Name **WOLF, JOHN T MD**
Address 30 CANTON ST, MANCHESTER, NH, 03103-3524
Specialty PS
Board Certified PS
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1976
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1977
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE RI 1986
License Expiration Date **5/16/2000**
Remarks **DECEASED 5/16/2000**

License Number 7066
License Date 4/4/1985
Name **WOLF, KENNETH P MD**
Address WOLF EYE ASSOCIATE PA, 249 MAIN STLEWISTON, ME, 04240-7053
Specialty OPH
Board Certified OPH
School and Year of Graduation TUFTS UNIV SCHOOL OF MED BOSTON MA USA 1967
Internship and Year WILFORD HALL USAF MED CTR LACKLAND AFB TX 1967
Residency and Year GREATER BALTIMORE MED CTR BALTIMORE MD 1973
License Expiration Date **6/30/2011**
Remarks **lapsed for non-renewal 6/30/05
reinstated 9/1/10**

License Number 14004
License Date 5/7/2008
Name **WOLFE JR, JOHN D MD**
Address NY PRESBYTERIAN HOSPITAL, 177 FORT WASHINGTON AVENUE NEW YORK CITY, NY, 10032
Specialty DR
Board Certified DR
School and Year of Graduation VANDERBILT UNIV USA 2002
Internship and Year TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM - TUCSON, AZ 2003
Residency and Year UNIV OF IOWA HOSPITAL & CLINICS - IOWA CITY, IA 2007
License Expiration Date **6/30/2010**
Remarks

License Number 12444
License Date 8/4/2004
Name **WOLFE, BRIAN D MD**
Address DHMC - INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 2001
Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date **6/30/2006**
Remarks

License Number 12044
License Date 8/6/2003
Name **WOLFE, ELIZABETH K MD**
Address DARTMOUTH HEALTH CONNECT, 7 ALLEN STHANOVER, NH, 03755
Specialty IM
Board Certified IM
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2000
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2001
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
License Expiration Date **6/30/2017**
Remarks

License Number 6962
License Date 8/2/1984
Name **WOLFE, TIMOTHY MD**
Address 11 JOHN STARK HWY, NEWPORT, NH, 03777
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1977
Internship and Year USPHS HOSP-STATEN ISLAND,NY 1978
Residency and Year USPHS HOSP-STATEN ISLAND,NY 1980
License Expiration Date **6/30/2016**
Remarks

License Number 17143
License Date 6/3/2015
Name **WOLFFING, ANDREA B MD**
Address 422 FARMINGTON AVE #205, HARTFORD, CT, 06105
Specialty GS
Board Certified GS
School and Year of Graduation LOMA LINDA UNIV SCHOOL OF MEDICINE USA 2009
Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA SINDA, CA 2010
Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA SINDA, CA 2014
License Expiration Date **6/30/2017**
Remarks

License Number 5634
License Date 10/7/1976
Name **WOLFORT, FRANCIS G MD**
Address 110 FRANCIS ST, BOSTON, MA, 02215
Specialty PS
Board Certified PS
School and Year of Graduation STATE UNIV OF NEW YORK DOWNSTATE MED USA 1958
Internship and Year ST VINCENTS HOSP MED CENTER 1959
Residency and Year MASS GENERAL HOSPITAL BOSTON 1967
License Expiration Date **4/26/2003**
Remarks **Deceased 4/26/2003**

License Number 7801
License Date 3/9/1988
Name **WOLF-ROSENBLUM, STEPHANIE MD**
Address FOUNDATION PULMONARY, 10 PROSPECT ST., SUITE 401 NASHUA, NH, 03060
Specialty PUD
Board Certified PUD
School and Year of Graduation YALE UNIV SCH MED-NEW HAVEN, CT USA 1982
Internship and Year YALE NEW HAVEN MED CTR-NEW HAVEN, CT 1983
Residency and Year YALE-NEW HAVEN MED CTR 1988
License Expiration Date **6/30/2016**
Remarks

License Number 12686
License Date 4/6/2005
Name **WOLINSKY, EVE J MD**
Address COMMUNITY HEALTH & COUSLING, 42 CEDAR ST BANGOR, ME, 04401
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIVERSITY OF NEW YORK, STONEY BROOK NY US 2000
Internship and Year DUKE UNIVERSITY, DURHAM NC 2001
Residency and Year DARTMOUTH HITCHCOCK, LEBANON NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 17288
License Date 9/2/2015
Name **WOLLACK, JAN B MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty P
Board Certified P
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK, NY USA 1981
Internship and Year NEW YORK PRESBYTERIAN HOSPITAL, NEW YORK, NY 1982
Residency and Year NEW YORK PRESBYTERIAN HOSPITAL, NEW YORK, NY 1983
License Expiration Date **6/30/2017**
Remarks

License Number 3804
License Date 6/10/1965
Name **WOLSTAT, HENRY MD**
Address 1247 E FOXHILL DR, FRESNO, CA, 93720
Specialty P
Board Certified P
School and Year of Graduation UNIV OF TORONTO - TORONTO, CANADA CANADA 1959
Internship and Year NEW MOUNT SINAI - TORONTO, CANADA 1960
Residency and Year VETERANS ADMINISTRATION - DOWNEY, IL 1963
License Expiration Date **6/30/2001**
Remarks

License Number 12121
License Date 10/1/2003
Name **WONG, EDWARD W MD**
Address VIRTUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation MCGILL UNIVERSITY, MONTRIAL QUEBEC CANADA US 1995
Internship and Year UCLA MEDICAL CTR, LOS ANGELES CA 1996
Residency and Year KERN MEDICAL CTR, BAKERSFIELD CA 1997
License Expiration Date **6/30/2009**
Remarks

License Number 16249
License Date 7/3/2013
Name **WONG, JIM MD**
Address CARILION ROANOKE MEMORIAL HOSPITAL, 1906 BELLEVIEW AVE SEROANOKE, VA, 24014
Specialty IM
Board Certified IM
School and Year of Graduation MEDICAL UNIVERSITY OF THE AMERICAS NEVIS 2009
Internship and Year CARILION CLINIC-VIRGINIA TECH CARILION SOM - ROANOKE, VA 2011
Residency and Year CARILION CLINIC-VIRGINIA TECH CARILION SOM - ROANOKE, VA 2013
License Expiration Date **6/30/2017**
Remarks

License Number 16985
License Date 3/4/2015
Name **WONG, PRISCILLA D MD**
Address 3248 WRIGHTWOOD DR, STUDIO CITY, CA, 91604
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF CA SAN DIEGO SCHOOL OF MEDICINE USA 1988
Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1989
Residency and Year UNIVERSITY OF CALIFORNIA, IRVINE - ORANGE, CA 1994
License Expiration Date **6/30/2017**
Remarks

License Number 12153
License Date 11/5/2003
Name **WONG, WILLIAM J MD**
Address VIRTUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation STATE UNIVERSITY OF NY, SYRACUSE NY US 1997
Internship and Year SANTA BARBARA COTTAGE HOSP, SANTA BARBARA CA 1998
Residency and Year SUNY, SYRACUSE NY 2002
License Expiration Date **6/30/2017**
Remarks

License Number 14646
License Date 10/7/2009
Name **WOO, KINGSON J MD**
Address WHITE MOUNTAIN MED CTR, 2531 WHITE MT HWYSANBORNVILLE, NH, 03872
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSIDAD AUTONOMA DE GUADALAJARA MEXICO 1986
Internship and Year BRIDGEPORT HOSPITAL - YALE UNIVERSITY - BRIDGEPORT, CT 1990
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 16618
License Date 5/7/2014
Name **WOOD III, JAMES E MD**
Address CAROLINAS MED CTR-UNION, 600 HOSPITAL DRMONROE, NC, 28111
Specialty RNR
Board Certified NEP
School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 1996
Internship and Year CAROLINAS MEDICAL CENTER - CHARLOTTE, NC 1997
Residency and Year CAROLINAS MEDICAL CENTER - CHARLOTTE, NC 1999
License Expiration Date **6/30/2016**
Remarks

License Number 3403
License Date 11/18/1960
Name **WOOD JR, W MYRIC MD**
Address 4 S PARK ST, LEBANON, NH, 03766-1326
Specialty FP
Board Certified
School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1959
Internship and Year EASTERN MAINE GENERAL HOSPITAL 1960
Residency and Year EASTERN MAINE GENERAL HOSPITAL 1960
License Expiration Date **6/8/2006**
Remarks

Settlement Agreement-6/15/01
Practicing without a license 10/99-1/01
License re-instated through 6/30/02
DECEASED 06-08-06

License Number 15425
License Date 10/5/2011
Name **WOOD, ASHLEY L MD**
Address EPSOM FAMILY MEDICINE, 1990 DOVER RDEPSOM, NH, 03234
Specialty FP
Board Certified FP
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2008
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date **6/30/2017**
Remarks

License Number 4980
License Date 5/2/1973
Name **WOOD, DAVID F MD**
Address 20 LINFILED LN, SPOFFORD, NH, 03462
Specialty ON
Board Certified ON
School and Year of Graduation CORNELL MEDICAL COLL-NEW YORK CITY NY USA 1966
Internship and Year PRESBYTERIAN-ST LUKE'S HOSP-CHICAGO IL 1967
Residency and Year PRESBYTERIAN-ST LUKE'S HOSP-CHICAGO IL 1971
License Expiration Date **6/30/2003**
Remarks

License Number 6721
License Date 6/2/1983
Name **WOOD, DENNIS E MD**
Address PMB 14621 AT 246 RAINBOW DR, LIVINGSTON, TX, 77399-2046
Specialty P
Board Certified P
School and Year of Graduation WASHINGTON UNIV SCH MED -ST LOUIS,MO USA 1970
Internship and Year WASHINGTON UNIV HOSP- ST LOUIS, MO 1971
Residency and Year WASHINGTON UNIV HOSP-ST LOUIS,MO 1974
License Expiration Date **6/30/2005**
Remarks

License Number 7141
License Date 6/6/1985
Name **WOOD, JOHN R MD**
Address 41 CHARRON AVE, PO BOX 322BERLIN, NH, 03570
Specialty AN
Board Certified
School and Year of Graduation UNIVERSITY AUTEN DE GUADELAJARA-JALISCO MEXICO 1981
Internship and Year NASSAU CO MEDICAL CENTER-EAST MEADOW, NY 1985
Residency and Year NASSAU CO MEDICAL CENTER - EAST MEADOW, NY 1985
License Expiration Date **6/30/2017**
Remarks

License Number 15274
License Date 6/1/2011
Name **WOOD, MICHAEL J MD**
Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-7560
Specialty GS
Board Certified GS
School and Year of Graduation TUFTS UNIVERSITY USA 2004
Internship and Year UNIVERSITY OF VERMONT - BURLINGTON, VT 2005
Residency and Year UNIVERSITY OF VERMONT - BURLINGTON, VT 2006
License Expiration Date **6/30/2017**
Remarks

License Number 9913
License Date 1/8/1997
Name **WOOD, WHEATON B MD**
Address , PO BOX 1050ATHENS, OH, 45701
Specialty P
Board Certified P
School and Year of Graduation SUNY-HLTH SCI CTR AT SYRACUSE COLL MED, NY USA 1989
Internship and Year DC COMMON MENTAL HEALTH ST ELIZABETHS-WASHINGTON,DC 1990
Residency and Year DC COMMON MENTAL HEALTH ST ELIZABETHS-WASHINTON ,DC 1993
License Expiration Date **6/30/2017**
Remarks

License Number D0011
License Date
Name **WOODFIELD, BRENT N MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date
Remarks

License Number RT766
License Date 6/26/1999
Name **WOODFORD, DIANE MD**
Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty OBG
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MED CENTER - LEBANON, NH 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CENTER - LEBANON, NH 2003
License Expiration Date **6/25/2003**
Remarks

License Number 6157
License Date 2/15/1980
Name **WOODFORD, DONALD M MD**
Address 16 CENTRAL ST, SOUTH WEYMOUTH, MA, 02190-2309
Specialty PUD
Board Certified PUD
School and Year of Graduation BAYLOR COLL.OF MED.HOUSTON,TX USA 1973
Internship and Year BOSTON CITY HOSP.BOSTON,MA 1975
Residency and Year BOSTON CITY HOSP.BOSTON,MA 1979
License Expiration Date **6/30/1999**
Remarks

License Number 12723
License Date 5/4/2005
Name **WOODMANSEE JR, DONALD P MD**
Address DARTMOUTH HITCHCOCK, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AI
Board Certified AI
School and Year of Graduation NORTHWESTERN UNIV, CHICAGO IL US 1994
Internship and Year NAVEL MED CENTER, SAN DIEGO CA 1995
Residency and Year NEVEL MED CENTER, SAN DIEGO CA 1997
License Expiration Date **6/30/2011**
Remarks

License Number 17289
License Date 9/2/2015
Name **WOODRUFF, BRYAN K MD**
Address 13400 E SHEA BLVD, SCOTTSDALE, AZ, 85259-5452
Specialty N
Board Certified N
School and Year of Graduation UNIVERSITY OF TEXAS SOUTHWESTERN MED, DALLAS TX USA 1998
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION, ROCHESTER, MN 1999
Residency and Year MAY GRADUATE SCHOOL OF MEDICINE, ROCHESTER, MN 2002
License Expiration Date **6/30/2017**
Remarks

License Number 6428
License Date 7/2/1981
Name **WOODS, ANNE C MD**
Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 2200MANCHESTER, NH, 03102
Specialty N
Board Certified N
School and Year of Graduation UNIV OF NEW SOUTH WALES,FAC OF MED-KINSINGTON WALES 1970
Internship and Year GEO WASHINGTON UNIV HOSP - WASHINGTON, DC 1977
Residency and Year GEO WASHINGTON UNIV HOSP-WASHINGTON,DC 1977
License Expiration Date **6/30/2017**
Remarks

License Number 10410
License Date 9/2/1998
Name **WOODS, DANA P MD**
Address KEESLER AIR FORCE BASE, 306 FISHER STBILOXI, MS, 39531
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1990
Internship and Year PENNSYLVANIA HOSPITAL - PHILA, PA 1991
Residency and Year BASCOM PALMER EYE INSTITUTE- MIAMI, FL 1992
License Expiration Date **6/30/1999**
Remarks

License Number 6549
License Date 6/24/1982
Name **WOODS, GARY L MD**
Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-2551
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER,NY USA 1972
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1973
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1976
License Expiration Date **6/30/2016**
Remarks

License Number 15898
License Date 10/3/2012
Name **WOODS, LESLEY J MD**
Address NASHUA PATHOLOGY, 1 PROSPECT ST 2ND FLNASHUA, NH, 03060
Specialty PTH
Board Certified PTH
School and Year of Graduation PENNSYLVANIA STATE UNIV COLLEGE OF MED USA 2006
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date **6/30/2016**
Remarks

License Number 14276
License Date 12/3/2008
Name **WOODS, MICHAEL S MD**
Address MONADNOCK COMM HOSP, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF KANSAS USA 1987
Internship and Year UNIV OF KANSAS - WICHITA, KS 1990
Residency and Year UNIV OF KANSAS - WICHITA, KS 1992
License Expiration Date **6/30/2012**
Remarks

License Number 12980
License Date 12/22/2005
Name **WOODS, SANUEL DWIGHT MD**
Address 33 CHRISTIAN AVE #3105, CONCORD, NH, 03301
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF KANSAS, KANSAS CITY KS US 1955
Internship and Year ST LUKES HOSPITAL, KANSAS CITY MO 1960
Residency and Year MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 1963
License Expiration Date **12/21/2012**
Remarks **Deceased 12/21/2012**

License Number 9328
License Date 11/2/1994
Name **WOOG, JOHN J MD**
Address MAYO CLINIC-OPHTHALMOLOGY, 200 FIRST ST S WROCHESTER, MN, 55905
Specialty OPH
Board Certified OPH
School and Year of Graduation JEFFERSON MEDICAL COLLEGE THOMAS JEFFERSON UNIV USA 1980
Internship and Year THE JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1981
Residency and Year MASSACHUSETTS EYE AND EAR - BOSTON MA 1984
License Expiration Date **6/30/2008**
Remarks

License Number 13307
License Date 10/4/2006
Name **WOOLARD, DOUGLAS W MD**
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN., SUITE 500EDEN PRAIRIE, MN, 55344
Specialty R
Board Certified R
School and Year of Graduation UNIV OF VIRGINIA USA 1981
Internship and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1982
Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1985
License Expiration Date **2/14/2014**
Remarks

License Number 13189
License Date 7/5/2006
Name **WOOLF, ANTHONY M MD**
Address 100 BREWSTER BLVD, CAMP LEJEUNE, NC, 28547
Specialty EM
Board Certified EM
School and Year of Graduation GEORGE WASHINGTON UNIV USA 1993
Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1994
Residency and Year NAVAL MEDICAL CTR-SAN DIEGO, CA 2003
License Expiration Date **6/30/2010**
Remarks

License Number 7553
License Date 4/1/1987
Name **WORRELL, KAREEN A DO**
Address 21 HAMPTON RD, BLD 2 STE 201EXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF NEW ENGLAND - BIDDEFORD, ME USA 1984
Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1985
Residency and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1986
License Expiration Date **6/30/2017**
Remarks

License Number 13842
License Date 2/6/2008
Name **WORTMANN, DOROTHY W MD**
Address 20 BIRCH LANE, ENFIELD, NH, 03748
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF KANSAS USA 1971
Internship and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1972
Residency and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1979
License Expiration Date **6/30/2016**
Remarks

License Number 13650
License Date 8/1/2007
Name **WORTMANN, ROBERT L MD**
Address DHMC--RHEUMATOLOGY DEPT, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF KANSAS USA 1971
Internship and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1972
Residency and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1977
License Expiration Date **6/30/2015**
Remarks

License Number 14482
License Date 6/3/2009
Name **WOTKOWICZ, CHAD MD**
Address LAHEY INSTITUTE OF UROLOGY, 17 OLD ROLLINSFORD RD STE 3DOVER, NH, 03820
Specialty U
Board Certified U
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2003
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2004
Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15997
License Date 1/9/2013
Name **WOYTHALER, MELISSA A DO**
Address MASS GENERAL HOSPITAL, 55 FRUIT ST - FOUNDERS 5BOSTON, MA, 02114
Specialty NPM
Board Certified NPM
School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2003
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2006
License Expiration Date **6/30/2017**
Remarks

License Number 12445
License Date 8/4/2004
Name **WRENTMORE, AMY L MD**
Address UNIV OF VA-DEPT OF PEDIATRICS, PO BOX 800386CHARLOTTESVILLE, VA, 22903
Specialty PD
Board Certified
School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 2001
Internship and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 2002
Residency and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 2003
License Expiration Date **6/30/2008**
Remarks

License Number 17095
License Date 5/6/2015
Name **WRIGHT WILLIAMS, HEATHER MD**
Address DH - PLYMOUTH PEDIATRICS, 71 HIGHLAND STPLYMOUTH, NH, 03264
Specialty PD
Board Certified
School and Year of Graduation E TENNESSEE STATE UNIV JAMES H QUILLEN COLLEGE USA 2012
Internship and Year UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2013
Residency and Year UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2015
License Expiration Date **6/30/2017**
Remarks

License Number 6887
License Date 5/10/1984
Name **WRIGHT, BARRY E MD**
Address 22 TABBY POINT LN, OKATIE, SC, 29910-4206
Specialty OPH
Board Certified OPH
School and Year of Graduation PRITZKER SCH MED OF UNIV OF CHICAGO,IL USA 1973
Internship and Year LENOX HILL HOSP-NY 1974
Residency and Year BRONX MUNICIPAL HOSP CTR-BRONX,NY 1977
License Expiration Date **6/30/2004**
Remarks

License Number 14983
License Date 8/4/2010
Name **WRIGHT, CAMERON D MD**
Address MGH THORASIC SURG/BLAKE1570, 55 FRUIT ST BOSTON, MA, 02114
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1980
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1981
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13387
License Date 1/3/2007
Name **WRIGHT, JAMEY D MD**
Address 2590 S WINDING TRAIL DR, COLUMBIA, MO, 65201
Specialty R
Board Certified R
School and Year of Graduation UNIV OF ILLINOIS USA 1998
Internship and Year UNIV OF MISSOURI HOSPITALS & CLINICS - COLUMBIA, MO 1995
Residency and Year UNIV OF MISSOURI HOSPITALS & CLINICS - COLUMBIA, MO 1998
License Expiration Date **6/30/2013**
Remarks

License Number 15118
License Date 1/5/2011
Name **WRIGHT, KRISTEN P MD**
Address 1VF NEW ENGLAND, 18 CONSTITUTION DRIVE SUITE 2BEDFORD, NH, 03110
Specialty REN
Board Certified REN
School and Year of Graduation UNIVERSITY OF VERMONT USA 2002
Internship and Year WOMEN AND INFANTS HOSPITAL-BROWN UNIVERSITY - PROVIDENCE, RI 2003
Residency and Year WOMEN AND INFANTS HOSPITAL-BROWN UNIVERSITY - PROVIDENCE, RI 2006
License Expiration Date **6/30/2017**
Remarks

License Number 7638
License Date 6/3/1987
Name **WRIGHT, LYNDA J MD**
Address , , ,
Specialty OBG
Board Certified
School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 1982
Internship and Year
Residency and Year
License Expiration Date **6/30/1993**
Remarks

License Number 6801
License Date 9/8/1983
Name **WRIGHT, PATRICIA D MD**
Address 124 MT AUBURN ST # 440S, CAMBRIDGE, MA, 02138-5758
Specialty P
Board Certified P
School and Year of Graduation INDIANA UNIV SCH MED-INDIANAPOLIS,IN USA 1977
Internship and Year UNIV NM SCH MED-ALBUQUERQUE,NM 1978
Residency and Year CAMBRIDGE HOSPITAL-CAMBRIDGE,MA 1982
License Expiration Date **6/30/1998**
Remarks

License Number 13697
License Date 9/5/2007
Name **WRIGHT, PETER F MD**
Address DHMC-PEDIATRICS DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1967
Internship and Year CHILDRENS HOSPITAL-BOSTON, MA 1968
Residency and Year CHILDRENS HOSPITAL-BOSTON, MA 1972
License Expiration Date **6/30/2017**
Remarks

License Number 11791
License Date 11/6/2002
Name **WRIGHT, VALENA J MD**
Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01803
Specialty OBG
Board Certified OBG
School and Year of Graduation DALHOUSIE UNIV FAC OF MED - HALIFAX, NOVA SCOTIA CANADA 1987
Internship and Year ST MARYS HOSPITAL CENTRE - MONTREAL, CANADA 1988
Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1990
License Expiration Date **6/30/2016**
Remarks

License Number 4341
License Date 10/22/1968
Name **WROBLESKI JR, WALTER G MD**
Address HEALTH STOP, 228 DANIEL WEBSTER HWY NASHUA, NH, 03060
Specialty IM
Board Certified
School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1963
Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1964
Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1969
License Expiration Date **6/30/2016**
Remarks

License Number D0012
License Date
Name **WROBLESKI, WALTER J MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date
Remarks

License Number 16780
License Date 9/3/2014
Name **WU, AMY J MD**
Address ORTHOPAEDICS NORTHEAST PC, 575 TURNPIKE ST STE 11N ANDOVER, MA, 01845
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIVERSITY USA 2008
Internship and Year LAHEY CLINIC - BURLINGTON, MA 2009
Residency and Year LAHEY CLINIC - BURLINGTON, MA 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16056
License Date 3/6/2013
Name **WU, ANDREW S MD**
Address CATHOLIC MED CTR: SURGICAL CARE GROUP, 87 MCGREGOR ST SUITE 3100MANCHESTER, NH, 031
Specialty GS
Board Certified GS
School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2005
Internship and Year DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 2006
Residency and Year DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 2012
License Expiration Date **6/30/2017**
Remarks

License Number 15607
License Date 3/7/2012
Name **WU, EARNEST MD**
Address 255 NORTH RD, CHELMSFORD, MA, 01824
Specialty PD
Board Certified PD
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1976
Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1977
Residency and Year GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1982
License Expiration Date **6/30/2016**
Remarks

License Number 9973
License Date 4/2/1997
Name **WU, GENE W MD**
Address COPLEY HOSPITAL, 528 WASHINGTON HIGHWAY MORRISVILLE, VT, 05661
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF VT COLL OF MEDICINE - BURLINGTON, VT USA 1993
Internship and Year TUCSON HOSPITAL MEDICAL EDUCATION PROGRAM - AR 1994
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date **6/30/2002**
Remarks

License Number 14858
License Date 5/5/2010
Name **WU, HONG MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200 NEWTON, MA, 02464
Specialty DMP
Board Certified PTH
School and Year of Graduation PEKING UNION MEDICAL UNIVERSITY CHINA 1988
Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 1997
Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 1999
License Expiration Date **6/30/2014**
Remarks

License Number 16057
License Date 3/6/2013
Name **WU, KAREN N MD**
Address PATHOLOGY SPECIALISTS OF N.E. - ELLIOT HOSPITAL, ONE ELLIOT WAY MANCHESTER, NH, 03103
Specialty PTH
Board Certified PTH
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2006
Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2007
Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 10848
License Date 3/1/2000
Name **WU, MARK P MD**
Address ATHOL MEMORIAL HOSP, 2033 MAIN ST ATHOL, MA, 01331
Specialty GS
Board Certified GS
School and Year of Graduation BEIJING MEDICAL UNIV - BEIJING BEIJING 1970
Internship and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1983
Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1984
License Expiration Date **6/30/2012**
Remarks

License Number 13190
License Date 7/5/2006
Name **WU, MELISSA M MD**
Address SOUTHERN NH MEDICAL CENTER, PO BOX 2014 NASHUA, NH, 03061
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VIRGINIA USA 1992
Internship and Year JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 1996
Residency and Year JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 1998
License Expiration Date **6/30/2016**
Remarks

License Number 13611
License Date 7/11/2007
Name **WU, MICHAEL C MD**
Address EXETER INTERNAL MED, 21 HAMPTON RD BLDG 3 2 FLEXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NORTH CAROLINA USA 2004
Internship and Year CONCORD HOSPITAL-CONCORD, NH 2005
Residency and Year CONCORD HOSPITAL-CONCORD, NH 2007
License Expiration Date **6/30/2017**
Remarks

License Number 11980
License Date 6/4/2003
Name **WU, PHILIP K MD**
Address , 921 KINGSRIDGE CT WILDWOOD, MO, 63021
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON VT USA 1996
Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1997
Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 2001
License Expiration Date **6/30/2011**
Remarks

License Number 12091
License Date 9/3/2003
Name **WU, W. HOWARD MD**
Address ORTHOPAEDIC SURGICAL ASSOCIATE, 14 RESEARCH PLACENORTH CHELMSFORD, MA, 01863
Specialty ORS
Board Certified ORS
School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 1995
Internship and Year ST LUKES ROOSEVELT HOSPITAL CTR, NEW YORK NY 1996
Residency and Year COLUMBIA UNIVERSITY, NEW YORK NY 2000
License Expiration Date **6/30/2017**
Remarks

License Number 16250
License Date 7/3/2013
Name **WUCHENICH, JOHN R MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation LOMA LINDA UNIVERSITY USA 2010
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 9958
License Date 3/5/1997
Name **WYATT, RICHARD M MD**
Address PIONEER VALLEY DERMATOLOGY, 29-B COTTAGE STAMHERST, MA, 01002
Specialty D
Board Certified D
School and Year of Graduation DUKE UNIV SCH OF MED DURHAM, NC USA 1990
Internship and Year HOSPITAL UNIV OF PENNSYLVANIA, PA 1992
Residency and Year UNIV OF NORTH CAROLINA HOSPITAL - NC 1995
License Expiration Date **6/30/2015**
Remarks

License Number 12122
License Date 10/1/2003
Name **WYERS, MARK C MD**
Address B10MC-VASCULAR SURGERY, 110 FRANCIS ST-5BBOSTON, MA, 02215
Specialty VS
Board Certified VS
School and Year of Graduation EMORY UNIVERSITY, ATLANTA GA US 1994
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1995
Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1997
License Expiration Date **6/30/2009**
Remarks

License Number 7975
License Date 9/7/1988
Name **WYLY, JAMES K MD**
Address 18 BUCKINGHAM DR, BOW, NH, 03304-5206
Specialty P
Board Certified
School and Year of Graduation UNIV OF MIAMI SCH OF MED-MIAMI,FL USA 1981
Internship and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1982
Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1985
License Expiration Date **6/30/2016**
Remarks

License Number 5109
License Date 11/20/1973
Name **WYMAN, EDWIN T MD**
Address MASS GENERAL HOSP, 15 PARKMAN ST BOSTON, MA, 02114-3139
Specialty ORS
Board Certified ORS
School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1955
Internship and Year ST LUKES HOSPITAL - NY 1956
Residency and Year ST LUKES HOSPITAL - NY 1957
License Expiration Date **6/30/1998**
Remarks

License Number 17197
License Date 7/1/2015
Name **XANTHOPOULOS, LAZAROS MD**
Address FOUNDATION PARTNERS, 8 PROSPECT ST NASHUA, NH, 03061
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIVERSITY USA 1999
Internship and Year TUFTS MEDICAL CENTER - BOSTON MA 2000
Residency and Year TUFTS MEDICAL CENTER - BOSTON MA Q 2002
License Expiration Date **6/30/2017**
Remarks

License Number 12829
License Date 7/6/2005
Name **XU, BO MD**
Address 42 WINFORD WAY, WINCHESTER, MA, 01890
Specialty IM
Board Certified IM
School and Year of Graduation CHINA MEDICAL UNIVERSITY, SHENYANG CHINA 1987
Internship and Year PRINCE GEORGES HOSPITAL CENTER, CHEVERLY MD 2002
Residency and Year PRINCE GEORGES HOSPITAL CENTER, CHEVERLY MD 2005
License Expiration Date **6/30/2009**
Remarks

License Number 13137
License Date 6/7/2006
Name **XU, CHENGGEN MD**
Address PATHOLOGY SPECIALISTS OF NE, PO BOX 5528 MANCHESTER, NH, 03103-5528
Specialty PTH
Board Certified PTH
School and Year of Graduation TONGJI MEDICAL COLLEGE OF HUAZHONG CHINA 1984
Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2004
Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2005
License Expiration Date **6/30/2016**
Remarks

License Number 15518
License Date 1/4/2012
Name **XU, YUHUI MD**
Address AMERIPATH, 1 GREENWICH PLSHELTON, CT, 06484
Specialty ATP
Board Certified ATP
School and Year of Graduation TONGJI MEDICAL UNIVERSITY CHINA 1981
Internship and Year GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2003
Residency and Year GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2005
License Expiration Date **6/30/2016**
Remarks

License Number 13388
License Date 1/3/2007
Name **XUE, LANNY Y MD**
Address 354 MERRIMACK ST, BLDG 1LAWRENCE, MA, 01843
Specialty N
Board Certified N
School and Year of Graduation MEDICAL COLLEGE OF QINGDAO UNIV CHINA 1983
Internship and Year ALBANY MEDICAL CENTER-ALBANY, NY 2003
Residency and Year ALBANY MEDICAL CENTER-ALBANY, NY 2006
License Expiration Date **6/30/2017**
Remarks

License Number 11492
License Date 1/2/2002
Name **YABLON, ISADORE G MD**
Address 1940 LAKE ROBERTS CT, WINDERMERE, FL, 34786
Specialty ORS
Board Certified ORS
School and Year of Graduation UNIV OF TORONTO - TORONTO, CANADA CANADA 1958
Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL QUEBEC, CANADA 1959
Residency and Year MONTREAL GENERAL HOSPITAL - MONTREAL QUEBEC, CANADA 1960
License Expiration Date **6/30/2012**
Remarks

License Number 14333
License Date 2/4/2009
Name **YACOUB, KARIM H MD**
Address 2158 INTELLIPLEX DRIVE, STE 200SHELBYVILLE, IN, 46176
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF CAIRO EGYPT 1998
Internship and Year MICHAEL REESE HOSPITAL & MEDICAL CENTER - EULESS, TX 2001
Residency and Year MICHAEL REESE HOSPITAL & MEDICAL CENTER - EULESS, TX 2003
License Expiration Date **6/30/2013**
Remarks

License Number 13138
License Date 6/7/2006
Name **YACOUB, LILIANE K MD**
Address CARITAS HOLY FAMILY HOSPITAL, 70 EAST ST METHUEN, MA, 01844
Specialty PTH
Board Certified PTH
School and Year of Graduation AMERICAN UNIV OF BEIRUT LEBANON 1987
Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR-EAST CAMPUS, BOSTON MA 1992
Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR-EAST CAMPUS, BOSTON MA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 6849
License Date 2/2/1984
Name **YADATI, SANTHARAM MD**
Address ELLIOT BEHAVIORAL HLTH SVS, 445 CYPRESS ST STE 8 MANCHESTER, NH, 03103
Specialty P
Board Certified P
School and Year of Graduation SRI VENKATESVARA MED COLL-TIRUPATI 1973
Internship and Year SEDWICK CO DEPT MNTL HLTH-WICHITA, KS 1980
Residency and Year SEDWICK CO DEPT MNTL-WICHITA, KS 1980
License Expiration Date **6/30/2016**
Remarks

License Number 16296
License Date 8/7/2013
Name **YAGER, MARIANA B MD**
Address CORE FAMILY & INTERNAL MEDICINE OF EXETER, 21 HAMPTON RD EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIV DE RIBEIRAO PRETO BRAZIL 2006
Internship and Year TEXAS HEALTH PRESBYTERIAN HOSPITAL - DALLAS, TX 2009
Residency and Year TEXAS HEALTH PRESBYTERIAN HOSPITAL - DALLAS, TX 2011
License Expiration Date **6/30/2017**
Remarks

License Number 6752
License Date 7/7/1983
Name **YAGER, ROBERT D MD**
Address 39 SIMON ST, #6 NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation YALE UNIVERSITY - NEW HAVEN CT USA 1980
Internship and Year EASTERN MAINE MED CTR - BANGOR ME 1983
Residency and Year EASTERN MAINE MED CTR - BANGOR ME 1983
License Expiration Date **6/30/2017**
Remarks **SETTLEMENT AGREEMENT - 11/3/92 ORDER OF CONDITIONAL APPROVAL - 12/7/99**
9/11/01-ORDER REMOVING RESTRICTIONS.

License Number 13651
License Date 8/1/2007
Name **YAHALOM, SHIRA MD**
Address BETH ISRAEL MEDICAL CENTER, 16TH ST @ 1ST AVENUE NEW YORK, NY, 10003
Specialty EM
Board Certified
School and Year of Graduation HEBREW UNIV ISRAEL 2003
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2004
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2006
License Expiration Date **6/30/2009**
Remarks

License Number 16203
License Date 6/5/2013
Name **YALDEN, LAURALEE MD**
Address AMERICAN WELL/ONLINE CARE GROUP, 75 STATE ST BOSTON, MA, 02109-1900
Specialty FP
Board Certified FP
School and Year of Graduation ROSS UNIVERSITY DOMINICA 2003
Internship and Year WILSON MEDICAL CENTER - JOHNSON CITY, NY 2005
Residency and Year WILSON MEDICAL CENTER - JOHNSON CITY, NY 2005
License Expiration Date **6/30/2017**
Remarks

License Number 12154
License Date 11/5/2003
Name **YALOWITZ, DAVID L MD**
Address 15 TREMBLANT COURT, LUTHERVILLE, MD, 21093
Specialty IM
Board Certified IM
School and Year of Graduation NORTHWESTERN UNIVERSITY, CHICAGO IL US 1979
Internship and Year GEORGETOWN UNIVERSITY, WASHINGTON DC 1980
Residency and Year GEORGETOWN UNIVERSITY, WASHINGTON DC 1983
License Expiration Date **6/30/2015**
Remarks

License Number 16145
License Date 5/1/2013
Name **YAN, ARTHUR W MD**
Address CORE PHYSICIANS, 3 ALUMNI DR, SUITE 201 EXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year UNIVERSITY OF CALIFORNIA- SAN DEIGO, CA 2008
Residency and Year UNIVERSITY OF CALIFORNIA- SAN DEIGO, CA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 12635
License Date 3/2/2005
Name **YAN, SHAOFENG MD**
Address DHMC-DEPT OF PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty PTH
Board Certified PTH
School and Year of Graduation PEKING UNION MED UNIVERSITY, CHINA CHINA 1994
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date **6/30/2017**
Remarks

License Number 16437
License Date 12/4/2013
Name **YANCY, HOLLY M DO**
Address MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty N
Board Certified N
School and Year of Graduation MIDWESTERN UNIVERSITY- ARIZONA USA 2007
Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2008
Residency and Year UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER - TUCSON, AZ 2011
License Expiration Date **6/30/2015**
Remarks

License Number 8571
License Date 6/5/1991
Name **YANDOW, VALERY W MD**
Address 75 LINDEN ST, BOX 803BRATTLEBORO, VT, 05302-
Specialty P
Board Certified P
School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1956
Internship and Year MT VERNON HOSPITAL - MT VERNON, NY 1979
Residency and Year NY HOSPITAL CORNELL MC WESTCHESTER - WHITE PLAINS, NY 1980
License Expiration Date **6/30/1999**
Remarks

License Number 10980
License Date 6/7/2000
Name **YANG, JUNE MD**
Address 3010 HIDDEN MIST CT, PEARLAND, TX, 77584
Specialty PM
Board Certified
School and Year of Graduation HUNAN MEDICAL COLL - PEOPLE RUPUBLIC CHINA CHINA 1985
Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1997
Residency and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1998
License Expiration Date **6/30/2001**
Remarks

License Number 10547
License Date 4/7/1999
Name **YANG, REBECCA C MD**
Address LAHEY CLINIC MED CTR, ONE ESSEX CENTER DR PEABODY, MA, 01960
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MARYLAND SCH OF MED -BALTIMORE,MD USA 1993
Internship and Year UNIV HOSPITAL OF CLEVELAND, OH 1994
Residency and Year UNIV HOSPITAL OF CLEVELAND, OH 1995
License Expiration Date **6/30/2017**
Remarks **Lapsed 6/30/05 - Reinstated 3/7/12**

License Number 12724
License Date 5/4/2005
Name **YANKIVER, BURT J MD**
Address 470 BAKER TURN, QUECHEE, VT, 05059
Specialty IM
Board Certified IM
School and Year of Graduation NEW YORK MED COLLEGE, VALHALLA NY US 1978
Internship and Year LENOX HILL HOSPITAL, NEW YORK NY 1979
Residency and Year LENOX HILL HOSPITAL, NEW YORK NY 1980
License Expiration Date **6/30/2009**
Remarks

License Number 15145
License Date 2/2/2011
Name **YANOFSKY, ANDREW E MD**
Address MOUNT SINAI HOSPITAL, ONE GUSTAVE L LEVY PLACENEW YORK, NY, 10050
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MED & DENTISTRY OF NJ USA 2006
Internship and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2007
Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2009
License Expiration Date **6/30/2013**
Remarks

License Number 6550
License Date 6/24/1982
Name **YANOFSKY, NORMAN N MD**
Address DHMC-EMERGENCY MED, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1977
Internship and Year NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO, IL 1978
Residency and Year NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO, IL 1981
License Expiration Date **6/30/2016**
Remarks

License Number 5645
License Date 11/4/1976
Name **YAP, ANITA U MD**
Address 19 TYLER ST STE 203, NASHUA, NH, 03060-3924
Specialty IM
Board Certified IM
School and Year of Graduation FACULTY OF MED AND SURGERY UNIV OF SANTO TOMAS PHIL 1964
Internship and Year LAWRENCE HOSPITAL BRONXVILLE 1965
Residency and Year LEMUEL SHATTUCK HOSPITAL BOSTON 1974
License Expiration Date **6/30/2016**
Remarks

License Number 11582
License Date 4/3/2002
Name **YAP, CHARMAINE G MD**
Address AMMONOOSUC COMM HLTH SER, 25 MOUNT EUSTIS RDLITTLETON, NH, 03561
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF SANTO TOMAS - MANILA, PHILIPPINES PHILIPPINES 1994
Internship and Year MERCY HOSPITAL-SUNY AT BUFFALO - BUFFALO, NY 1998
Residency and Year MERCY HOSPITAL-SUNY AT BUFFALO - BUFFALO, NY 2000
License Expiration Date **6/30/2006**
Remarks

License Number 12954
License Date 11/2/2005
Name **YAP, RONALD L MD**
Address 246 PLEASANT ST, MEMORIAL BLDG G-2CONCORD, NH, 03301
Specialty U
Board Certified U
School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 2000
Internship and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 2001
Residency and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 2005
License Expiration Date **6/30/2017**
Remarks

License Number 15783
License Date 7/11/2012
Name **YARABOTHU, DILIP DO**
Address SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03061-2014
Specialty EM
Board Certified
School and Year of Graduation UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY USA 2008
Internship and Year UMDNJ SCHOOL OF OSTEOPATHIC MEDICINE - STRATFORD, NJ 08084 2009
Residency and Year UMDNJ SCHOOL OF OSTEOPATHIC MEDICINE - STRATFORD, NJ 08084 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16146
License Date 5/1/2013
Name **YARED, JEAN A MD**
Address 22 S GREENE ST, S9D10BALTIMORE, MD, 21201
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITE SAINT-JOSEPH LEBANON 2002
Internship and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2008
Residency and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2010
License Expiration Date **6/30/2015**
Remarks

License Number 17247
License Date 8/5/2015
Name **YARED, JOSEPH MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty U
Board Certified
School and Year of Graduation INIVERSITY OF VERMONT COLLEGE OF MEDICINE - VT USA 2012
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 10149
License Date 10/1/1997
Name **YARNE, GERALDINE F MD**
Address 10240 N 31ST AVE, STE 200PHOENIX, AZ, 85051
Specialty CHP
Board Certified
School and Year of Graduation WAYNE STATE UNIV SCH OF MED - DETROIT, MI USA 1967
Internship and Year HARTFORD HOSPITAL - CT 1975
Residency and Year INSTITUTE OF LIVING HOSPITAL - CT 1979
License Expiration Date **6/30/1998**
Remarks

License Number 13308
License Date 10/4/2006
Name **YATES, MATTHEW C MD**
Address 122 SAILBOAT LANE, UNION HALL, VA, 24176
Specialty R
Board Certified R
School and Year of Graduation UNIV OF TEXAS USA 1984
Internship and Year UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 1985
Residency and Year UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 1989
License Expiration Date **6/30/2014**
Remarks

License Number 5756
License Date 6/13/1977
Name **YEAGER, MARK P MD**
Address DHMC/ANESTHESIOLOGY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty AN
Board Certified AN
School and Year of Graduation MCGILL UNIVERSITY-MONTREAL CANADA CANADA 1974
Internship and Year QUEEN ELIZABETH HOSPITAL-MONTREAL CANADA 1975
Residency and Year QUEEN ELIZABETH HOSPITAL - MONTREAL CANADA 1975
License Expiration Date **6/30/2017**
Remarks

License Number 5666
License Date 1/6/1977
Name **YEAGER, SCOTT B MD**
Address UNIV OF VT MEDICAL CTR - DEPT PEDI CARDIOLOGY, 111 COLCHESTER AVEBURLINGTON, VT, 0540
Specialty PDC
Board Certified PDC
School and Year of Graduation UNIV OF VIRGINIA SCH MED CHARLOTTEVILLE, VA USA 1975
Internship and Year GEORGETOWN UNIV HOSPITAL 1976
Residency and Year GEORGTOWN UNIV HOSPITAL 1976
License Expiration Date **6/30/2017**
Remarks

License Number 9076
License Date 10/6/1993
Name **YEE JR, RICHARD H MD**
Address WEEKS MEMORIAL HOSPITAL, 173 MIDDLE STLANCASTER, NH, 03584
Specialty EM
Board Certified
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1978
Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1979
License Expiration Date **6/30/2017**
Remarks

License Number 14483
License Date 6/3/2009
Name **YEE, ANDREW J MD**
Address WENTWORTH-DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty HO
Board Certified HO
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2000
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15899
License Date 10/3/2012
Name **YEE, MARTIN C MD**
Address 20730 VALLEY GREEN DRIVE, CUPERTINO, CA, 95014
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF TX MEDICAL SCHOOL @ SAN ANTONIO USA 1994
Internship and Year UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1995
Residency and Year UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1997
License Expiration Date **6/30/2016**
Remarks **LAPSED FOR NONRENEWAL 6/30/14**
RENEWED 9/2/14

License Number 5840
License Date 11/3/1977
Name **YEGANEH, EDMOND Y MD**
Address JACKSON GRAY MED BUILDING, 330 BORTHWICK AVE STE 304PORTSMOUTH, NH, 03801-4174
Specialty OTO
Board Certified OTO
School and Year of Graduation FACULTY OF MEDICINE UNIV OF TEHERAN IRAN 1968
Internship and Year NORWALK HOSPITAL - NORWALK,CT 1971
Residency and Year UNIV HOSPITAL - CLEVELAND, OH 1975
License Expiration Date **6/30/2017**
Remarks

License Number 9895
License Date 12/4/1996
Name **YEGHIAZARIANS, VARTAN MD**
Address PHYSICIANS NETWORK PC, 289 MAIN STSALEM, NH, 03079
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1994
Internship and Year BOSTON UNIV MEDICAL CENTER - MA 1997
Residency and Year BOSTON UNIV MEDICAL CENTER - MA 1997
License Expiration Date **6/30/2016**
Remarks

License Number 16619
License Date 5/7/2014
Name **YEHLING, HILARY A MD**
Address ELLIOT PEDIATRICS & PRIMARY CARE, 15 FREETOWN RDRAYMOND, NH, 03077
Specialty PD
Board Certified PD
School and Year of Graduation STATE UNIV OF NY @ BUFFALO SCHOOL OF MED & BIO USA 2008
Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2009
Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2012
License Expiration Date **6/30/2016**
Remarks

License Number 16466
License Date 1/8/2014
Name **YEN, CHRISTOPHER A MD**
Address PO BOX 35200, BILLINGS, MT, 59107
Specialty CCM
Board Certified CCM
School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2007
Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2010
License Expiration Date **6/30/2016**
Remarks

License Number 12561
License Date 12/1/2004
Name **YEN, STEPHANIE P MD**
Address DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty R
Board Certified R
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1992
Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1993
Residency and Year DUKE UNIVERSITY, DURHAM NC 1997
License Expiration Date **6/30/2016**
Remarks

License Number 10173
License Date 11/5/1997
Name **YEN, TOMMY Y MD**
Address COMPHEALTH, 4021 S 700 EASTSALT LAKE CITY, UT, 84107
Specialty IM
Board Certified
School and Year of Graduation UNIV OF CA SAN DIEGO SCH OF MED - LA JOLLA-CA USA 1994
Internship and Year UNIV CALIFORNIA SAN DIEGO MEDICAL CENTER - CA 1997
Residency and Year UNIV CALIFORNIA SAN DIEGO MEDICAL CENTER - CA 1997
License Expiration Date **6/30/1998**
Remarks

License Number 12926
License Date 10/5/2005
Name **YERDON MCLEOD, ANGELA M DO**
Address THE FAMILY HEALTH CENTER, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK COLLEGE, OLD WESTBURY NY US 2001
Internship and Year CONCORD HOSPITAL, CONCORD NH 2002
Residency and Year CONCORD HOSPITAL, CONCORD NH 2004
License Expiration Date **6/30/2017**
Remarks

License Number 15736
License Date 6/6/2012
Name **YERRABOTHALA, SWAROOPA MD**
Address DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation KURNOOL MEDICAL COLLEGE INDIA 2006
Internship and Year SETON HALL UNIVERSITY SCHOOL OF HEALTH & MEDICAL - SOUTH ORANGE, NJ 2010
Residency and Year SETON HALL UNIVERSITY SCHOOL OF HEALTH & MEDICAL - SOUTH ORANGE, NJ 2012
License Expiration Date **6/30/2016**
Remarks

License Number 10981
License Date 6/7/2000
Name **YI, CHUNG-HWA MD**
Address CONCORD OBSTETRICS & GYNO, 189 N MAIN STCONCORD, NH, 03301
Specialty OBG
Board Certified OBG
School and Year of Graduation STATE UNIV OF NEW YORK - BUFFALO, NY USA 1992
Internship and Year SINAI HOSPITAL - BALTIMORE, MD 1994
Residency and Year SINAI HOSPITAL - BALTIMORE, MD 1996
License Expiration Date **6/30/2016**
Remarks

License Number 16852
License Date 11/6/2014
Name **YI, EDWARD K MD**
Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty DR
Board Certified DR
School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 2000
Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE- BELLEVILLE, IL 62220 2001
Residency and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 16810
License Date 10/1/2014
Name **YINDRA, JOHN M MD**
Address 150 MILL ST 3R FL, LEWISTON, ME, 04240
Specialty FP
Board Certified FP
School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1975
Internship and Year CHRISTIANA CARE HEALTH SYSTEM - WILMINGTON, DE 1980
Residency and Year CHRISTIANA CARE HEALTH SYSTEM - WILMINGTON, DE 1982
License Expiration Date **6/30/2016**
Remarks

License Number 16251
License Date 7/3/2013
Name **YONKER, LAEL M MD**
Address 275 CAMBRIDGE ST 5TH FL, BOSTON, MA, 02114
Specialty PD
Board Certified PDP
School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 2007
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
License Expiration Date **6/30/2017**
Remarks

License Number 13233
License Date 8/2/2006
Name **YOO, CHUNG-MOK MD**
Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT ST NASHUA, NH, 03061
Specialty IM
Board Certified IM
School and Year of Graduation KYUNGPOOK NAT'L UNIV KOREA 1998
Internship and Year NORTH SHORE MEDICAL CTR/SALEM HOSPITAL - SALEM, MA 2004
Residency and Year NORTH SHORE MEDICAL CTR/ SALEM HOSPITAL - SALEM, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 11101
License Date 10/4/2000
Name **YOON, IN-KYU MD**
Address ARMED FORCES RESEARCH INSTITUTE, USAMC-AFRIMS APO AP, , 96546
Specialty AI
Board Certified AI
School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1993
Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1994
Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1996
License Expiration Date **6/30/2016**
Remarks

License Number 10737
License Date 10/6/1999
Name **YOON, MICHAEL Y MD**
Address FAMILY MEDICINE ASSOCIATES, 147 SOUTH MAIN ST MIDDLETON, MA, 01949
Specialty
Board Certified FP
School and Year of Graduation DALHOUSIE UNIVERSITY - HALIFAX CANADA CANADA 1991
Internship and Year DALHOUSIE UNIVERSITY - HALIFAX CANADA 1992
Residency and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1999
License Expiration Date **6/30/2013**
Remarks

License Number 15011
License Date 9/1/2010
Name **YOON, MICHELLE J MD**
Address CAPITAL REGION OTOLARYNGOLOGY, 6 EXECUTIVE PARK DR - ENTRANCE CALBANY, NY, 12203
Specialty OTO
Board Certified OTO
School and Year of Graduation UNIVERSITY OF KANSAS USA 2002
Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date **6/30/2016**
Remarks

License Number 15951
License Date 11/7/2012
Name **YOONG, YINLEE MD**
Address CENTER FOR CANCER CARE, 11 WHITEWALL RD ROCHESTER, NH, 03867
Specialty ON
Board Certified ON
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1996
Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1997
Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2000
License Expiration Date **6/30/2014**
Remarks

License Number 9293
License Date 9/7/1994
Name **YORK, DAVID A MD**
Address COX RD URGENT CARE, 603 COX RD GASTONIA, NC, 28310
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1981
Internship and Year DALHOUSIE UNIVERSITY - HALIFAX NS 1982
Residency and Year DALHOUSIE UNIVERSITY - HALIFAX NS 1983
License Expiration Date **3/26/2010**
Remarks **Licensee requested license to be inactive effective 3/26/2010. 5/17/10 - Voluntary Surrender of license**

License Number 8086
License Date 5/10/1989
Name **YORK, GARY L MD**
Address CONCORD HOSPITAL DEPT OF PATHOLOGY, 250 PLEASANT ST CONCORD, NH, 03301
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF VT COLL OF MED BURLINGTON VT USA 1984
Internship and Year DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1985
Residency and Year DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1987
License Expiration Date **6/30/2017**
Remarks

License Number 8638
License Date 10/2/1991
Name **YOST, JOHN H DO**
Address DARTMOUTH-HITCHCOCK CLINIC, 87 MCGREGOR STREET STE 1300MANCHESTER, NH, 03102
Specialty RHU
Board Certified RHU
School and Year of Graduation UNIV OF OSTEO MED HLTH SCI DES MOINES, IA USA 1986
Internship and Year HOSP OF ST RAPHAEL-NEW HAVEN,CT 1991
Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1991
License Expiration Date **6/30/2017**
Remarks

License Number 6567
License Date 6/24/1982
Name **YOUNG III, OGLESBY H MD**
Address CONCORD OB/GYN, 189 N MAIN STCONCORD, NH, 03301-5047
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS,MN USA 1977
Internship and Year DEACONESS HOSPITAL- SPOKANE, WA 1978
Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1982
License Expiration Date **6/30/2016**
Remarks

License Number 3752
License Date 12/18/1964
Name **YOUNG JR, PAUL C MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/30/1997**
Remarks

License Number 15519
License Date 1/4/2012
Name **YOUNG JR, WILLIAM W MD**
Address 330 BAILEY ST, NEW CUMBERLAND, PA, 17070
Specialty IM
Board Certified
School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 1981
Internship and Year PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 1984
Residency and Year PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 1986
License Expiration Date **6/30/2016**
Remarks

License Number 13365
License Date 12/6/2006
Name **YOUNG, ANDREW J MD**
Address DHMC-NORRIS COTTON CANCER CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty RO
Board Certified
School and Year of Graduation DREXEL UNIV COLLEGE OF MEDICINE USA 2001
Internship and Year LEHIGH VALLEY HOSPITAL-AlLENTOWN, PA 2002
Residency and Year HAHNEMANN UNIV HOSPITAL-PHILADELPHIA, PA 2006
License Expiration Date **6/30/2010**
Remarks

License Number 12725
License Date 5/4/2005
Name **YOUNG, CHRISTINE E MD**
Address CORE PHYSICIANS SERVICE, 7 HOLLAND WAYEXETER, NH, 03833
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 2000
Internship and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 2001
Residency and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 15998
License Date 1/9/2013
Name **YOUNG, DANA A MD**
Address 1450 LINCOLN RD APT 706, MIAMI BEACH, FL, 33139
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1995
Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1996
Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1998
License Expiration Date **6/30/2015**
Remarks

License Number 4015
License Date 3/14/1967
Name **YOUNG, DONALD S MD**
Address HOSPITAL OF THE UNIV OF PA, 3400 SPRUCE STPHILADELPHIA, PA, 19104-4283
Specialty PTH
Board Certified PTH
School and Year of Graduation ROYAL POSTGRADUATE MEDICAL SCHOOL OF LONDON ENGLAND 1964
Internship and Year WOODEND GENERAL HOSPITAL - ABERDEEN, SCOTLAND 1958
Residency and Year ABERDEEN ROYAL INFIRMARY HOSPITAL - ABERDEEN, SCOTLAND 1958
License Expiration Date **6/30/2003**
Remarks

License Number 16498
License Date 2/5/2014
Name **YOUNG, GREGORY D MD**
Address DARTMOUTH HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF FLORIDA COLLEGE OF MEDICINE USA 2010
Internship and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 2011
Residency and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, P 2014
License Expiration Date **6/30/2016**
Remarks

License Number 11981
License Date 6/4/2003
Name **YOUNG, HARRIET MD**
Address ST JOSEPH HOSPITAL/EMERG/DEPT, 172 KINSLEY STNASHUA, NH, 03060-2013
Specialty EM
Board Certified EM
School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA NY USA 1996
Internship and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT MI 2001
Residency and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT MI 2001
License Expiration Date **6/30/2017**
Remarks **Lapsed for non-renewal 6/30/05**
Reinstated 9/2/09

License Number 15900
License Date 10/3/2012
Name **YOUNG, JEFFREY A MD**
Address 111 GREELY RD, CUMBERLAND CTR, ME, 04021
Specialty R
Board Certified R
School and Year of Graduation UNIVERSITY OF KY COLLEGE OF MEDICINE USA 1980
Internship and Year NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1981
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date **6/30/2016**
Remarks

License Number 6405
License Date 6/4/1981
Name **YOUNG, KEVIN I MD**
Address PLYMOUTH FAMILY PRACTICE, 1 WARREN STPLYMOUTH, NH, 03264-1241
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF VIRGINIA SCH OF MED,CHARLOTTESVILLE,VA USA 1978
Internship and Year MIDLAND HOSPITAL CENTER - MIDLAND,MI 1979
Residency and Year MIDLAND HOSPITAL CENTER - MIDLAND, MI 1979
License Expiration Date **6/30/2017**
Remarks

License Number 12541
License Date 11/3/2004
Name **YOUNG, LAURENCE P MD**
Address DARTMOUTH-HITCHCOCK NASHUA - VASCULAR SURGERY, 2300 SOUTHWOOD DR NASHUA, NH, 03
Specialty GS
Board Certified GS
School and Year of Graduation NEW YORK UNIVERSITY, NEW YORK NY US 1995
Internship and Year BOSTON UNIVERSITY, ROXBURY MA 1996
Residency and Year BOSTON UNIVERSITY, ROXBURY MA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 10849
License Date 3/1/2000
Name **YOUNG, MICHAEL P MD**
Address FAHC DIVISION OF PULMONARY, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1982
Internship and Year KAISER PERMANENTE MEDICAL CENTER - OAKLAND, CA 1985
Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1986
License Expiration Date **6/30/2002**
Remarks

License Number 9788
License Date 7/3/1996
Name **YOUNG, MITCHELL R MD**
Address DH URGENT CARE, 2300 SOUTHWOOD DR NASHUA, NH, 03063-1818
Specialty FP
Board Certified FP
School and Year of Graduation MCGILL UNIV FAC OF MED MONTREAL QUEBEC CANADA 1977
Internship and Year TORONTO EAST GENERAL ORTHO HOSPITAL - TORONTO ON, CN 1978
Residency and Year OTTAWA CIVIC HOSPITAL - OTTAWA ON CN 1979
License Expiration Date **6/30/2016**
Remarks

License Number 11647
License Date 6/5/2002
Name **YOUNG, ROGER C MD**
Address DEPT OBGYN, 111 COLCHESTER AVE BURLINGTON, VT, 04503
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIV OF NORTH CAROLINA - CHAPEL HILL, NC USA 1982
Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1983
Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1986
License Expiration Date **6/30/2010**
Remarks

License Number 17038
License Date 4/1/2015
Name **YOUNG, SHERBETH M MD**
Address 4252 UNION ST #201, FLUSHING, NY, 11355
Specialty IM
Board Certified IM
School and Year of Graduation ST LUKES COLLEGE OF MEDICINE PHILIPPINES 2005
Internship and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 2011
Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 12477
License Date 9/1/2004
Name **YOUNG, STEPHANIE T MD**
Address MARTINSBURG VA MED CTR, 510 BUTLER AVE BLDG 500 RM 1D-130MARTINSBURG, WV, 25405
Specialty DR
Board Certified DR
School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1990
Internship and Year DUKE UNIVERSITY, DURHAM NC 1991
Residency and Year DUKE UNIVERSITY, DURHAM NC 1995
License Expiration Date **6/30/2016**
Remarks

License Number 6568
License Date 6/24/1982
Name **YOUNG, WILLIAM J MD**
Address 221 STOWE MOUNTAIN RD, HILLSBORO, NH, 03244
Specialty EM
Board Certified EM
School and Year of Graduation UNIV OF VERMONT COLL MED- BURLINGTON, VT USA 1970
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1971
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1976
License Expiration Date **6/30/2006**
Remarks

License Number 5534
License Date 6/14/1976
Name **YOUNG, WILLIAM W MD**
Address 22 ROPE FERRY, HANOVER, NH, 03755
Specialty OBG
Board Certified OBG
School and Year of Graduation UNIVERSITY OF PITTSBURGH-PITTSBURGH PA USA 1970
Internship and Year MONTREAL GENERAL HOSPITAL -MONTREAL QUEBEC 1976
Residency and Year MONTREAL GENERAL HOSPITAL-MONTREAL QUEBEC 1976
License Expiration Date **6/30/2016**
Remarks

License Number 13889
License Date 3/5/2008
Name **YOUNGS, STEVEN W DO**
Address HEALTH FIRST FAMILY CARE, 841 CENTRAL STFRANKLIN, NH, 03303
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF NEW ENGLAND USA 2005
Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2006
Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2007
License Expiration Date **6/30/2016**
Remarks

License Number 11258
License Date 5/2/2001
Name **YOUNG-XU, SARAH P MD**
Address ACHS-WOODSVILLE, 79 SWIFTWATER RD STE 3WOODSVILLE, NH, 03785
Specialty FP
Board Certified FP
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1998
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER MA 1999
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER MA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 7007
License Date 11/1/1984
Name **YOURTEE, EDWARD L MD**
Address SOUTHERN NH INT MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038
Specialty IM
Board Certified IM
School and Year of Graduation JOHN HOPKINS UNIV SCH MED-BALTIMORE,MD USA 1975
Internship and Year MED CTR-HOSP-BURLINGTON,VT 1976
Residency and Year YALE NEW HAVEN HOSP-NEW HAVEN HOSP-BURLINGTON,CT 1981
License Expiration Date **6/30/2016**
Remarks

License Number 16147
License Date 5/1/2013
Name **YOUSEPH, GEORGE M MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STREETNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF GLASGOW UNITED KINGDOM 2004
Internship and Year LINCOLN MEDICAL AND MENTAL HEALTH CENTER - BRONX, NY 2011
Residency and Year LINCOLN MEDICAL AND MENTAL HEALTH CENTER - BRONX, NY 2013
License Expiration Date **6/30/2017**
Remarks

License Number 11724
License Date 8/7/2002
Name **YOUSSEF, DENISE E MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty PD
Board Certified PD
School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1999
Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001
License Expiration Date **6/30/2016**
Remarks

License Number 9690
License Date 4/3/1996
Name **YOUSSEF, YVETTE MD**
Address COASTAL MEDICAL ASSOC, 55 FOGG RDS WEYMOUTH, MA, 02190
Specialty N
Board Certified IM
School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - MA USA 1993
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1994
Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1997
License Expiration Date **6/30/2016**
Remarks

License Number 16986
License Date 3/4/2015
Name **YOUSSEFI, NICK DO**
Address 1098 E MONTICELLO CIR, FRESNO, CA, 93720
Specialty IM
Board Certified
School and Year of Graduation TOURO U COLLEGE OF OSTEOPATHIC MED-NEVADA USA 2011
Internship and Year UCSF FRESNO CENTER FOR MEDICAL EDUCATION AND RESEARCH - FRESNO, CA 2012
Residency and Year UCSF FRESNO CENTER FOR MEDICAL EDUCATION AND RESEARCH - FRESNO, CA 2015
License Expiration Date **6/30/2017**
Remarks

License Number 14277
License Date 12/3/2008
Name **YU, FRAN F MD**
Address , 4 ADAMS DR BELLE MEAD, NJ, 08502
Specialty FP
Board Certified FP
School and Year of Graduation JILIN UNIV CHINA 1985
Internship and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2006
Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2008
License Expiration Date **6/30/2010**
Remarks

License Number 6011
License Date 1/4/1979
Name **YU, SEWI S MD**
Address 575 TURNPIKE ST #27, N ANDOVER, MA, 01845-5924
Specialty GS
Board Certified GS
School and Year of Graduation FACULTY OF MEDICINE SURGERY UNIV OF SANTO THOMAS MANILA 1967
Internship and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1969
Residency and Year PONDVILLE HOSPITAL - NORFOLK, MA 1974
License Expiration Date **6/30/2007**
Remarks

License Number 3634
License Date 8/15/1963
Name **YU, SHAO-CHI MD**
Address 1807 BAYNARD BLVD, WILMINGTON, DE, 19802-3913
Specialty P
Board Certified P
School and Year of Graduation NATIONAL SUN YAT-SEN UNIV SCHOOL OF MEDICINE CHINA 1936
Internship and Year WASHINGTON D C GENERAL HOSPITAL - WASHINGTON, DC 1948
Residency and Year WASHINGTON DC GENERAL HOSPITAL - WASHINGTON, DC 1949
License Expiration Date **6/30/2000**
Remarks

License Number 14445
License Date 5/6/2009
Name **YU, VIVIAN M MD**
Address OTOLARYNGOLOGY MMC, 396 MAYO 8396 420 DELAWARE ST MINNEAPOLIS, MN, 55455
Specialty OTO
Board Certified
School and Year of Graduation WASHINGTON UNIV USA 2004
Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2005
Residency and Year UNIVERSITY OF MINNESOTA - MINNEAPOLIS, MN 2009
License Expiration Date **6/30/2011**
Remarks

License Number 13612
License Date 7/11/2007
Name **YU, WENSHU MD**
Address DHMC-RHEUMATOLOGY DEPT, ONE MED CTR DR LEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF MASSACHUSETTS USA 2003
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 10817
License Date 1/5/2000
Name **YUASA, SHORTA MD**
Address HKD TREATMENT OPTIONS, 99 MARKET STLOWELL, MA, 01852
Specialty EM
Board Certified EM
School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1994
Internship and Year MCP HAHNEMAN SCH OF MED - PHILIA, PA 1995
Residency and Year MCP HAHNEMAN SCH OF MED - PHILIA, PA 1997
License Expiration Date **6/30/2014**
Remarks **lapsed 6/30/06 - reinstated 3/6/13**

License Number 17248
License Date 8/5/2015
Name **YUDITSKAYA, SUSAN MD**
Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty END
Board Certified END
School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED- PITTSBURGH, PA USA 2006
Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER- PITTSBURGH, PA 2007
Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER- PITTSBURGH, PA 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12115
License Date 10/1/2003
Name **YUKICA, REBECCA L DO**
Address UPPER VALLEY PEDIATRICS, 331 UPPER PLAINBRADFORD, VT, 05075
Specialty PD
Board Certified PD
School and Year of Graduation KIRKSVILLE COLLEGE, KIRKSVILLE MO US 2001
Internship and Year BI-COUNTY COMMUNITY HOSPITAL, WARREN MI 2002
Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2003
License Expiration Date **6/30/2017**
Remarks **LAPSED FOR NONRENEWAL 6/30/13
REINSTATED 8/6/14**

License Number 15332
License Date 7/6/2011
Name **YUMUL, KAREN D MD**
Address FAMILY PHYSICIANS OF MANCHESTER, 57 WEBSTER ST STE 110MANCHESTER, NH, 03104
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF THE PHILIPPINES PHILIPPINES 2005
Internship and Year UPMC PRESBYTERIAN SHADYSIDE - PITTSBURGH, PA 2009
Residency and Year UPMC PRESBYTERIAN SHADYSIDE - PITTSBURGH, PA 2011
License Expiration Date **6/30/2017**
Remarks

License Number 14984
License Date 8/4/2010
Name **YUN, JAMES J MD**
Address DHMC-THORACIC SURGERY, 1 MED CTR DRLEBANON, NH, 03756
Specialty TS
Board Certified TS
School and Year of Graduation YALE UNIVERSITY USA 1995
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2003
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 9691
License Date 4/3/1996
Name **YUNIS, FADIL A MD**
Address 203 CENTENNIAL ST #104, PO BOX 2010LAPLATA, MD, 20646
Specialty PM
Board Certified
School and Year of Graduation UNIV OF MOSUL COLLEGE OF MEDICINE - IRAQ 1984
Internship and Year MARYLAND GENERAL HOSPITAL - BALTIMORE, MD 1992
Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1996
License Expiration Date **6/30/1998**
Remarks

License Number 6994
License Date 10/4/1984
Name **YURCHESHEN, WILLIAM J MD**
Address 88 LAFAYETTE RD, N HAMPTON, NH, 03862-2407
Specialty IM
Board Certified IM
School and Year of Graduation MED COLL OF OHIO AT TOLEDO-TOLEDO,OH USA 1973
Internship and Year HARTFORD HOSP-HARTFORD,CT 1974
Residency and Year ORLANDO REG MED CTR-ORLANDO,FL 1978
License Expiration Date **6/30/2003**
Remarks **DECEASED 2003**

License Number 9001
License Date 7/7/1993
Name **YURKOVSKY, SAVELY Y MD**
Address 309 MADISON ST, WESTBURY, NY, 11590
Specialty
Board Certified IM
School and Year of Graduation NI PIROGOV II MOSCOW STATE INSTITUTE USSR 1975
Internship and Year NEW YORK MEDICAL COLLEGE - NEW YORK NY 1981
Residency and Year NEW YORK MEDICAL COLLEGE - NEW YORK NY 1981
License Expiration Date **6/30/1999**
Remarks

License Number 6368
License Date 4/2/1981
Name **YUSHAK, MICHAEL W MD**
Address 251 ELM ST, CLAREMONT, NH, 03743-2058
Specialty OBG
Board Certified
School and Year of Graduation FAC DE MED LA UNIV AUTONOMA DE GUADALAJARA, MEXICO 1976
Internship and Year NASSAU HOSP, MINEOLA, NY 1978
Residency and Year NASSAU HOSP, MINEOLA, NY 1981
License Expiration Date **6/30/2005**
Remarks **5/21/99 - Settlement Agreement**
3/7/06 - Settlement Agreement

License Number 4075
License Date 5/26/1967
Name **YUSKAITIS, ANTHONY J MD**
Address 868 MORGAN HILL RD, PO BOX 2034 NEW LONDON, NH, 03257
Specialty FP
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA USA 1964
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1965
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1965
License Expiration Date **6/30/2017**
Remarks

License Number 11583
License Date 4/3/2002
Name **YVORCHUK, WILLIAM A MD**
Address PLASTIC SURGERY INSTITUTE, 3270 20TH ST SOUTH FARGO, ND, 58104
Specialty PS
Board Certified PS
School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC CANADA CANADA 1981
Internship and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1988
Residency and Year MANHATTAN EYE EAR AND THROAT HOSPITAL - NEW YORK, NY 1898
License Expiration Date **5/14/2008**
Remarks **5/14/08 - Preliminary Agreement for Practice Restrictions. 3/8/10 - Settlement Agreement**

License Number 13937
License Date 4/2/2008
Name **ZALOOK, KHALID A MD**
Address MORTON HOSP, 88 WASHINGTON ST TAUNTON, MA, 02780
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF AL FATEH LIBYA 2000
Internship and Year ST VINCENT CATHOLIC MEDICAL CENTER - JAMAICA, NY 2003
Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 2004
License Expiration Date **6/30/2010**
Remarks

License Number 14825
License Date 4/7/2010
Name **ZABAWSKI JR, EDWARD J DO**
Address DERRY DERMATOLOGY PLLC, 1C COMMONS DR STE 16LONDONDERRY, NH, 03053
Specialty D
Board Certified D
School and Year of Graduation OHIO UNIVERSITY USA 1995
Internship and Year OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE - ATHENS, OH 1996
Residency and Year UNIVERSITY OF N TEXAS HEALTH SCIENCE CTR - FORT WORTH, TX 1999
License Expiration Date **6/30/2016**
Remarks

License Number 13938
License Date 4/2/2008
Name **ZACHAR, PAMELA A MD**
Address DENVER HEALTH MED CTR/DEPT OF PEDI & NEONAT MC0590, 777 BANNOCK STREETDENVER, CO,
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF VIRGINIA USA 1998
Internship and Year THE CHILDREN'S HOSPITAL-DENVER, CO 1999
Residency and Year THE CHILDREN'S HOSPITAL-DENVER, CO 2002
License Expiration Date **6/30/2016**
Remarks

License Number 4641
License Date 12/1/1970
Name **ZACHARSKI, LEO R MD**
Address VA HOSP, WHITE RIVER JCT, VT, 05001
Specialty IM
Board Certified IM
School and Year of Graduation WAYNE STATE UNIV, MI USA 1962
Internship and Year HARPER HOSPITAL - DETROIT, MI 1963
Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1966
License Expiration Date **6/30/2016**
Remarks

License Number 9237
License Date 7/6/1994
Name **ZACHER III, ALLAN N MD**
Address INTERVENTIONAL PAIN SVCS, 24 FALCON CREST LN HAWOOD PROFCLYDE, NC, 28721
Specialty AN
Board Certified AN
School and Year of Graduation UNIVERSITY OF MISSOURI COLUMBIA SCHOOL OF MEDICINE USA 1983
Internship and Year BARNES HOSPITAL - ST LOUIS MO 1984
Residency and Year BARNES HOSPITAL - ST LOUIS MO 1986
License Expiration Date **6/30/2016**
Remarks

License Number 9849
License Date 9/4/1996
Name **ZACHOS, SARAH C MD**
Address LAMPREY HEALTH CARE, 215 ROUTE 27RAYMOND, NH, 03077-
Specialty FP
Board Certified FP
School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1989
Internship and Year HIGHLAND HOSPITAL - NY 1992
Residency and Year MULTICARE MEDICAL CENTER - WASHINGTON 1996
License Expiration Date **6/30/2016**
Remarks

License Number 12927
License Date 10/5/2005
Name **ZAFAR, SUNBAL MD**
Address GREAT RIVER MEDICAL CENTER, 1520 NORTH DIVISION SRBLYTHEVILLE, AR, 72315
Specialty IMG
Board Certified
School and Year of Graduation UNIVERSITY OF KARACHI, PAKISTAN PAKISTAN 1996
Internship and Year METROHEALTH MED CTR, CLEVELAND OH 2002
Residency and Year METROHEALTH MED CTR, CLEVELAND OH 2004
License Expiration Date **6/30/2007**
Remarks

License Number 8456
License Date 11/7/1990
Name **ZAFFINO, KATHLEEN M MD**
Address CATHOLIC MED CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIV MASS MED SCH - WORCESTER, MA USA 1985
Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1986
Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1988
License Expiration Date **6/30/2016**
Remarks

License Number 2205
License Date 9/15/1939
Name **ZAGORSKI, WALTER E MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date **6/10/1991**
Remarks **Deceased 6/10/91**

License Number 13477
License Date 4/4/2007
Name **ZAHIR, MEHJABIN MD**
Address 224-20B 64TH AVE, OAKLAND GARDENS, NY, 11364
Specialty IM
Board Certified IM
School and Year of Graduation DHAKA MEDICAL SCHOOL BANGLADESH 1998
Internship and Year INTERFAITH MEDICAL CENTER - BROOKLYN, NY 2005
Residency and Year INTERFAITH MEDICAL CENTER - BROOKLYN, NH 2006
License Expiration Date **6/30/2009**
Remarks

License Number 6699
License Date 6/1/1983
Name **ZAHN, ROBERT J MD**
Address 250 PLEASANT ST, CONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation LOYOLA UNIV STRITCH SCH MED- MAYWOOD,IL USA 1978
Internship and Year WOMACK ARMY COMMUNITY HOSP-FORT BRAGG,NC 1979
Residency and Year WOMACK ARMY COMMUNITY HOSP-FORT BRAGG,NC 1981
License Expiration Date **6/30/2017**
Remarks

License Number 15275
License Date 6/1/2011
Name **ZAJANO, EMILY A MD**
Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty PEM
Board Certified PD
School and Year of Graduation UNIVERSITY OF CINCINNATI USA 2005
Internship and Year YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 2006
Residency and Year YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 2008
License Expiration Date **6/30/2017**
Remarks

License Number 11259
License Date 5/2/2001
Name **ZAKI, BASSEM I MD**
Address DHMC-RADIATION ONCOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty RO
Board Certified RO
School and Year of Graduation AIN SHAMS UNIVERSITY EGYPT 1992
Internship and Year NEW YORK FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING NY 1997
Residency and Year NEW YORK METHODIST HOSPITAL OF BROOKLYN - BROOKLYN NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 6249
License Date 6/3/1980
Name **ZALA, JASVANTSINH J MD**
Address 1 WHISPERING PINE DR, PAINTED POST, NY, 14870
Specialty AN
Board Certified
School and Year of Graduation M P SHAH MED COLL GUJARAT UNIV JAMNAGAR GUJARAT 1970
Internship and Year STAMFORD HOSPITAL - STAMFORD, CT 1976
Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1980
License Expiration Date **6/30/2000**
Remarks

License Number 7639
License Date 6/3/1987
Name **ZALES, MICHAEL R MD**
Address , , ,
Specialty P
Board Certified P
School and Year of Graduation ALBERT EINSTEIN COLLEGE USA 1964
Internship and Year
Residency and Year
License Expiration Date **7/17/1991**
Remarks

License Number 9533
License Date 8/2/1995
Name **ZAMBERNARDI, RICHARD E MD**
Address VA MAINE HEALTHCARE SYSTEM, #1 VA CENTER (112)AUGUSTA, ME, 04330-6796
Specialty AN
Board Certified AN
School and Year of Graduation NEW YORK MEDICAL COLLEGE VALHALLA, NY USA 1991
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER NH 1995
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER NH 1995
License Expiration Date **6/30/2017**
Remarks

License Number D0013
License Date
Name **ZAMBRANO, HERNAN A MD**
Address , , ,
Specialty
Board Certified
School and Year of Graduation
Internship and Year
Residency and Year
License Expiration Date
Remarks

License Number 8334
License Date 5/9/1990
Name **ZAMVIL, LINDA S MD**
Address 530 WASHINGTON HWY, MORISVILLE, VT, 05661
Specialty CHP
Board Certified CHP
School and Year of Graduation UNIV OF CINCINNATI COLL OF MED-CINCINNATI,OH USA 1983
Internship and Year MASS GEN HOSP-BOSTON,MA 1984
Residency and Year MASS GEN HOSP-BOSTON,MA 1989
License Expiration Date **6/30/2016**
Remarks

License Number 13366
License Date 12/6/2006
Name **ZAN, MOE T MD**
Address ARTHRITIS CARE SPECIALISTS OF MARYLAND, 4801 DORSEY HALL DR., SUITE 226ELLCOTT CITY, MD
Specialty RHU
Board Certified RHU
School and Year of Graduation INSTITUTE OF MEDICINE I MYANMAR 1998
Internship and Year DANBURY HOSPITAL-DANBURY, CT 2004
Residency and Year DANBURY HOSPITAL-DANBURY, CT 2006
License Expiration Date **6/30/2014**
Remarks

License Number 17290
License Date 9/2/2015
Name **ZANDERS, STEVE DO**
Address 2551 FOREST DR, COOPERSBURG, PA, 18036-9261
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 1999
Internship and Year ST LUKES HOSPITAL, BETHLEHEM, PA 2000
Residency and Year ST LUKES HOSPITAL, BETHLEHEM, PA 2002
License Expiration Date **6/30/2017**
Remarks

License Number 16359
License Date 10/2/2013
Name **ZANETTI, COLE A DO**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF N TEXAS HEALTH SCIENCE CTR USA 2011
Internship and Year CONCORD HOSPITAL - CONCORD, NH 2012
Residency and Year CONCORD HOSPITAL - CONCORD, NH 2013
License Expiration Date **6/30/2017**
Remarks

License Number 8639
License Date 10/2/1991
Name **ZAPPALA, STEPHEN M MD**
Address ANDOVER UROLOGY ASSOC., 140 HAVERHILL STANDOVER, MA, 01810-1504
Specialty U
Board Certified U
School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1983
Internship and Year UNIV MASS HOSPITAL - WORCESTER, MA 1984
Residency and Year UCLA MEDICAL CENTER - LOS ANGELES, CA 1987
License Expiration Date **6/30/2017**
Remarks **11/5/04 Consent Decree**

License Number 14907
License Date 6/2/2010
Name **ZAPTON, DANIEL T MD**
Address X-RAY PROF ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty R
Board Certified R
School and Year of Graduation BOSTON UNIVERSITY USA 2004
Internship and Year TRIDENT MEDICAL CENTER/MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2005
Residency and Year MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2009
License Expiration Date **6/30/2016**
Remarks

License Number 4602
License Date 9/1/1970
Name **ZARGAJ, TOMISLAV MD**
Address NORTH SHORE PSYCHIATRIC, SALEM, MA, 01970-
Specialty P
Board Certified P
School and Year of Graduation UNIVERSITY OF LJUBLJANA YUGOSLAVIA 1956
Internship and Year UNIVERSITY HOSPITAL - LJUBLJANA SLOVENIA YUGOSLAVIA 1957
Residency and Year UNIVERSITY HOSPITAL - LJUBLJANA SLOVENIA YUGOSLAVIA 1957
License Expiration Date **6/30/2000**
Remarks

License Number 12251
License Date 3/3/2004
Name **ZARKA, THOMAS A MD**
Address WOMEN'S HEALTH ASSOCIATES, 6 TSIENNETO RD STE 204DERRY, NH, 03038
Specialty OBG
Board Certified OBG
School and Year of Graduation ST LOUIS UNIVERSITY, ST LOUIS MO US 1997
Internship and Year READING HOSP & MED CTR, WEST READING PA 1998
Residency and Year READING HOSP & MED CTR, WEST READING PA 2000
License Expiration Date **6/30/2016**
Remarks

License Number 17291
License Date 9/2/2015
Name **ZARKOWSKY, DEVIN S MD**
Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR STE 4CLEBANON, NH, 03756
Specialty GS
Board Certified
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY, NY USA 2010
Internship and Year GOOD SAMARITAN HOSPITAL, CINCINNATI, OH 2011
Residency and Year GOOD SAMARITAN HOSPITAL, CINCINNATI, OH 2012
License Expiration Date **6/30/2017**
Remarks

License Number 10771
License Date 11/3/1999
Name **ZAVOD, ABIGAIL MD**
Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty IM
Board Certified IM
School and Year of Graduation TUFTS UNIV SCH OF MED- BOSTON, MA USA 1996
Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON , NH 1998
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2017**
Remarks

License Number 9207
License Date 6/1/1994
Name **ZAVOTSKY, DIANE MD**
Address HITCHCOCK CLINIC INDIAN STREAM, RR 2 BOX 14COLEBROOK, NH, 03576-
Specialty FP
Board Certified FP
School and Year of Graduation MC GILL UNIV FAC OF MED MONTREAL QUEBEC CANADA 1986
Internship and Year CENTRAL MAINE MEDICAL CENTER-LEWISTON,ME 1989
Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1989
License Expiration Date **6/30/2004**
Remarks

License Number 15737
License Date 6/6/2012
Name **ZBEHLIK, ALICIA J MD**
Address DHMC - RHEUMATOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE USA 1999
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date **6/30/2016**
Remarks

License Number 12446
License Date 8/4/2004
Name **ZDRNJA, VLASTA MD**
Address QUEEN CITY MEDICAL ASSOCIATES, 755 SO MAIN STMANCHESTER, NH, 03102
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF BELGRADE, YU-GEOGRAD YUGOSLAVIA YUGOSLAVIA 1988
Internship and Year NORTH SHORE UNIVERSITY, FOREST HILLS NY 1998
Residency and Year NORTH SHORE UNIVERSITY, FOREST HILLS NY 2000
License Expiration Date **6/30/2016**
Remarks

License Number 14366
License Date 3/4/2009
Name **ZEB, SARAH MD**
Address IMAGING ON CALL LLC, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty R
Board Certified R
School and Year of Graduation WEST VIRGINIA UNIV USA 1997
Internship and Year WEST VIRGINIA UNIVERSITY HOSPITAL - MORGANTOWN, WV 1999
Residency and Year WEST VIRGINIA UNIVERSITY HOSPITALS - MORGANTOWN, WV 2003
License Expiration Date **6/30/2013**
Remarks

License Number 7375
License Date 6/12/1986
Name **ZEFF, RICHARD L MD**
Address 137 PORTSMOUTH AVE, STRATHAM, NH, 03885
Specialty PS
Board Certified PS
School and Year of Graduation UNIV MIAMI SCH OF MED USA 1978
Internship and Year NY UNIV MED CTR- NEW YORK, NY 1979
Residency and Year LOYOLA UNIV MED CTR- MAYWOOD, IL 1986
License Expiration Date **6/30/2016**
Remarks

License Number 10411
License Date 9/2/1998
Name **ZEGANS, CLAUDIA C MD**
Address DARTMOUTH COLLEGE HEALTH SVC, 5-7 ROPE FERRY RDHANOVER, NH, 03755
Specialty PD
Board Certified PD
School and Year of Graduation UNIV OF CALIFORNIA SCH OF MED-SAN FRANCISCO, CA USA 1991
Internship and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1992
Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 10382
License Date 8/5/1998
Name **ZEGANS, MICHAEL E MD**
Address DHMC-OPH, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty OPH
Board Certified OPH
School and Year of Graduation UNIV OF CA SAN FRANCISCO SCH OF MED - CA USA 1992
Internship and Year UNIV OF CA (SAN FRANCISCO) MOUNT ZION - CA 1993
Residency and Year UNIV OF CA (SAN FRANCISCO) MOUNT ZION - CA 1994
License Expiration Date **6/30/2016**
Remarks

License Number 14367
License Date 3/4/2009
Name **ZEIFMAN, CLAUDE W MD**
Address 2950 NEWMARKET ST STE 101 #218, BELLINGHAM, WA, 98226
Specialty CCM
Board Certified CCM
School and Year of Graduation UNIV OF ATHENS GREECE 1987
Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1989
Residency and Year SUNY @ STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 1991
License Expiration Date **6/30/2013**
Remarks

License Number 15167
License Date 3/2/2011
Name **ZEIN, JOE G MD**
Address 18 BELLAVISTA CT, STATEN ISLAND, NY, 10305
Specialty CCM
Board Certified CCM
School and Year of Graduation LEBANESE UNIVERSITY BEIRUT 1998
Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 1999
Residency and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2001
License Expiration Date **6/30/2013**
Remarks

License Number 15146
License Date 2/2/2011
Name **ZENT, KEVIN B MD**
Address GOODWIN COM HEALTH, 311 RTE 108SOMERSWORTH, NH, 03878
Specialty FP
Board Certified FP
School and Year of Graduation UNIVERSITY OF LOUISVILLE USA 2003
Internship and Year THE CHRIST HOSPITAL - CINCINNATI, OH 2004
Residency and Year THE CHRIST HOSPITAL - CINCINNATI, OH 2006
License Expiration Date **6/30/2017**
Remarks

License Number 9828
License Date 8/7/1996
Name **ZEPF, ROBERT A MD**
Address 503 SKY VIEW DRIVE, ROCKY HILL, CT, 06067
Specialty P
Board Certified P
School and Year of Graduation MT SINAI SCHOOL OF MEDICINE OF THE CITY UNIV OF NY USA 1993
Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL-HANOVER,NH 1997
Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997
License Expiration Date **6/30/2016**
Remarks

License Number 15558
License Date 2/1/2012
Name **ZERA, CHLOE A MD**
Address BRIG & WOMENS HOSP - MATERNAL/FETAL MED, CWN3 75 FRANCIS STBOSTON, MA, 02115
Specialty OBG
Board Certified MFM
School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 2004
Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005
Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008
License Expiration Date **6/30/2016**
Remarks

License Number 9665
License Date 3/6/1996
Name **ZERBEY III, ARTHUR L MD**
Address L & M RADIOLOGY, BOX 615WEST ACTON, MA, 01720
Specialty DR
Board Certified DR
School and Year of Graduation UNIVERSITY OF MINNESOTA-MINNEAPOLIS MN USA 1988
Internship and Year BOSTON UNIVERSITY-BOSTON MA 1989
Residency and Year LAHEY CLINIC-BURLINGTON MA 1993
License Expiration Date **6/30/2016**
Remarks

License Number 17039
License Date 4/1/2015
Name **ZHALKOVSKA, OLGA MD**
Address RIVERBEND COMMUNITY MENTAL HLTH / CONCORDHOSPITAL, 250 PLEASANT STCONCORD, NH, 0
Specialty P
Board Certified
School and Year of Graduation DNIETROPETROVSK STATE MEDICAN ACADEMY UKRAINE 1998
Internship and Year UNIVERSITY OF TOLEDO - TOLEDO, OH 2012
Residency and Year UNIVERSITY OF TOLEDO - TOLEDO, OH 2015
License Expiration Date **6/30/2017**
Remarks

License Number 13730
License Date 10/3/2007
Name **ZHANG, LYDIA J MD**
Address 8 PROSPECT ST, NASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation PEKING UNION MED UNIV USA 1996
Internship and Year ST JOSEPHS HOSPITAL & MEDICAL CENTER - PATERSON, NJ 2000
Residency and Year ST JOSEPHS HOSPITAL & MEDICAL CENTER - PATERSON, NJ 2003
License Expiration Date **6/30/2017**
Remarks

License Number 16095
License Date 4/3/2013
Name **ZHANG, WEI MD**
Address 15 CARRIAGE HILL RD, WOODBRIDGE, CT, 06525
Specialty PTH
Board Certified PTH
School and Year of Graduation SHANGHAI MEDICAL UNIVERSITY CHINA 1993
Internship and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2004
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2006
License Expiration Date **6/30/2015**
Remarks

License Number 14154
License Date 8/6/2008
Name **ZHANG, YANLONG MD**
Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty PTH
Board Certified PTH
School and Year of Graduation BEIJING MEDICAL UNIV CHINA 1989
Internship and Year UNIV OF WISCONSIN - MADISON, WI 2000
Residency and Year UNIV OF WISCONSIN - MADISON, WI 2003
License Expiration Date **6/30/2016**
Remarks

License Number 13367
License Date 12/6/2006
Name **ZHANG, YUFENG MD**
Address DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty IM
Board Certified
School and Year of Graduation CHINA MEDICAL UNIV CHINA 1985
Internship and Year ST VINCENTS CATHOLIC MEDICAL CTR-STATEN ISLAND, NY 2004
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2006
License Expiration Date **6/30/2010**
Remarks

License Number 13524
License Date 5/9/2007
Name **ZHAO, CHUN-RUI R MD**
Address ST JOSEPH HOSP SENIOR CENTER, 172 KINSLEY ST NASHUA, NH, 03060
Specialty FP
Board Certified FP
School and Year of Graduation HEBEI MEDICAL COLLEGE CHINA 1985
Internship and Year CREIGHTON UNIV - OMAHA, NE 2003
Residency and Year CREIGHTON UNIV - OMAHA, NE 2005
License Expiration Date **6/30/2017**
Remarks

License Number 13139
License Date 6/7/2006
Name **ZHOU, PING MD**
Address ELLIOT REGIONAL CANCER CTR, 1 ELLIOT WAY MANCHESTER, NH, 03103
Specialty RO
Board Certified RO
School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2001
Internship and Year CARITAS CARNEY HOSPITAL-BOSTON, MA 2002
Residency and Year JOINT CTR FOR RADIATION THERAPY-BOSTON, MA 2005
License Expiration Date **6/30/2016**
Remarks

License Number 14005
License Date 5/7/2008
Name **ZHU, TONG MD**
Address NH CARDIO CONSULTANTS PC, 1 ELLIOT WAY STE 100 MANCHESTER, NH, 03103-3545
Specialty IM
Board Certified IM
School and Year of Graduation CASE WESTERN RESERVE UNIV USA 2001
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date **6/30/2016**
Remarks

License Number 16204
License Date 6/5/2013
Name **ZHUANG, LIYAN MD**
Address LAHEY CLINIC UROLOGY AT NASHUA, 17 RIVERSIDE ST., SUITE 201 NASHUA, NH, 03062
Specialty U
Board Certified
School and Year of Graduation BETUNE MEDICAL UNIVERSITY CHINA 1995
Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON MA 2000
Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2009
License Expiration Date **6/30/2017**
Remarks

License Number 12590
License Date 1/5/2005
Name **ZIA, JAVED MD**
Address 5205 TRAIRIDGE DR, MIDLAND, MI, 48640
Specialty IM
Board Certified IM
School and Year of Graduation UNIVERSITY OF PUNJAB, PAKISTAN PAKISTAN 1980
Internship and Year ST JOHN HOSPITAL, DETROIT MI 1991
Residency and Year ST JOHN HOSPITAL, DETROIT MI 1993
License Expiration Date **6/30/2007**
Remarks

License Number 13731
License Date 10/3/2007
Name **ZIADA, IHAB M MD**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty IM
Board Certified IM
School and Year of Graduation UNIV OF ALEXANDRIA EGYPT 1998
Internship and Year ST JOSEPH HOSPITAL - CHICAGO, IL 2001
Residency and Year ST JOSEPH HOSPITAL - CHICAGO, IL 2004
License Expiration Date **6/30/2017**
Remarks

License Number 11228
License Date 4/4/2001
Name **ZIEGLER, JORDAN I MD**
Address MAINE MEDICAL CTR/RADIOLOGY, 22 BRAM HALL STPORTLAND, ME, 04106
Specialty R
Board Certified
School and Year of Graduation UNIV OF SO CALIFORNIA - LOS ANGELES, CA USA 1998
Internship and Year HUNTINGTON MEMORIAL HOSPITAL - PASADENA, CA 1999
Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date **6/30/2005**
Remarks

License Number 13140
License Date 6/7/2006
Name **ZIELINSKA, ANNA M MD**
Address FOUNDATION MEDICAL PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty FP
Board Certified FP
School and Year of Graduation AKADEMIA MEDYCZNA, GDANSK POLAND 1996
Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL- WORCESTER, MA 2005
Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2006
License Expiration Date **6/30/2016**
Remarks

License Number 10108
License Date 8/6/1997
Name **ZIELINSKI, RANDALL S MD**
Address PRIMARY CARE OF DOVER, 10 MEMBER WAY SUITE 300DOVER, NH, 03820
Specialty IM
Board Certified IM
School and Year of Graduation RUSH MED COLL OF RUSH UNIV - CHICAGO, IL USA 1985
Internship and Year STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER , NY 1986
Residency and Year STRONG MEMORAL HOSPITAL UNIV OF ROCHESTER, NY 1988
License Expiration Date **6/30/2017**
Remarks

License Number 14647
License Date 10/7/2009
Name **ZIESMER, VALERIE J MD**
Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty IM
Board Certified IM
School and Year of Graduation ST GEORGE'S UNIVERISTY GRENADA 1998
Internship and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 1990
Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 2001
License Expiration Date **6/30/2017**
Remarks

License Number 12928
License Date 10/5/2005
Name **ZIEV, MICHAEL A DO**
Address 1800 FOX CHASE RD, PHILADELPHIA, PA, 19152
Specialty FP
Board Certified FP
School and Year of Graduation PHILADELPHIA COLLEGE, PHILADELPHIA PA US 1974
Internship and Year PARKVIEW HOSPITAL, PHILADELPHIA PA 1975
Residency and Year NONE
License Expiration Date **6/30/2017**
Remarks

License Number 12687
License Date 4/6/2005
Name **ZIMMELMAN, STANLEY S DO**
Address 3640 YACHT CLUB DR #1109, AVENTURA, FL, 33180
Specialty R
Board Certified R
School and Year of Graduation NOVA SOUTHEASTERN, FT LAUDERDALE FL US 1991
Internship and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MED, PHILADELPHIA PA 1993
Residency and Year PHILADELPHIA COLLEGE, PHIADDELPHIA PA 1997
License Expiration Date **6/30/2015**
Remarks

License Number 6597
License Date 7/15/1982
Name **ZIMMERMAN, BARKLIE W MD**
Address , , ,
Specialty GS
Board Certified
School and Year of Graduation MEDICAL COLLEGE OF VIRGINIA USA 1980
Internship and Year
Residency and Year
License Expiration Date **6/30/1986**
Remarks

License Number 16335
License Date 9/4/2013
Name **ZIMMERMAN, BRIAN S MD**
Address 186 SMITH KNOLLS RD, FAIRVIEW, NC, 28730
Specialty IM
Board Certified IM
School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 1999
Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE, FL 2000
Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE, FL 2002
License Expiration Date **6/30/2017**
Remarks

License Number 11946
License Date 5/7/2003
Name **ZIMMERMAN, JEFFREY M MD**
Address EAR NOSE AND THROAT SPECIALIST, 30 CANTON ST #2MANCHESTER, NH, 03103
Specialty OTO
Board Certified OTO
School and Year of Graduation TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1998
Internship and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1999
Residency and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 2003
License Expiration Date **6/30/2017**
Remarks

License Number 9760
License Date 6/5/1996
Name **ZIMMERMAN, MARK D DO**
Address HUGGINS HOSPITAL, PO BOX 912WOLFEBORO, NH, 03894-
Specialty AN
Board Certified AN
School and Year of Graduation UNIV OF OSTEO MEDICAL HEALTH SCIENCE COLLEGE OSTEO USA 1984
Internship and Year USAF DEV TEST CENTER AFMC - ENGLIN AFB, FL 1987
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996
License Expiration Date **6/30/1999**
Remarks

License Number 9574
 License Date 10/4/1995
 Name **ZIMMERMANN, ANNMARIE MD**
 Address , PO BOX 839WOLFEBORO FALLS, NH, 03896
 Specialty FP
 Board Certified FP
 School and Year of Graduation UNIV OF WASHINGTON SCHOOL OF MEDICINE SEATTLE, WA USA 1988
 Internship and Year METROHEALTH MEDICAL CENTER CLEVELAND, OH 1991
 Residency and Year METROHEALTH MEDICAL CENTER CLEVELAND, OH 1991
 License Expiration Date **6/30/1998**
 Remarks

License Number 8699
 License Date 4/1/1992
 Name **ZIMMERMANN, SUSANNE E MD**
 Address DARTMOUTH-HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
 Specialty ORS
 Board Certified ORS
 School and Year of Graduation BROWN UNIVERISTY USA 1986
 Internship and Year RHODE ISLAND HOSPITAL PROVIDENCE - RHODE ISLAND 1987
 Residency and Year NEW ENGLAND MEDICAL CENTER BOSTON - MASSACHUSETTS 1992
 License Expiration Date **6/30/2016**
 Remarks

License Number 7978
 License Date 9/7/1988
 Name **ZIMMET, SUZANNA V MD**
 Address 110 CYPRESS ST #312, BROOKLINE, MA, 02445
 Specialty P
 Board Certified P
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1985
 Internship and Year ST LUKE'S-ROOSEVELT MEDICAL CENTER - NEW YORK, NY 1986
 Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1988
 License Expiration Date **6/30/2016**
 Remarks **lapsed 6/30/92 - reinstated 8/3/11**

License Number 13732
 License Date 10/3/2007
 Name **ZINKAWICH, JOAN P MD**
 Address CONCENTRA MEDICAL CENTER, 1279 SOUTH WILLOW STMANCHESTER, NH, 03103
 Specialty IM
 Board Certified IM
 School and Year of Graduation ROSS UNIV DOMINICA 1986
 Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 1988
 Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 1990
 License Expiration Date **6/30/2017**
 Remarks

License Number 12123
License Date 10/1/2003
Name **ZINN, EDWARD MD**
Address 1046 BALLS HILL RD, MCCLEAN, VA, 22101
Specialty P
Board Certified P
School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1966
Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1067
Residency and Year INSTITUTE OF LIVING, HARTFORD CT 1970
License Expiration Date **6/30/2017**
Remarks

License Number 7859
License Date 5/4/1988
Name **ZINNES, ROBERT M MD**
Address PRIMARY CARE OF HUDSON, 300 DERRY RDHUDSON, NH, 03051
Specialty FP
Board Certified FP
School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1985
Internship and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1986
Residency and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1988
License Expiration Date **6/30/2016**
Remarks

License Number 11147
License Date 12/6/2000
Name **ZINNO, RONALD P MD**
Address KENT HOSPITAL, WOUND CARE CENTER, 455 TOLL GATE RDWARWICK, RI, 02886
Specialty PS
Board Certified PS
School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1972
Internship and Year UNIV OF HOSPITAL - CLEVELAND ,OH 1973
Residency and Year UNIV OF HOSPITAL - CLEVELAND, OH 1978
License Expiration Date **6/30/2016**
Remarks

License Number 16694
License Date 7/2/2014
Name **ZIPAGAN-AZOCAR, EMILIE T MD**
Address 2658 ALDER AVE, E MEADOW, NY, 11554
Specialty PTH
Board Certified PTH
School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 1978
Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 1989
Residency and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 1993
License Expiration Date **6/30/2016**
Remarks

License Number 14648
License Date 10/7/2009
Name **ZIPIN, DANIEL S DO**
Address ACCESS SPORTS MED & ORTHO, ONE HAMPTON RD STE 200EXETER, NH, 03833
Specialty PM
Board Certified PM
School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year NYCOM/LONG BEACH MEDICAL CENTER - LONG BEACH, NY 2005
Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date **6/30/2017**
Remarks

License Number 15645
License Date 5/2/2012
Name **ZIPSER, MARTIN E MD**
Address C/O PHYSICIANS' REVIEW NETWORK, 4422 N 24TH ST.PHOENIX, AZ, 85016
Specialty GS
Board Certified GS
School and Year of Graduation UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE, VA USA 1964
Internship and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM, BALTIMORE, MD 1968
Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM, BALTIMORE, MD 1971
License Expiration Date **6/30/2016**
Remarks **ADMINISTRATIVE LICENSE**

License Number 12413
License Date 7/7/2004
Name **ZLATKIN, MICHAEL B MD**
Address NATIONALRAD, 629 A EAST HILLSBORO BLVDDEERFIELD BEACH, FL, 33441
Specialty R
Board Certified R
School and Year of Graduation QUEENS UNIVERSITY - KINGSTON, ONTARIO CANADA CANADA 1981
Internship and Year MCGILL UNIVERSITY - MONTREAL, QUEBEC CANADA 1986
Residency and Year UNIV OF CALIFORNIA MEDICAL CENTER- SAN DIEGO, CA 1987
License Expiration Date **6/30/2016**
Remarks

License Number 13812
License Date 1/11/2008
Name **ZLOTNICK, DAVID M MD**
Address UNIV AT BUFFALO, CARDIO DIV., CTRC, STE 7030, 875 ELLICOTT STBUFFALO, NY, 14203
Specialty IM
Board Certified IM
School and Year of Graduation STATE UNIV OF NEW YORK USA 2005
Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date **6/30/2016**
Remarks

License Number 7277
License Date 2/6/1986
Name **ZLOTNIK, RICHARD D MD**
Address RICHARD D ZLAOTNIK, 1502 E EVANS STBAINBRIDGE, GA, 39819
Specialty GS
Board Certified GS
School and Year of Graduation UNIV OF MA WORCESTER MA USA 1979
Internship and Year UNIV MA MED CTR WORCESTER 1980
Residency and Year UNIV MAS MED CTR WORCESTER MA 1984
License Expiration Date **6/30/2016**
Remarks

License Number 12726
License Date 5/4/2005
Name **ZOLLINGER, CHARLES A MD**
Address NEUROCARE CTR INC, 4105 HOLIDAY ST NWCANTON, OH, 44718
Specialty N
Board Certified N
School and Year of Graduation CASE WESTERN UNIVERSITY, CLEVELAND OH US 2000
Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 2001
Residency and Year MASS GENERAL HOSP, BOSTON MA 2003
License Expiration Date **6/30/2009**
Remarks

License Number 12711
License Date 5/4/2005
Name **ZUCKERMAN, RICHARD A MD**
Address DARTMOUTH HITCHCOCK, ONE MEDICAL CENTERLEBANON, NH, 03756
Specialty IM
Board Certified IM
School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1998
Internship and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 1999
Residency and Year UNIVERSITY OF WASHINGTON, SEATTLE WA 2001
License Expiration Date **6/30/2017**
Remarks

License Number 11405
License Date 9/5/2001
Name **ZUERCHER, GREGORY J DO**
Address ST JOSEPH HOSPITAL, 172 KINSLEY STREETNASHUA, NH, 03061-2013
Specialty PM
Board Certified PM
School and Year of Graduation NEW YORK COLL OF OSTEOPATHIC-OLD WESTBURY, NY USA 1992
Internship and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 1993
Residency and Year MT SINAI HOSPITAL - NEW YORK, NY 196
License Expiration Date **6/30/2017**
Remarks

License Number 8766
License Date 7/1/1992
Name **ZUG, KATHRYN A MD**
Address DHMC-DEPT OF DERMATOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty D
Board Certified D
School and Year of Graduation BROWN UNIVERSITY USA 1988
Internship and Year BROWN UNIVERSITY AFFIL HOSPITALS, PROVIDENCE RI 1989
Residency and Year DARTMOUTH-HITCHCOCK MED CENTER, LEBANON NH 1992
License Expiration Date **6/30/2016**
Remarks

License Number 16936
License Date 1/21/2015
Name **ZUKERBERG, LAWRENCE R MD**
Address MGH- PATHOLOGY DEPT, 55 FRUIT STBOSTON, MA, 02114
Specialty CLP
Board Certified CLP
School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NJ ROBERT WOOD JOH USA 1986
Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1987
Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
License Expiration Date **6/30/2017**
Remarks

License Number 17144
License Date 6/3/2015
Name **ZUURBIER, REBECCA A MD**
Address DHMC - RADIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty DR
Board Certified DR
School and Year of Graduation JEFFERSON MED COLLEGE OF THOMAS JEFFERSON UNIV USA 1986
Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1987
Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1989
License Expiration Date **6/30/2017**
Remarks

License Number 10069
License Date 7/2/1997
Name **ZWAAN, ANTHONY C MD**
Address 19 HAMPTON RD, STE ONEEXETER, NH, 03833
Specialty FP
Board Certified FP
School and Year of Graduation NEW YORK MEDICAL COLLEGE VALHALLA, NY USA 1991
Internship and Year NAVAL HOSPITAL - SC 1992
Residency and Year MEDICAL CENTER HOPITAL OF VERMONT, VT 1997
License Expiration Date **6/30/2017**
Remarks

License Number 7666
License Date 7/8/1987
Name **ZWOLAK, ROBERT M MD**
Address DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty VS
Board Certified VS
School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1979
Internship and Year UNIV OF MICHIGAN HOSP-ANN ARBOR 1980
Residency and Year UNIV HOSP-SEATTLE,WA 1987
License Expiration Date **6/30/2017**
Remarks

License Number 9717
License Date 5/1/1996
Name **ZYLBERGER, DAVID A MD**
Address NYU MEDICAL CENTER, 530 FIRST AVE SKIRBALL STE 9TNEW YORK, NY, 10016
Specialty APM
Board Certified
School and Year of Graduation NEW YORK MEDICAL COLLEGE-VALHALLA NY USA 1991
Internship and Year BETH ISRAEL MEDICAL CENTER-NEW YORK NY 1992
Residency and Year NEW YORK MEDICAL COLLEGE-VALHALLA NY 1996
License Expiration Date **6/30/1998**
Remarks